Care Quality Commission

Eagle View Care Home Limited

Pembroke Rest Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This was an unannounced inspection which we carried out on 6 March 2015.

We last inspected Pembroke Rest Home in October 2013. At that inspection we found the service was meeting all its legal requirements.

Pembroke Rest Home is registered to provide care and treatment to a maximum of 14 adults aged 18-65 with complex physical care needs, as a result of acquired brain injuries. The home provides long term care and also provides rehabilitation to help a person become more independent.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. They were relaxed and appeared comfortable with the staff who supported them. One person said; "I feel safe living here, if I need to I can talk to the staff." Another person said, "I love it here."

Summary of findings

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

We found on the days when the cook and domestic staff were not working there were not enough staff on duty to ensure that individual care and support was provided to people and to keep them safe as care staff carried out those duties.

People received their medicines in a safe and timely way.

The necessary checks were carried out to ensure the building was safe and fit for purpose.

Staff received training to give them some knowledge and insight into the specialist conditions of people in order to meet their care and support needs.

Pembroke Home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received training and had a good understanding of the Mental Capacity Act 2005 (MCA) and best interest decision making, when people were unable to make decisions themselves.

People had food and drink to meet their needs. Menus were varied and a choice was offered at each mealtime.

Staff supported people to attend healthcare appointments and involved other professionals as required for specialist advice to meet people's needs.

People said staff were kind and caring. Comments included, "This place is more relaxed compared to the other place I've been," and "Staff are kind." Another person said, "I think the staff are lovely, they listen to me."

Staff knew the people they were supporting well and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People told us they were supported to be part of the local community. They were provided with opportunities to follow their interests and hobbies and they were introduced to new activities.

People had the opportunity to give their views about the service. There was regular consultation with people and/or family members and their views were used to improve the service.

A complaints procedure was available and written in a way to help people understand if they did not read. People we spoke with said they knew how to complain but they hadn't needed to.

The registered manager was introducing changes to improve the quality of care and to ensure the service was well-led for the benefit of people who used the service.

We found that the registered person had not provided sufficient staff to protect people against the risk of unsafe care. This was in breach of regulation 22 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Although people told us they felt safe people were not always protected as there were not always enough staff on duty to provide individual care and support to people.

Staff were appropriately checked before they started employment.

Staff had received training with regard to safeguarding people and they said they would be able to identify any instances of possible abuse and would report it if it occurred. There were policies and procedures in place to protect people from abuse and avoidable harm.

People's medicines were managed appropriately

Is the service effective?

Good

The service was effective. Staff had a good understanding and knowledge of people's care and support needs. Staff received support and training to help them deliver care that met the different needs of each person.

People's rights were protected because there was evidence of best interest decision making, when decisions were made on behalf of people and when they were unable to give consent to their care and treatment.

People received appropriate support to meet their healthcare needs. Staff liaised with GPs and other professionals to make sure people's care and treatment needs were met.

People told us the food was good. People's nutritional needs were met and specialist diets were catered for.

Is the service caring?

Good

The service was caring. People said staff were kind and caring and they were complimentary about the care and support staff provided.

People were offered choice and staff encouraged them to be involved in decision making whatever the level of support required.

People's rights to privacy and dignity were respected and staff were patient and interacted well with people.

People were supported to maintain contact with their friends and relatives.

Staff supported people to access an advocate if the person had no family involvement. Advocates can represent the views for people who are not able express their wishes.

Summary of findings

Is the service responsive?

Good

The service was responsive. People received support in the way they wanted and needed because staff had guidance about how to deliver people's care. Care plans were in place and reflected people's care and support requirements.

People were encouraged to take part in new activities and to be part of the local community.

People were informed about the complaints process and we saw any complaints received were appropriately dealt with.

Is the service well-led?

Good

The service was well-led. A registered manager was in place who promoted the rights of people to live a fulfilled life within the community.

An ethos of involvement was encouraged amongst staff and people who used the service. Staff and people who used the service said communication was effective.

The registered manager monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

Pembroke Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 March 2015 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service for people with acquired brain injury and mental health needs. We undertook general observations in communal areas.

During the inspection we spoke with nine people who lived at Pembroke Home, the registered manager, the operational manager, one support worker, the activities organiser and a member of catering staff. We observed care and support in communal areas, looked in the kitchen and four people's bedrooms with their consent. We reviewed a range of records about people's care and how the home was managed. We looked at care plans for three people, the recruitment, training and induction records for four staff, two people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and the quality assurance audits that the registered manager completed.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams. We did not receive any information of concern from these agencies.

Requires Improvement

Is the service safe?

Our findings

When we examined staffing arrangements we found there were not sufficient staff employed to ensure a consistent level of safety and to provide individual care and support to people.

