Mrs Susan Brand & Mr Lloyd Brand

Pembroke Lodge Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 1 June 2017 and was unannounced.

Pembroke Lodge Rest Home provides personal care and support for up to 19 people. Nursing care is not provided. Care is provided to older people for long term or respite care. On the day of our inspection there were 13 people living at the service.

At the last inspection on 9 and10 December 2014, the service was rated Good. One area was identified as in need of improvement and two recommendations were made. We found work had been completed to address this. At this inspection we found the service remained Good.

People told us they felt the service was safe. On relative told us they thought the service was safe because," You can't just walk in here which is good." People remained protected from the risk of abuse because staff understood how to identify and report it.

People felt there were enough staff and staff were skilled to meet the needs of people and provide effective care. One person told us, "They always come if we need them." Another person told us, "The staffs is very good they couldn't be better. There's always someone on all night." A third person said, "The staff are friendly and couldn't be more helpful." People were supported by staff who had been through robust recruitment procedures.

The provider continued to have arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People remained encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People said they felt listened to and any concerns or issues they raised were addressed.

People told us the food was good and plentiful. One person told us, "We never go hungry or thirsty here, the food is always good there is a very good chef and he cooks nicely." A relative told us, "The food is lovely, like home cooked." Staff told us that an individual's dietary requirements formed part of their pre-admission assessment and people were regularly consulted about their food preferences. Healthcare professionals, including speech and language therapists had been consulted with as required.

Staff continued to feel fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. One member of staff told us, "I did safeguarding only last week. We were told that if there was a request for additional training such as nutrition the management would arrange that."

The service continued to have a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which we observed throughout the inspection. One person told us," Staff are lovely they can't do enough for us, whatever I ask they do and some of them go out of their way." A relative told us," We're very impressed you can tell they are happy here, it's very relaxed."

Staff told us that communication throughout the service continued to be good and included comprehensive handovers at the beginning of each shift and staff meetings. They confirmed that they felt valued and supported by the managers, who they described as very approachable. People told us the service was well managed. One person told us," It's managed well."

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service becomes Good This is because risks had been identified or correctly recorded to ensure people continued to be safe.	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Pembroke Lodge 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 1 June 2017 and was unannounced. The inspection team consisted of two inspectors.

We previously carried out a comprehensive inspection at Pembroke Lodge Rest Home on 9 and 10 December 2014. The service was rated as Good, with one area which required Improvement. Two recommendations were also made for the further development of some policies and procedures.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority commissioning team, who has responsibility for monitoring the quality and safety of the service provided to local authority funded people. We received feedback from two health care professionals about their experiences of the service provided.

During the inspection we observed the support that people received in the communal lounge and dining room. We spoke with four people and two relatives, the care manager, the operations manager, two care staff, the housekeeper and the chef. We spent time observing how people were cared for and their interactions with staff in order to understand their experience. We also took time to observe how people and staff interacted.

We observed lunch, the medicines administration at lunchtime and sat in on a staff handover. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for some people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People and their relatives told us they felt people were safe in the service. On relative told us they thought the service was safe because, " You can't just walk in here which is good." One person commented as part of the last quality assurance questionnaire completed, 'I feel very safe here and do not like being on my own. It is nice having lovely kind staff and the company of all the other residents." Another person commented, 'Though I wish I could be at home, I know that it is not possible and I am safe here.'

At the last inspection on 9 and 10 December 2014 we found people had individual assessments of potential risks to their health and welfare, which had been regularly reviewed. However, not all the risks had been identified or correctly recorded to ensure people continued to be safe. A new computerised system to record care and support plans had been introduced which had the facility to record and score the risk assessments completed to address this. Each person's care and support plan had an assessment of any risks due to the health and support needs of the person, and these had been discussed with them. The assessments detailed what the activity was and the associated risk, and guidance for staff to take to minimise the risk. We were given examples of people having risk assessments in place to make choices that placed them at risk. For example, one person had a kettle in their room to make their own hot drinks. A risk assessment was in the care plan regarding the positioning of the kettle and socket. The premises were safe and continued to be well maintained. For example, a new boiler had been installed, a new roof fitted, the outside of the property and all communal rooms and communal areas were redecorated. Staff told us about the regular checks and audits which had been completed and maintained in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. Senior staff analysed this information for any trends.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. Staff had obtained proof of

identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

People and relatives felt there was enough staff had been maintained to meet people's care and support needs. Staff rotas showed staffing levels were consistent over time. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. One person told us, "They always come if we need them." Another person told us, "The staff is very good they couldn't be better. There's always someone on all night." A third person said," The staff are friendly and couldn't be more helpful." A member of staff told us, "Yes there is enough staff. It's a small group as people are more independent." Another member of staff told us, "Everyone is friendly and willing."

People continued to receive their medicines safely. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Good

Is the service effective?

Our findings

People felt staff were skilled to meet their needs and continued to provide effective care. One person told us, "They are good and kind here." Another person told us, "Can't grumble about anything."

At the last inspection on 9 and 10 December 2014 we found Current information and guidance had been sought in relation to The Mental Capacity Act 2005 (MCA). However, the provider had not ensured staff had adequate policies and procedures in place to inform staff of the procedures they were expected to follow to ensure continuity, with a review process to ensure guidance was updated to detail current legal requirements. We made a recommendation to the provider to make improvements to the policies and procedures specific to the service. At this inspection we found this had been addressed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area.

When new staff commenced employment they underwent an induction. The training plan and training files we examined demonstrated that all staff attended essential training and regular updates. Training included moving and handling, food hygiene, infection control and health and safety. One member of staff told us, "I do all the training. We have to keep on top of it." Another member of staff told us, "I did safeguarding only last week. We were told that if there was a request for additional training such as nutrition the management would arrange that." Staff we spoke with all confirmed that they received regular supervision and said they felt very well supported by the management team. A system was in place to ensure a planned annual appraisal was completed where required. Staff also attended staff meetings throughout the year.

From examining food records and menus we saw that food and fluids were provided in line with people's needs and preferences, a variety of nutritious food and drink continued to be provided and people could have snacks at any time. Staff told us how they how they met people's individual dietary needs. For example, one member of staff told us, "There is one resident with dysphagia so we chop up the meat and I make sure that the gravy is viscous." One person told us, II have IBS (Irritable bowel syndrome) flare-ups and can't have rhubarb or sprouts so he (The chef) gives me something else." Another person told us; "They know I don't like fish and chips so they don't give it to me." People told the chef their preferences and could have the meal options changed for them. For example, a number of people told the chef that they did not like liver so an alternative meal was prepared for them. One person told us, "We never go hungry or thirsty here, the food is always good there is a very good chef and he cooks nicely." A relative told us, "The food is

lovely, like home cooked." We observed lunch and saw that it was an enjoyable and sociable occasion. People enjoyed their meals and snacks throughout the inspection.

People continued to receive consistent support from specialised healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as chiropodists and dieticians if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. For example, specific instructions were in care plans for people with additional conditions such as dysphagia where swallowing guidelines and information was in place from the Speech and Language Team (SALT) regarding mashable diets and what to do in case of a seizure.

Good

Is the service caring?

Our findings

People felt staff were consistently kind and caring. One person told us," They (staff) are brilliant, it's a good team." Another person told us, "Staff are lovely they can't do enough for us, whatever I ask they do and some of them go out of their way." A relative told us," We're very impressed you can tell they are happy here, it's very relaxed." A member of staff told us, "It's really home from home where the residents come first. We cater around the residents." Compliments received in the service included, 'Thank you so much for the excellent care you took of my lovely grandmother. It was so reassuring to see how settled and supported she was at Pembroke Lodge,' 'I wanted to thank you and all your team for looking after my mum with so much love and dignity. She was very happy to be with you all,' and '(Person's name) has had a wonderful year or so with you, in a lovely room, and we don't feel she could have been better looked after. You have all been unstinting in your love and care of her.'

The service continued to have a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which was observed throughout the inspection. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. One person told us, "I was asked if I wanted to change rooms as I have a lot of clothes and this is a bit small but I decided to stay here.'

