Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Pendlebury Court Care Home

St Marys Road, Glossop, SK13 8DN

Tel: 01457854599

Date of Inspection: 13 December 2013

Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✖ Action needed
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✖ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Pendlebury Care Homes Limited
Overview of the service	Pendlebury Court is a care home for up to 39 older people, some of whom have dementia. The home is situated in the town of Glossop, Derbyshire.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

Information provided by provider

What people told us and what we found

Relatives we spoke with told us they were happy with the care provided by the home. One person said "Staff were very friendly and helpful and they were happy with the care provided". We spoke with three relatives who visited the home whilst we were there. They told us they were generally happy with the service.

We spoke with a health professional who visited twice a week. They told us the quality of care had improved in recent months.

We saw people's care plans had been revised and updated during the year. Care plans had been personalised to include information about the person and described how they wished care to be provided. However, we found in some cases decisions about people's care were made without their informed consent or proper consideration of their best interests.

People's health needs in relation to food were not always properly managed and some people were at risk of an inadequate diet.

The provider was developing systems for assessing and monitoring the quality of care provided and some were already in place.

We found people's records had been revised and the quality of record keeping was being monitored by the manager.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 01 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✖ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

There were some mental capacity assessments in place and some evidence of decisions being made in a person's best interests but the provider was not consistently acting in accordance with legal requirements.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Most people who lived at Pendelbury Court suffered from dementia and were not able to make decisions about their care. We found that where people could make decisions, consent was obtained and people's wishes were respected.

We looked to see how consent was gained from people who did not have capacity to make decisions. We saw an example of a decision which had been made by the local authority mental capacity team in the person's best interest. The home had made the referral because they were concerned the person wanted to leave the home. Staff were concerned about the risks to the person if they left Pendlebury Court but did not wish to deprive them of their liberty by preventing them leaving. We saw the decision had been made following a best interest discussion involving staff from the home and other people who knew the person.

Another care record we reviewed made reference to a person having a mental capacity assessment in the section relating to their medication but we could not see any information confirming this had been completed or the results. We saw reference to another person not having capacity to make decisions about handling money but did not see the record of any mental capacity assessment or best interest decision. It was not clear whether mental capacity assessments were being undertaken or whether the relevant documentation was missing from the files.

We also saw reference to a relative being granted power of attorney over one person's finances but we did not see the forms authorising those powers. We spoke to the manager about this who told us they were waiting on a copy of the document from the family.

We found some examples of compliance with the requirements of the Mental Capacity Act 2005 but these were not being applied consistently. This meant where people did not have the capacity to consent, the provider did not have arrangements in place to act in accordance with legal requirements.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

One relative we spoke with told us care staff kept them informed about anything that happened. They said their relative had fallen and the home had contacted them right away to tell them they were on their way to hospital to be seen. They said "Staff were very friendly and helpful and they were happy with the care provided".

We spoke with a healthcare professional who visited the home twice a week. They told us the standards of care had improved recently. They said they visited people with diabetes and two people with pressure sores. They said the pressure sores were healing and they were pleased with the progress being achieved.

We reviewed the care plans of three people. We saw records were personalised containing information about the person's life set out in a 'map of life'. People's relationships and preferences were described in a series of 'I statements' and contained a section describing how best to support the person. We saw one person had expressed their preference for a female care worker to support them with personal care.

The plans contained information about the person's religion. The health section included information about any health issues and their medication. We saw the section on medication had been updated following any changes made by the hospital, community nursing staff or GP. Assessments of tissue viability and continence status had been undertaken. We also saw risk assessments for falls and for moving and handling. This meant that there were plans in place to ensure the welfare and safety of the person using the service.

Staff told us they had recently received training for supporting people with dementia which they had found particularly helpful. We saw from the training records the majority of staff had received this training.Behavioural assesssments had been completed on some people with dementia. The results of the assessments were used to inform the development of behaviour plans to help staff recognise when someone was unhappy or distressed. The assessments and plans also identified how staff could reassure and support the person.

Staff told us arrangements were in place for senior support workers to review and update

people's care plans regularly. The dates for care plan reviews were recorded on a notice board in the main office. One member of staff told us they reviewed the daily logs to identify areas where the person's care plan might not be working and needed changing.

We wanted to understand the extent to which people using the service had been involved in the development of their care plans. Staff told us they had involved people in the development of their care plans and were discussing care plans with relatives. We saw some examples of relative's involvement but two we spoke with said they were not aware they had been asked to be involved. This meant not everyone living at Pendlebury Court was provided with the opportunity for their relatives to be involved in developing or reviewing their care plan.

We found there were systems in place to ensure care plans identified people's needs and senior care staff monitored the care people received. Plans were in place in the event of an emergency for example a fire so staff and the emergency services knew who could be guided to safety and who would require more assistance.

