

ADL Plc

Pelham Grove Care Home

Inspection report

Pelham Grove (off Lark Lane)
Aigbuth
Liverpool
Merseyside
L17 8XD

Tel: 01517270758

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13 March 2018
20 March 2018

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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 was carried out on 13 and 20 March 2018. The first day of the inspection was unannounced.

This was the first inspection of Pelham Grove since it was registered with the Care Quality Commission (CQC) in February 2016 with ADL Plc as the provider of the service. Prior to February 2016 the service had been operating under a different provider. Some staff including the registered manager transferred to working for ADL Plc when it registered to provide this service.

Pelham Grove is registered to provide accommodation and support for up to 35 people. At the time of our inspection 34 people were living there.

Pelham Grove is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates people in one adapted building.

The home has 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.

People living at Pelham Grove were complimentary about the service they received. Their comments included, "I feel safe and comfortable. The way they speak to people they have the patience of a saint." "There can't be many better. Because of the food, the layout, the staff and the feel of the place," "It's lovely here," and "I would sooner be here than on my own."

Systems were in place for safeguarding people from the risk of abuse and reporting any concerns that arose. People said they felt safe living there and staff knew what action to take if they felt people were at risk of abuse. A system was also in place for raising concerns or complaints and people living at the home and their relatives told us they would feel confident to raise a concern.

Pelham Grove was in the middle of a refurbishment programme. Equipment and the building were monitored regularly to ensure they were safe. The areas that had been refurbished had been carried out to a good standard. The building had adaptations and equipment to support people with their mobility and personal care. This included a lift, grab rails and call bells. We discussed with the registered manager checking with current good practice guidance around supporting people living with dementia or failing eyesight when making future decorating or adaptations to the building.

People's medication was safely managed and they received it on time and as prescribed. Staff provided people with the support they needed to manage their physical and mental health care needs.

A series of assessments of people's care needs had been carried out and regularly reviewed. Where people required support this was detailed in their care plans which provided guidance for staff on how to meet people's needs safely and well.

There was enough staff working at the home to meet people's care needs. Systems were in place and followed to recruit staff and check they were suitable to work with people at risk of abuse or neglect.

People liked the staff team and told us that they were kind and caring. Staff had received training to help them understand and meet the care needs of people living at the home. Staff told us that they felt supported and we saw that they had regular staff meetings and supervisions with senior staff.

Staff spent time interacting with people as well as meeting their care needs. People told us that staff always respected their dignity and were attentive to their needs.

The home employed an activities coordinator who knew people well and tried to provide activities or company to everyone based on people's individual needs and preferences. A range of activities were available including entertainers and trips out and we saw that people enjoyed taking part in these.

The provider met the requirements of the Mental Capacity Act 2005. People were supported to make choices and decisions for themselves. Where people lacked the capacity to make important decisions for themselves then the provider took steps to protect them. This included holding best interest meetings and applying to the local authority for a Deprivation of Liberty Safeguard (DoLS) for the person.

Mealtimes were relaxed social occasions. People told us that they had a choice of meals and we saw that staff offered people support to eat, drink and monitor their nutritional needs.

People living at the home knew the registered manager well and told us they had confidence in her. Staff also told us that they found senior staff approachable and supportive.

Systems were in place for checking the quality of the service provided. This included a series of audits and plans to check improvements had been made. The views of people living at the home had regularly been obtained both formally and informally. Information about the home was readily available to people living there and their visitors.

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.

Systems were in place to monitor any risks to people's safety and reduce the risk of these occurring. People said they felt safe with the support they received at the home.

Enough staff were available to support people in a safe, unrushed manner. Systems were in place and followed to check new staff were suitable to work with people who may be vulnerable.

People's medication was safely managed.

Is the service effective?

Good ●

The service was effective.

Staff knew people well and received training and support to understand and meet people's needs.

People were supported to make decisions and choices for themselves as much as possible. Where they were unable to do so the provider took steps to make decisions in the person's best interests or obtain legal protections for them.

Meals were sociable occasions which people enjoyed. Support was provided to people to meet their nutritional needs.

Is the service caring?

Good ●

The service was caring.

People liked and trusted the staff team. They found staff kind and caring.

Staff knew people well, treated them with respect and maintained people's dignity. They spent time interacting with people as well as meeting their care needs.

Information about the home and how it operated was made

readily available to people and their visitors.

Is the service responsive?

Good ●

The service was responsive.

Activities were arranged to meet people's choices and hobbies. These included opportunities to get out and about in the local community as well as take part in arranged activities at home.

