

Pendlebury Care Homes Limited

Pendlebury Court Care 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

We inspected Pendlebury Court Care Home on 26 September 2016. This was an unannounced inspection. The service was registered to accommodate up to 39 older people, with age related conditions, including frailty, mobility issues and dementia. On the day of our inspection there were 38 people living in the care home.

At our last inspection on 09 April 2014 we found all regulations were being met and no concerns were identified.

A registered manager was in post. 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 were happy, comfortable and relaxed with staff and said they felt safe. They received care and support from staff who were appropriately trained, competent and confident to meet their individual needs. People were able to access health, social and medical care, as required.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were opportunities for additional staff training specific to people's needs, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

Up to date policies and procedures were in place to assist staff on how keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff demonstrated a sound understanding of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLs).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

Quality assurance audits and a formal complaints process were in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who used the service, their relatives and other stakeholders.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected by thorough recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people's care and support needs were met. Medicines were stored and administered safely and accurate records were maintained. Comprehensive systems were in place to regularly monitor the quality of the service. Concerns and risks were identified and acted upon.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the relevant knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act 2005 (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services as required

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received. Individual care and support needs

were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

The service was well led.

Staff said they felt valued and supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Good 

Pendlebury Court Care 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 was 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.

The inspection took place on 26 September 2016 and was unannounced. The inspection team consisted of one 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. They had experience of caring for someone who used this type of care service.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with 10 people who used the service, three relatives, one health care professional, three care workers, the assistant manager and the registered manager. Throughout the day, we observed care practice, including the administration of medicines. We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe and very comfortable at Pendlebury Court Care Home. They said they had no concerns regarding their safety or welfare and confirmed there was always staff available should they need any help or support. One person told us, "I'm very happy here - what more can I say?" Another person told us, "I've no problems here at all, no worries; the staff are wonderful and can't do enough for you." This view was also shared by relatives who spoke very positively about the service provided. One relative told us, "Absolutely no concerns, I am very content with this home."

Staff put people who used the service at the centre of what they do and were aware of the importance of maintaining their safety and welfare. One member of staff told us, "I'm here for the residents – we all are. This isn't just a job for me, it's much more. I would be more than happy for a member of my family – or even myself – to be here."

There was enough staff to meet people's care and support needs in a safe and consistent manner. We saw staff were readily available to help ensure, where required, people had their walking aids to hand, so they were able to move around safely. The registered manager confirmed staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They said staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare. This was supported by duty rotas we were shown. Throughout the day we observed friendly, relaxed and good natured interactions. People were smiling and clearly comfortable and at ease with staff, happily asking for help or support, as required.

People and their relatives were content with the way medicines were managed. One person told us, "I get my medicine when I need it; they (staff) see to all that." The registered manager told us all staff involved in administering medicine had received appropriate training. We spoke with a care worker regarding the policies and procedures for the safe storage, administration and recording of medicines. They confirmed everyone with responsibility for dealing with medicines had received the necessary training and their competency was regularly assessed. This was confirmed by other care staff we spoke with and supported by training records we saw. During lunchtime we observed medicines being administered and saw all medication administration records (MAR) had been accurately completed. This demonstrated medicines were managed safely and consistently.

People were protected from avoidable harm as potential risks, such as falls, had been identified and assessed, to help ensure they were appropriately managed. Staff had completed relevant training in safeguarding adults and received regular refresher training, as necessary. They understood what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. This was supported by training records we were shown. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. They also said they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

The provider operated a safe and thorough recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including the completion of application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

During our inspection we observed domestic staff around throughout the day. All areas of the premises were well maintained, very clean and readily accessible. Infection control was well managed and there were arrangements in place and contingency plans to deal with unforeseen emergencies, such as fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced, as required.

Is the service effective?

Our findings

People received support from staff who knew them well and had the necessary knowledge and skills to meet their identified care and support needs. People and their relatives spoke positively about the service and were confident in the staff and the support they provided. They said they considered staff to be "competent," and, "well trained." One person said, "The staff are marvellous here, I couldn't fault any of them." Another person told us, "They (staff) go out of their way to be nice and they can't do enough for you." We received similar comments from relatives, who also had confidence in the training and knowledge of the care staff. One relative told us, "It's really lovely here, the staff know what they're doing and they're all very good."

The provider ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. Staff spoke very positively about the training they had received. One staff member described their induction programme, which had included identifying the training they needed to meet the specific needs of people who used the service, together with learning about procedures and routines. They confirmed they had initially worked alongside more experienced colleagues, until they were deemed competent and they felt confident to work alone. Another member of staff told us, "We're always on training, which is a good thing and there's also lots of refresher training. We discuss any specific training in supervision." Records showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice.