Meeting nutritional needs ✖ Action needed

Food and drink should meet people's individual dietary needs

Our judgement

The provider was not meeting this standard.

The menu offered people choice but people were not always protected from the risks of inadequate nutrition.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with five people living in the home who gave us mixed views about the menu and the food. Some people said they enjoyed the food and felt it was good. Others told us choice was limited especially at breakfast time and many of the dishes served for the evening meal contained too much gravy for them. A relative told us they often visited at mealtimes and they thought the food was nice much like they would have cooked themsleves at home.

One person told us they needed their food cutting up because their ability to use a knife and fork was limited. They said they had received soft food similar to that provided for people who had difficulty eating or swallowing. They said they had complained about this and things had improved. They said they sometimes asked for something in particular and it had been provided.

Staff told us they understood people's nutritional requirements. One member of staff told us they were aware of the people who needed building up and they were offered cream with their porridge in the morning.

We reviewed the menus and saw sandwiches, sausage roll and crisps were served on four out of seven days. We observed lunch being served during our visit. We saw the soup which had been prepared was dried packet soup. When we spoke with the manager and chef they told us soup provided was mostly packet soup. We saw people were offered fruit as one of their choices on the day we visited.

Staff told us they knew who had diabetes and would advise them about making the most appropriate choices. We spoke with the chef and saw he had a list of people with special dietary requirements. Staff told us food was prepared which was suitable for people with diabetes.

We reviewed the care records of three people and saw they were weighed regularly usually weekly. One person's records we looked at indicated the person's weight meant they were at risk and required weighing weekly but this information had not been recorded

in their care plan.The notes contained an action plan page which had not been completed.

We looked at the nutritional assessments and saw these were not linked to health assessments. An example of this was one person who had high blood pressure and required reduced salt intake. We did not see how this was being addressed in the care plans. Another person had a medical problem which would have been helped by a high fibre diet but we did not see any plans in the nutrition section to address this. This meant there was a risk the food provided for people did not support their health requirements.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had systems in place to assess and monitor the quality of service people received. Some were in the process of being revised and developed.

Reasons for our judgement

The manager and director of operations told us they had developed a number of audits and reviews for monitoring the quality of the service provided. The provider had developed an annual programme for these which included a review of significant events, medications recordings and analysis of falls. We saw a copy of this which identified which reviews had been completed and which were scheduled to take place.

We saw examples of weekly medications audits which had been undertaken which checked care plans contained the correct information for any medications which were being taken or discontinued.

We saw significant events such as falls were recorded in the incident log with actions identified to reduce the risk of recurrence.

We saw a review of service standards which had been undertaken in July 2013 by the manager and a social worker who worked with the home.

We saw a plan for buildings and refurbishment improvements which had been undertaken in 2013. The plan identified a number of improvements which had been made. When we looked around the building the manager told us there were still a number of improvements required which they were progressing. We saw some areas had been painted.

There were long corridors with identical doors leading to people's bedrooms which could be confusing for people with dementia. One person told us confused people often came into their room. We saw some rooms which were homely and friendly and others which were sparse and unwelcoming. The manager told us there was still work from the refurbishment programme which had not been completed. They said they would ensure all the rooms were personalised and welcoming.

We saw the results of a survey of relatives' and professionals 'opinions which had been undertaken in April 2013. Professional staff visiting the home had commented on improvements they had seen in people's care plans. Relatives had commented on

improvements to the décor.

We saw copies of a newsletter which contained the dates of three relatives meetings planned for 2014. The summer edition of the newsletter provided relatives with feedback on the satisfaction survey results carried out in the spring.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Staff told us about a training event on records administration held in July and we saw examples of attendance certificates. This covered good record keeping practice and the development of care plans.

Staff also told us the care plans for everyone had been revised over the course of the year and these were being regularly reviewed and updated.

We saw monthly reviews of care plans and other documentation had been carried out which identified any gaps. The reviews had found three files had paperwork missing and five files had patient passports missing. These had been sent with the person to a GP or hospital visit and not returned. Staff told us they had been reminded to photocopy patient passports and keep the original in the main care file. We found the manager was monitoring the quality of records and identifying where improvements were needed.

The review also identified the need for end of life decisions to be discussed with people and their families and recorded.
We found the provider had made improvements to record keeping and was monitoring the quality and accuracy of records.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment**
	How the regulation was not being met: Where people did not have the capacity to consent, the provider was not acting in accordance with legal requirements.Regulation 18
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010** **Meeting nutritional needs**
	How the regulation was not being met: The registered manager was not ensuring people were protected from the risks of inadequate nutrition. Regulation 14 (1)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 01 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

This section is primarily information for the provider

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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