Care plans provided clear guidance to staff on how to meet people's needs and choices. These were followed by staff.

People felt confident to raise any concerns or complaints that they may have and these were dealt with.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was experienced and operated a well run service. She was liked and trusted by people living at the home, their visitors and staff.

Systems were in place for assessing the quality of the service and planning future improvements.

Pelham Grove 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 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.

The inspection was carried out on 13 and 20 March 2018. An Adult Social Care (ASC) inspector carried out the inspection and the first day was unannounced.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the home.

During the inspection we looked around the premises and met with many of the people living at the home, nine of whom we spoke individually with. We spoke with relatives of two people living at the home and with six members of staff who held different roles within the home.

We also spent time observing the day to day care and support provided to people, looked at a range of records including medication records, care records for four of the people living there, recruitment records for four members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Is the service safe?

Our findings

People who lived at Pelham Grove told us that they felt very safe living there. They said that if they had any concerns they would not hesitate to tell the registered manager or another member of staff.

The home had a series of internal and external checks in place for the safety of the premises and equipment. This included checks of water temperatures, lighting, fire system, small electrical appliances and gas. A copy of the legionella assessment was forwarded to us shortly after the inspection. No electrical certificate could be located during the inspection however a sticker on the main electrics box confirmed this had been carried out and the registered manager confirmed it was due to be undertaken again this year.

A letter from the fire service in May 2017 identified improvements were needed for fire safety. It was unclear during the inspection whether these had all been carried out. Since the inspection the registered manager has confirmed that a company has been booked to look at and undertake this work.

An emergency contingency plan was in place to be implemented in the event of serious disruptions' for the service. Personal emergency evacuation plans (PEEPS) for individuals had been undertaken. These had been compiled into one overall plan which may not be easy to follow in an emergency. On the second day of the inspection the registered manager had commenced work on providing individual PEEPS for people. This would make it easier for staff and external agencies to follow in the event an evacuation was required. Staff we spoke with were able to explain the actions they would take in the event an emergency occurred.

Policies were in place for guiding staff on how to identify and report any safeguarding adults concerns that arose. A policy was also in place to advise staff on whistleblowing. This is when staff report something that they believe is wrong in the workplace and is in the public interest. Staff had a good awareness of safeguarding adults and told us they would report any concerns that they had. Information on whistleblowing and external organisations who could provide support to staff was available in the staff room.

Records relating to people living at the home were secured either on a password controlled computer or in a locked office. This was accessible to staff who needed to read or add to people's records. Records we looked at were clear and up to date.

People told us they were happy with the way staff managed their medication. One person explained "It's taken out of my hands, it's a relief." Other people we spoke with told us that they got their medication on time.

We looked at how people's medication was ordered, stored, recorded and administered and found that this was well managed. Medication was managed so that stocks were kept to a minimum and people had their medication available. Locked storage was used with a fridge available if needed and temperatures of the room and fridge had been monitored regularly.

We looked at a sample of medication including medications prescribed for 'as required' use, in variable doses, medication subject to misuse and prescribed to be taken at different times of the week. Records were clear as to the dose, time and route of application and stocks tallied with records indicating people had received their medications as prescribed.

Accidents and incidents were logged by staff and then reviewed by the registered manager. A monthly summary was then compiled which recorded the dates, times and locations of any accidents along with the people involved. This was then sent to the provider. This system provided a clear way to monitor accidents and incidents, observe any patterns and plan any actions that could be taken to reduce future recurrences.

People told us that there were enough staff working at the home to meet their needs. This was reiterated by staff who said although busy there were usually enough staff available. The registered manager explained that there were no staff vacancies and permanent staff covered any shifts needed. This meant that there was no use of agency staff at the home providing people living there with a staff team they were familiar with. Throughout the two days of our inspection we saw that although staff were busy they had time to respond to people's care needs in an unrushed and timely manner.

We looked at recruitment records for four members of staff. These showed us that staff had undergone an interview process and checks including obtaining a Disclosure and Barring Service check, references and identification checks had been carried out. These recruitment processes helped to ensure staff were suitable to work with adults at risk of abuse or neglect.

The registered manager told us that no disciplinary procedures had been undertaken at the home within the past year. A policy was in place to provide guidance on how to manage disciplinary processes and the registered manager was able to talk us through this.

Is the service effective?

Our findings

Prior to moving into the home an assessment of people's needs had been carried out. This provided a basis for deciding if the home could meet the person's needs and for planning their care.

Staff told us that they had received training relevant to their role and that if needed they could request training in a specific area. The provider had a training company that provided face to face training for staff. The registered manager explained that in addition to the mandatory training provided she was also able to request additional training if needed.