Another member of staff described the benefits of their training including the face-to-face group sessions as opposed to the on-line training. They told us, "Training is really good here and we can discuss and learn from each other's experiences. It's much more involved and you learn a lot more than if you're just sat in front of a telly." They also gave us an example of how the training they received had made a difference to their work practice, when they performed CPR on a person who had collapsed and was unresponsive. They told us, "I felt really chuffed when [name] came round and thought to myself, flippin' 'eck, I've just saved this bloke's life here. And it's all down to the training that you do and then put into practice. Even the paramedics rang up later and praised us for what we did."

Staff also said they felt confident and well supported in their roles both by colleagues and the managers. One member of staff told us, "[Registered and assistant manager] are both very supportive. They are always there for us and will always roll their sleeves up and help us out if we need them." They confirmed they received regular supervision – confidential one to one meetings with their line manager - which gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and to gain feedback about their own performance.

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us there were three DoLS authorisations in place and we saw, in individual care plans, the appropriate documentation had been completed.

We checked whether the service was working within the principles of the MCA. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the MCA. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks, particularly involving their personal care.

People were supported to maintain good health and told us they were happy regarding the availability of health professionals, whenever necessary. One person told us they would see the doctor whenever necessary. We saw all such visits from healthcare professionals were appropriately recorded in individual care plans.

At lunchtime we observed people were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet. All the comments regarding the food we received, from people who used the service and their relatives, were very positive. One person told us, "The food here is magnificent, which I like. You get some very good meals." Another person said "The food here is brilliant; the chef's a very good cook." The three course meal we observed being served looked very appetising and there was very little wasted.

Is the service caring?

Our findings

People and their relatives spoke very positively about the caring environment and the kind and compassionate nature of the registered manager, the assistant manager and staff. People spoke enthusiastically about the care they received and were satisfied and confident the staff were kind and caring. One person told us, "I'm very happy with them (staff), they are really all very, very kind and considerate." Another person told us, "The staff are lovely and caring and I am very pleased to be here."

We saw people received care and support from staff who knew and understood their needs. Staff we spoke with were aware of the importance of consistency and continuity of care and confirmed they did not use agency staff. One member of staff told us, "We never use agency now. We used to – but agency staff don't know the residents or their routines, do they?" During our inspection we observed staff spending time with people, watching out for them, patiently assisting them when necessary and calmly and cheerfully responding to their needs. We saw care staff discreetly supporting people with personal care, including accompanying individuals to the toilet and washroom. Throughout the day we observed staff were engaged in friendly and good natured interaction with people, commenting on what they were doing, checking they were alright and exchanging light hearted banter. We saw people responded positively, often verbally but occasionally just with a smile and they were clearly relaxed, happy and comfortable with the staff.

A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living. These choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed staff involved and supported people in making decisions about their personal care and support. We observed staff talking sensitively with people about what they were doing. For example, carefully explaining to a person how and why they were going to help them to move to another area of the service. This demonstrated how staff cared for and supported people with kindness and consideration.

We found people's needs were assessed and their care was planned and delivered in line with their individual care plan. We saw that comprehensive assessments were completed that described people's care needs. A profile was also placed at the front of people's care record summarising their needs and personal preferences. This summary was written in a 'person-centred' way, which helped ensure it was individualised and highlighted what was important to the person. Risks that could affect people were identified and we saw assessments were in place relating to moving and handling, the risk of falls, pressure sores and poor nutrition. We saw information was available in care files about any health conditions or disabilities including about strokes, dementia and diabetes. This meant the guidance was available to alert staff to any deterioration or problems and ensure people received safe, appropriate care. We saw where required, people's fluids and nutrition were recorded and records we saw were fully completed, including occasions when the person had chosen not to have any food or drinks. This demonstrated people's care and support needs were met in a structured and consistent manner.

Individual care plans contained details regarding people's personal history, their likes and dislikes. The

information and guidance enabled staff to meet people's care and support needs in a structured and consistent manner. Staff had a good understanding of people's needs, their personal preferences and the way they liked to be cared for. Relatives confirmed, where appropriate, they were involved in their care planning and had the opportunity to attend care plan reviews. They said they were kept well-informed and were made welcome whenever they visited. Three of the care plans we saw were signed by people or their relatives, to confirm their involvement and agreement with the support which was provided and how their individual care was delivered.

People we spoke with thought they were treated with dignity and respect. They liked the staff and found them kind, considerate and helpful. They felt they were encouraged to be as independent as possible, but if they needed personal care this was handled with dignity and their privacy appropriately maintained. A member of staff told us, "We treat residents and each other with dignity and respect here. Residents are treated as individuals and supported, encouraged and enabled to be as independent as they want to be. This demonstrated people had their dignity promoted and the provider and staff demonstrated a strong commitment to providing respectful, compassionate care.

Is the service responsive?