Peoples' differences remained respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the service, showed that people were able to maintain their religion if they wanted to.

People told us they remained involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved people when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy continued to be respected and consistently maintained. Information held about people was kept confidential; records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. One member of staff told us when asked how they ensured people's privacy and dignity was considered when providing care and support, "I make sure the door is shut and I cover parts of the body. I also like to keep the conversation going." Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend time alone and enjoy their personal space.

People were consistently encouraged to be independent and exercise choice when there care and support was provided. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. People told us that their independence and choices were promoted, that staff were there if they needed assistance, but that they were encouraged and able to continue to do things for themselves. One person told us, "There is a choice of when you get up and timings. I like to go to bed at 7.30 and there's no problem with that." Another person told us, "We get the choice of when to get up and dressed." Records and our own observations supported this.

Good

Is the service responsive?

Our findings

People told us that staff remained responsive to their needs. One person told us, "Staff are very good and pleasant, they talk to us about the help we need, and they are very knowledgeable."

At the last inspection on 9 and 10 December 2014 we found the complaints procedure did not fully identify who could be contacted if people had concerns they wished to raise. A recommendation was made to address this. At this inspection we found the complaints procedure had changed to address this. People told us they were routinely listened to and the service responded to their needs and concerns. They were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service in easy read format. Complaints made were recorded and addressed in line with the policy with a detailed response.

Staff continued to undertake an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. People who were thinking of moving into the service were encouraged to come for a month's holiday so that they could experience the care and services provided and so that the staff at the service could really get to know them. Relatives told us that they had made an unscheduled visit to the service before their relative was admitted. One relative told us, "They couldn't be more welcoming, we are happy with the staff and management. She had previously been here for respite and decided to stay permanently." The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans had recently been inputted onto a new computerised system and were detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Care plans were reviewed regularly and updated as and when required. People told us they were involved in the initial care plan and on-going involvement with the plans. Care plans contained details of people's likes, dislikes and preferences. For example, one person's care plan stated,'(Person's name) is an independent lady who likes to have a lay-in until her breakfast is served.' Other care plans informed staff on how and at what time people would like to start their day and the things that interested them.

There continued to be a programme of activities on the noticeboard and people also had a copy. This included 'pamper sessions' (nail care) music once a week and bingo. External entertainers also visited the service to provide entertainment. People were involved in chair exercises each day following contact and a recommendation from the Falls Prevention Team as a preventative measure. One person told us, "We have bingo sometimes." Another person told us, "There's bingo and pamper days when we get our nails done and people come in at the weekend to play music." One member of staff told us, "It's a 'pamper day' today, there's also quizzes and bingo. There is a library here so they can read a book. There is a plan, but I ask them what they would like to do. It's their choice."

People continued to be supported to give their feedback through 'residents' meetings and through regular questionnaires. Senior staff acknowledged the provision of activities was an area which had been identified through feedback from people as in need of further development. They demonstrated this was a regular topic of discussion at the 'Residents meetings' to encourage people to come forward with ideas of activities for people to join in. the care manager was also reviewing the opportunities locally for people to access.

Good

Is the service well-led?

Our findings

People and staff all told us that they were happy with the way service was managed and stated that the management team remained approachable and professional. People told us, "The manager is very good and nice," and "It's managed well'. One member of staff told us, "Good pay, good management. It's a dream job." Another member of staff told us, "We can go to her (The manager)or refer up."

The service had a registered manager. 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.

The registered manager was supported by an operations manager, a care manager and senior care staff. People looked happy and relaxed throughout our time in the service. People and staff said that they thought the culture of the service was one of a homely, relaxed and caring environment. A member of staff told us, "It's a good team spirit, and we are well supported." Another member of staff told us, "(The registered manager) always comes and asks if everything is fine, and if I have any concerns."

Feedback from a visiting health and care professionals was that the service was well led. The manager was accessible and a very good standard of care provided. Staff had worked well with other organisations to provide professional and flexible care and support for people. Additionally the registered manager subsequently told us of their involvement in national developments in the care sector feedback from which has been used to help develop the service.

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. Senior staff aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.