All relevant care staff had achieved a nationally recognised qualification in care and new staff were able to undertake the care certificate course as part of their induction to the home. A training matrix showed that staff had undertaken training relevant to their role including person centred care, safeguarding adults and moving and handling. In addition certificates within staff files showed staff had undertaken additional training such as diabetes. No overall training plan or assessment was in place. We discussed this with the registered manager who said that they would undertake this. A training assessment would help to plan future training based on the needs of the people living at Pelham Grove.

Staff told us that they felt supported by senior staff and had regular supervisions. Records confirmed that staff had received regular supervisions and an annual appraisal. These provide staff and their manager with the opportunity to discuss how they are performing, any concerns they may have and future training needs. Additional support was available in the staff room in the form of contact details for helplines dealing with bereavement counselling and with stress.

People living at the home told us that they were supported to make their own decisions as much as possible. One person told us "you can do what you want." Another person explained "I have never had any decisions of my own turned down." A third person confirmed this telling us, "You do what you want. You make your own decisions."

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 be as least restrictive as possible.

People can only be deprived of their liberty to 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were.

Assessments had been carried out to see whether people would benefit from the protection of a DoLS. Where required the home had forwarded an application for a DoLS assessment to the local authority. The registered manager was aware of people's right under the MCA 2005 and explained that they were due to attend a best interest meeting shortly for one person who lacked the ability to make important decisions on their own behalf.

People told us that they enjoyed the meals at Pelham Grove. One person told us "I had a great breakfast." Another person explained that they always had a choice of meals and said, "They say if you don't like it ask. They always oblige."

We observed several mealtimes at the home and saw that they were pleasant, sociable occasions with people able to take their time and socialise. For example we saw people finishing their breakfast at ten o'clock and enjoying talking with others.

Where people required support with their meals this was offered and staff were aware of anybody who needed a special diet. They were also able to explain to us how to mix thickeners to the right consistency for different people's drinks.

People we spoke with knew about their health care and told us that staff would help them attend appointments if needed. We saw that if people were assessed as needing equipment to support their health, such as pressure cushions then these were in use. One person explained "They look after your health, get you the doctor, community matron."

Care plans evidenced that people had received the support they needed with their health care. This included staff following instructions from health professionals, supporting people to make and attend appointments and ensuring people had the equipment they needed to support their health.

Adaptations to the building helped people with their mobility and personal care needs. These included a lift, grab rails, adapted bathing facilities and use of a mobile hoist. Parts of the building had been refurbished to a good standard and others were awaiting refurbishment. This meant that signs to help people find bathrooms had just been introduced but bedroom doors were not personalised with a name or photograph to help people locate their room.

We discussed with the registered manager looking at current good practice guidelines around supporting people who for example, are living with dementia or failing eyesight, for planning future refurbishment. This was because we saw that new dining room floor was highly patterned and could be confusing for people with poor eyesight or who are living with dementia to walk across.

Is the service caring?

Our findings

People living at Pelham Grove were positive about the staff team and the support they provided. Comments we received from people living there included, "They are lovely, very kind the way they look after you."; "Staff are brilliant," and, "Staff are excellent, they couldn't be more courteous."

People also told us that staff were attentive to their needs and willing to help. One person told us, "Staff go more than out on a limb to look after people, very attentive." Another person said of staff "They are great, attentive, if you ask them for something there's no umm's or arghs. They are good at interacting with us."

Staff provided people with support for their mental as well as their physical health. One person told us that they found medical appointments difficult and explained that staff went with them which they found reassuring. Another person told us, "The attention to your wellbeing is paramount."

Throughout the inspection we observed staff chatting with people and spending time engaging with them socially as well as meeting their personal care needs. We also saw that people felt free to interact with staff and the registered manager. A member of staff told us "I like to get to know people personally, who they are." Another member of staff said "we are like a family. If they want to chat we make time."

People told us that as much as possible they were supported to make their own choices and decisions. One person told us "I can do what I like." Throughout the inspection we saw people making decisions for themselves such as whether to go out, where they wanted to sit and what activities they wanted to join in with. This was reiterated in the service user guide for the home which stated that 'Individual people have different routines. Your choice. Your decision.'

Staff knocked on people's doors before entering their room and we noted that when people were receiving personal care or having a private discussion staff ensured doors were closed. Staff spoke to people in a way that maintained their dignity and took time to explain to people the support they were providing. Staff explained to people how they were going to move them before using a mobility aid and gave people time to respond.