Our findings

People received personalised care and support that reflected their wishes and met their needs. People we spoke with said they were supported to make choices about their day to day lives and staff were aware of and responsive to their individual care and support needs. They also said staff knew and respected their wishes and preferences and they had the freedom to do as they chose. One person told us, "We have everything we need here." Another person said, "They (staff) all know me - what I need and what I like."

The registered manager explained people's individual care and support needs would always be assessed before they were admitted, to establish their suitability for the service and, "their compatibility with existing residents." They also confirmed that, as far as practicable, people were directly involved in the assessment process and planning their care. This was supported by pre-admission assessments in individual care plans we looked at. Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs.

The staff we spoke with knew people well, their likes and dislikes and personal preferences for how they wished they care to be delivered. Individual care plans, including risk assessments, we looked at had been developed from the assessment of the person's identified needs. They contained personalised details regarding their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. They also contained details regarding people's health needs, their likes and dislikes and their individual routines. This included preferred times to get up and go to bed, their spiritual needs and social interests. The care records were reviewed regularly to ensure they accurately reflected people's current and changing needs. This helped ensure that people's care and support needs were met in a structured and consistent manner.

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

The registered manager emphasised the importance of meaningful activities and confirmed an activities coordinator was employed five days a week, and the times spanned both weekdays and weekends. People told us they enjoyed the activities on offer. One person was able to describe a wide range of activities that were available, including 'sing songs, exercise sessions and visiting singers'. They told us, "I really enjoy the activities everything is good here."

We spoke with the activities coordinator who told us, "I really enjoy what I do and, as far as possible, I try to

make sure I see everyone every day." We observed activities taking place in the first floor lounge both during the morning (skittles) and after lunch, with a quiet 'reminiscence' session. We saw the activity coordinator worked enthusiastically, encouraging everyone to join in. Although some people were only able to access individual sessions because of the nature of their dementia, in those cases we observed the activities coordinator made efforts to engage with them around specific topics of interest. We also saw, where appropriate, they would visit and spend time with people in their own room.

Since the previous inspection Pendlebury Court Care Home has been recognised by the local authority, who considered the service met the criteria for the Council's 'Dementia Care Standards Award'. Among the necessary requirements for the award, the service was considered to display the following: 'All clients experience a high standard of emotional support and quality of life; All staff are well supported to deliver high quality dementia care and feel valued as individuals; The physical environment is developed to nurture and enable clients and feel a sense of ownership, belonging, security, familiarity, dignity, direction and purpose; Social opportunities and meaningful activities are available and promoted by the care provider; Effective 'end of life care' that includes advanced care planning for clients is in place.' This award clearly helped to demonstrate a responsive service and a provider committed to ensuring people's identified care and support needs were met and reflected individual choices and preferences.

A copy of the complaints procedure was clearly displayed in the hallway. People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary. They felt confident they could speak with the registered manager at any time and any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately.

Records we looked at showed comments, compliments and complaints were monitored and acted upon. We saw complaints had been handled and responded to appropriately and any changes and learning implemented and recorded. For example, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. This demonstrated the service was responsive to people's needs.

Is the service well-led?

Our findings

People spoke positively about the registered manager and said they liked the way the service was run. One person told us, "[Registered manager] is excellent." The relatives we spoke with said they knew the registered manager well and felt they could approach them with any concerns they might have. One relative told us, "[The registered manager] here is great; very hands on." They were also confident any issues raised with the registered manager would be listened to, taken seriously and acted upon, as necessary.

Staff told us they felt supported and were able to approach the management team about any concerns or issues they had. They also said they were aware of the provider's whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the service.

The registered manager and assistant manager were both visible throughout the day. They were clearly popular and well known to people and their relatives, who told us they were, "friendly" and, "approachable." Throughout our inspection there was a relaxed and comfortable atmosphere within the service and we were made to feel welcome.

The registered manager emphasised the importance of ensuring staff were actively involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required. This demonstrated an open and inclusive culture within the service.

Staff we spoke with had confidence in the way the service was managed and described the registered manager and assistant manager as "approachable" and "very supportive." We saw evidence of staff receiving regular formal supervision and annual appraisals. Staff told us they were encouraged and enabled to share ideas for the benefit of people who used the service. They were aware of their roles and responsibilities to the people they supported and said they would have no hesitation in reporting any concerns. They were also confident any issues or concerns raised would be listened to, and acted on appropriately.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

A range of thorough auditing systems were in place to measure the quality of the care delivered. Audits included areas such as the management of medicines, reviewing accidents and incidents and how the home was maintained. The accidents and incidents audit included an analysis to monitor any patterns or

emerging trends and identify and implement any preventative measures that were needed. Such systems were in place to monitor the running and overall quality of the service and to identify any shortfalls and improvements necessary. Through such regular audits, the management team was able to compare their own care provision against best practice guidelines and policies and procedures. This demonstrated the provider had effective systems in place to help drive improvements in service provision.