The registered manager told us staffing levels were determined by the number of people using the service and their dependence. Staffing levels could be adjusted and increased according to people's needs. The activities organiser, who worked 22 hours a week, told us extra staff were made available for events and for planned outings. At the time of inspection there were two care workers, an activities person and student volunteer available.

The registered manager said two care workers were routinely on duty each day from 8:00am- 8:00pm and two care workers from 8:00pm- 8:00am. This included the senior care worker who was responsible for the shift in the absence of the registered manager.

Staffing rosters showed the cook finished work at 2:00pm and worked alternate weekends. The cook told us one of the two care staff on duty was responsible for the catering when she was not rostered to work. She said she left food prepared to be cooked or served for the meal, after she had gone off duty during the week. However, this did not happen at weekends, when she was not at work. This meant the care worker responsible for the provision of meals was not available to carry out care and support. We saw at least one person who used the service required two members of staff to support them because of their moving and assisting needs. The registered manager told us, and this was confirmed by the staffing roster that the domestic member of staff worked 15 hours over three days of the week. This meant domestic cover was only provided alternate week days and we were told by the registered manager the care staff on duty carried out any urgent domestic tasks in the absence of the domestic member of staff. This also meant as staff, including night staff, carried out domestic tasks they were not available to provide care and support to people.

The registered manager told us the service planned to provide rehabilitation for people to help them acquire or maintain some daily living skills to retain their independence. However, due to people's different dependency levels and increasing age we had concerns there were not enough ancillary hours allocated to meet the operational demands of the running of the home. The registered manager agreed and said it would be addressed but head office also set budgets to be adhered to.

We found that the registered person had not provided sufficient staff to protect people against the risk of unsafe care. This was in breach of regulation 22 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe and they could speak to staff. Comments included, "I feel safe living here, if I need to I can talk to the staff," and "I feel safe living here." Another person said, "I love it here," and, "This place is great." Another commented, "I'd talk to (name) if I had any problems," and "I feel safe here, staff look after me well."

The provider had a system in place to log and investigate safeguarding concerns. The local authority safeguarding team told us the alerts had been raised appropriately. One safeguarding was still under investigation and we were told others had been investigated and resolved.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. They told us they currently had no concerns and would have no problem raising concerns if they had any in the future. They told us, and records confirmed they had completed safeguarding training. One staff member said, "I would tell the manager if I was concerned."

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. Our discussions with staff confirmed that guidance had been followed. Examples included, moving and assisting a person and smoking.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to the registered manager so that appropriate action could be taken. Regular analysis of any incidents and accidents took

Requires Improvement

Is the service safe?

place. The registered manager said learning took place from this as any trends and patterns that were identified, action was taken to reduce the likelihood of them recurring.

We checked the management of medicines. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in the safe handling of medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and they were sufficiently skilled to help people safely with their medicines.

A suitable recruitment process was followed. Staff records showed all the necessary recruitment information had been obtained. This included details of their employment history and training, references, and checks with the Disclosure and Barring Service (DBS) of criminal records and suitability to work with vulnerable people. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

The registered provider had arrangements in place for the on-going maintenance of the building. Records we looked at included; maintenance contracts, the servicing of equipment contracts, fire checks, gas and electrical installation certificates and other safety checks. Regular checks were carried out and contracts were in place to make sure the building was well maintained and equipment was safe and fit for purpose.

Good

Is the service effective?

Our findings

Staff were positive about the training opportunities available to them. Comments included; "I get plenty of training." Another person said, "There are opportunities for training."

The staff training records showed staff were kept up to date with safe working practices. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff told us they also completed training that helped them to understand people's needs. Staff completed training that gave them some knowledge and insight into people's needs and this included a range of courses such as; vision care, palliative care, diabetes, equality and diversity, distressed behaviour and Huntingdon's disease. They had also received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training.

Staff told us they were well supported to carry out their caring role. One person said, "I have supervision every two months with the registered manager." Staff said supervision sessions gave them the opportunity to review their understanding of their responsibilities to ensure they were adequately supporting people who used the service. They said supervision also gave them the opportunity to raise any concerns they had about the person they were supporting or service delivery.

Staff said the management team were supportive and they could speak to the registered manager at any time to discuss any issues. They also said they received an annual appraisal to review their work performance. The registered manager said, "Staff receive an annual appraisal to help with their personal development and to make sure they are carrying out their job effectively."

CQC monitors the operation of the MCA. This is to make sure that people are looked after in a way that does not inappropriately restrict their freedom and they are involved in making their own decisions, wherever possible. Staff were aware of and had a good understanding of the MCA and best interest decision making, when people were unable to make decisions themselves. The registered manager was aware of a supreme court judgement that has clarified the meaning of deprivation of liberty, so that staff would be aware of what processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. We found as a result, that five applications for DoLS were being considered.