Information was provided to people about how the home operated in a number of ways. One person living there explained to us, "There is a book by the door. It's got all the information in, complaints procedure as well." This included a copy of the service user guide which provided information on the services available at the home, how to raise a complaint or concern and routines within the home.

A cultural and diversity statement was in place and the registered manager told us that staff had previously had training to understand equality and diversity issues. We discussed with the registered manager the benefits of updating this training with staff to ensure they were familiar with the Equality Act 2010 and the areas it covers.

Is the service responsive?

Our findings

People told us that they had found staff responsive to their needs. One person explained, "They are helpful. They come quick when I use my call bell." Other people said, "If you want anything doing you only have to ask," and "They help with anything. Any little problem."

We observed that staff responded patiently to any requests people made for support as well as when people engaged them in conversation.

Individual care plans were in place for the people living at Pelham Grove. These contained sufficient information to assess the person's needs and provide guidance to staff on how to support the person. In addition to a detailed pre-admission assessment a series of risk assessments had been undertaken for the person. These included assessing risks to the person's safety, their skin integrity and their ability to understand information and make choices. Where an assessment identified the person required support, for example with their health, personal care or safety then a care plan was in place to guide staff. Information was also recorded about the things the person did and did not like, their lifestyle and their ability to make choices. Care plans had been reviewed regularly to check the information was up to date and accurate.

People told us that there were a number of activities arranged by the activities coordinator that they enjoyed. During our inspection an entertainer had been booked, people that lived at the home and staff joined in with the singing and dancing and we observed that it appeared to be a fun occasion for people. We also saw people taking part in a craft group and saw that people were engaged and enjoying themselves.

One person told us that they enjoyed going out with staff. Other people told us that they enjoyed bingo, nail painting and the hairdresser visiting. The registered manager explained that a budget was available for activities and this enabled them to hire entertainers or a mini bus on occasion. In addition a hairdresser visited weekly and a Eucharistic minister provided communion for people weekly.

The activities coordinator explained they liked to help people maintain their interests and to spend a little time with each person daily. We saw that people's birthdays were celebrated and activities were varied according to preferences. For example, people had been supported to go to the cinema and shopping and plans were being made to accompany two people to a silent disco to see if they enjoyed it. Records showed that people were supported to engage in an interest or hobby or have a chat as much as possible.

Information was made accessible to people in different ways. For example the service user guide was available in a larger print if required. A member of staff explained how they communicated with one person who was deaf and checked that the person understood the information.

People told us that they would feel confident to raise concerns or complaints with the registered manager. One person explained "If I was not happy I would tell them. No complaints at all, they cannot do enough". Another person told us "I know I could go to the manager, have a word and it would be sorted."

A copy of the complaints procedure was accessible to people in the reception area and provided information on how to raise a complaint and how it would be investigated. Information about complaints received was held on individuals' file and the registered manager was able to discuss how these had been investigated and resolved.

The provider had a culture and diversity statement in place. The registered manager explained that staff had undertaken training in equality and diversity and basic training was provided by the new provider.

Is the service well-led?

Our findings

Pelham Grove had a registered manager who had been in the post for several years, including working for previous providers at the home. She had a good knowledge of the service, how it operated and the people who lived there.

People living at the home knew the registered manager well and expressed confidence in her. One person said "[registered manager] is great. Excellent". Several people told us that if they had any worries or concerns they would not hesitate to discuss them with the registered manager as they had confidence she would help them. During the inspection we observed the registered manager taking time to discuss one person's worries with them.

Staff also told us that they felt supported by senior managers and able to contribute to meetings.

People living at the home told us that senior staff asked their opinion regularly. One person explained "They never stop asking you how you are." The views of people living at the home, their relatives' and outside professionals had been gathered in a number of ways. This had included giving people questionnaires to complete. For example a survey had been carried out the previous week to obtain people's views of the meals provided. Resident and relative meetings had also been held to provide people with the opportunity to express their views and contribute ideas for improvements to the service.

Regular audits had taken place of a number of areas of the service including care plans, medication, health and safety, staff files, and maintenance. Where these identified areas for improvement then these had been addressed. The system for quality assurance in the home was working well to ensure the service was safe and operated effectively.

The provider had a matrix in place for planning quality audits of various areas of the service. This included checking medication, infection control, obtaining people's views and checking equipment. A business continuity plan was in place that had been reviewed and signed by the registered manager. This provided information and advice on actions to take if the service was disrupted for any reason.

A yearly refurbishment plan was available and the registered manager told us that the providers were supportive of the refurbishment taking place. People living at the home had been asked their views of décor in the home.