People using the service were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals were involved in their care and made decisions for them in their 'best interests'. For example, one person had the service of an Independent Mental Capacity Advocate (IMCA) to help with placement decision. The registered manager told us they worked with the local authority to ensure appropriate capacity assessments were carried out where there were concerns regarding a person's ability to make a decision.

People we spoke with did not raise any concerns about food at the home. One person commented, "We can have cooked breakfast." Other comments included; "I have muesli for breakfast," and "I love curry." Another person said, "Food's alright, the best thing about it," and "The food is okay." Menus were displayed and they advertised a choice of meal. Regular drinks were available. People also had access to a small kitchen to make their own drinks. Staff knew about people's dietary and nutritional preferences.

We looked around the kitchen and saw it was stocked with fresh, frozen and tinned produce. We were concerned at the reduced amount of tinned food, dried stock and fresh fruit and vegetables that were available on the premises. The cook told us they did shopping on Monday and Wednesday. We looked at food provision invoices to check the amount of food that was ordered and spoke to the registered manager about this. We noted from the last customer survey, 50% of people had rated they were only 'satisfied' with food provision, rather than awarding food a higher rating. We had concerns although some people were positive about the food provided, there was not sufficient stock available on the premises in case of an emergency. Staff also had to do the shopping, in the absence of the cook, and this reduced the amount of time they were available to provide care and support to people.

People's healthcare needs were met as records showed staff received advice and guidance when needed from specialists such as, psychiatrists, behavioural team,

Good

Is the service effective?

physiotherapists, dieticians and community nurses. One person said, “I see (name) a psychiatrist.” We were told one person attended the Centre for Life, for specialist guidance because of their medical condition. People had regular access to their GP or district nurse when appropriate. Records were kept of visits and any changes and advice was reflected in people’s care plans. One person said, “I see the doctor and tell him how I feel.”

Good

Is the service caring?

Our findings

People we spoke with were appreciative and spoke well of the care provided by staff. They commented, “The people get on with each other,” and, “Staff are kind.” Another person said, “Staff listen to me,” and “All the staff are nice to me.” Another person commented, “I like living here.”

During the inspection there was a happy, relaxed and calm atmosphere in the home. Staff interacted well with people, joking with them and spending time with them. One person commented, “This place is more relaxed compared to the other place I’ve been.” Another person gave a member of staff a kiss and said, “I love you.” We noted the camaraderie and care for each other amongst many of the people who used the service. They sat together and talked or moved to quieter areas as they moved freely around their home.

Staff engaged with people in a calm and quiet way. They were enthusiastic and made time to sit and talk to them. Staff bent down as they talked to people so they were at eye level. They explained what they were doing, as they assisted people and they met their needs in a sensitive and patient manner. We saw a member of staff doing a jigsaw with a person, who smiled a lot as the staff member talked to them.

Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people’s needs and preferences which showed they knew people well. One member of staff commented about a person who did not communicate verbally and said, “I can tell if (name) isn’t right when they don’t smile.” Another staff member commented, “There is a pen picture of every resident and their aspirations.”

Information was made available in various ways to help people understand if they needed encouragement. For example, we saw pictures for staff to show a person so they could indicate their preference with regard to activities. The activities person said, “I’m going to learn Makaton, (sign language), to help me communicate with some people.” They also described how they supported people who did not express their views verbally. They gave examples of asking families for information, showing people options to help them make a choice, such as two items of clothing. This encouraged the person to maintain some involvement and control in their care.

People’s privacy and dignity was respected. Staff knocked on people’s bedroom doors before they entered and could give us examples of how they respected people’s dignity. One person said, “Staff will knock on my door before they come in.”

There was information displayed in the home about advocacy services and how to contact them. Advocates can represent the views of people who are not able to express their wishes. The registered manager told us an advocacy service had become involved where a person needed to have additional support as there was no family available to advise them.

Records showed the relevant people were involved in decisions about a person’s end of life care choices. For example, a person had an end of life care plan in place that showed it had been discussed with the person, their family and the GP. The care plan detailed the “do not attempt resuscitation” (DNAR) that was in place.

Good

Is the service responsive?

Our findings

People commented there were activities and entertainment. They told us they were supported to access the community and try out new activities as well as continue with previous interests. For example, we were told one person liked rock and heavy metal music. The activities person said, "I take (name) for guitar lessons." One person said; "I like going out for meals" and, "I go to church." Another person said, "I like living here, going out to the pub and going clothes shopping" and, "I love going to get my hair done at Battle Hill." Another person said, "I find this a lovely home." Another person commented, "I like talking to (name's) children on the telephone." (We were informed this was an arrangement to speak to a staff member's children.) Another person said, "We go bowling."

Photographs on display showed people had taken part in a marathon exercise bike ride to raise money. The activities organiser was enthusiastic, had lots of ideas and commented, "I organise an annual events calendar. It includes birthdays and seasonal parties. For example, we had a Halloween and Valentine's day celebration." We have barbecues and the local Scouts help us to organise events too."

People's needs were assessed before they moved into the home to ensure that staff could meet their needs and that the home had the necessary equipment to ensure their safety and comfort. Care plans were developed that outlined how these needs were to be met.

Care plans were in place and they were regularly updated as people's needs changed. Staff responded to people's changing needs and arranged care in line with people's current needs and choices. The service consulted with healthcare professionals about any changes in behaviour and medicines.

The registered manager talked of her plans to make sure care plans were detailed enough for staff to help people learn new skills and become more independent in aspects of daily living, whatever their need. The care plan was to contain instructions and a description of the steps staff should take to meet the person's needs. For example, if a person was to learn to travel independently, a care plan and risk assessment would be detailed to show how the task was to be achieved. The regional director said new care plan documentation was being introduced that would help to ensure personalised care was provided.

Activities helped maximize people's independence, whilst maintaining their safety and well-being. For example, some people were having cookery lessons and leaning to make bacon sandwiches. Another person was learning to make a hot drink. The activities organiser said, "We have a food theme night where residents prepare everything themselves." People also commented, "I do my own washing and make my bed. I enjoy being independent." Another person said, "We make chocolate brownies, I enjoy eating them."

People told us they given choice and were encouraged to make their own decisions every day. For example, when to get up and go to bed, what to eat, what to wear and what they might like to do. One person said, "I can get up when I want," and, "I can choose what I have for lunch." Another person said, "I love curry I'm going to have curry when I'm out for lunch." The person also said they enjoyed the "curry takeaway" that was delivered for her on Friday evenings," and, "I like to have a long lie in bed."

People told us they were supported to keep in touch and in some cases helped to visit and spend time with family members and friends. One person commented, "I go to visit my friend."

People said they knew how to complain. They said they would talk to staff and could raise any issues. One person said, "The staff are lovely, if I'm upset they'll try and sort it out." Another said, "I'd see the staff if I had a complaint."

People had a copy of the complaints procedure that was written in a way to help them understand if they did not read. A record of complaints was maintained. No complaints had been received since the last inspection. One person said, "I don't need to complain about anything, if I did I would tell staff."

Good

Is the service well-led?

Our findings

A registered manager was in place and they had been registered with the Care Quality Commission in January 2015. They had reported events that affected people's welfare and health and safety to CQC as required by the regulations.

The registered manager said she had introduced changes to the home to help its smooth running and to help ensure it was well-led for the benefit of people who used the service.

People told us there was a calm, friendly atmosphere in the home and this was reflected in the good interaction between people and staff.

Staff spoke positively about the approachability and support of the registered manager and staff team. There was evidence from observation and talking to staff that they knew the people they supported well and they were keen to encourage them to retain some control in their life and be involved in daily decision making. Staff said they felt well-supported and there was good communication in the home to help make sure they were kept up to date. One staff member said, "The manager is approachable." Another said, "I feel supported to do my job."

Staff meetings were held each month to keep staff updated with any changes within the home and to discuss any issues. Manager's meetings were also held with other managers in the organisation, to discuss any changes to be implemented to enhance the running of the homes and consistency within the organisation. Monthly meetings also took place with people who used the service and agenda items included activities and menus.

Various audits were carried out to check the quality of the service provided. Records showed audits were carried out monthly and updated as required. They included checks on; care documentation, staff training, medicines management, nutrition, infection control, dining experience and accidents and incidents. Daily and monthly audits were also carried out for health and safety, medicines and maintenance of the environment. Minutes were available from health and safety meetings and areas discussed included; accident and incidents, health and safety induction material, risks and staff training. The regional director said they visited the home each month to speak to people and the staff regarding the standards in the home. They also audited a sample of records, such as care plans and staff files. These were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The registered provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out annually to staff and people who used the service. Surveys had been completed by people who used the service in Autumn 2014. Findings from the survey were positive and from the responses analysed there was a 100% satisfaction with staff, 100% satisfaction with the registered manager, 50% satisfaction with activities and food and 100% of professionals who responded were satisfied with care provision. In areas where results had not been so positive action was taken to try and address the issues and we saw the topics were discussed at staff meetings. For example, improvement in activities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing There were not sufficient numbers of suitably qualified, skilled and experienced staff employed to meet the needs of people who used the service.