

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

## Pemdale

26A Nursery Close, Potton, SG19 2QE

Tel: 01767262515

Date of Inspection: 20 December 2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Turning Point
Overview of the service	Pemdale provides care and support for up to six adults with a learning or physical disability.
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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	5
Meeting nutritional needs	6
Management of medicines	7
Safety and suitability of premises	8
Complaints	9
<b>About CQC Inspections</b>	<b>10</b>
<b>How we define our judgements</b>	<b>11</b>
<b>Glossary of terms we use in this report</b>	<b>13</b>
<b>Contact us</b>	<b>15</b>

## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service.

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### What people told us and what we found

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During our inspection, we used a number of different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not always able to talk to us about their experiences. In addition we were able to talk with two of the six people living at Pemdale.

We found that care plans were well documented to promote continuity of care. Staff we spoke with were clear about the needs of the people they were caring for, and accurately reflected the care described in their care plans. We saw evidence that people's nutritional requirements were assessed and managed in line with their needs, and these were reviewed on a regular basis.

We found that people living in the home received their prescribed medication when they needed it and in a way that suited them. The premises were well maintained to ensure the home remained safe for people using the service, staff and visitors. Suitable arrangements were in place to address people's comments and complaints, and this ensured they were listened to.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### 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

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### 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.

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### Reasons for our judgement

During our inspection we looked at care records for two people using the service. We saw that each person had received an assessment of their care needs. From these, the service had developed support plans of how people's needs would be met and the level of care required for each person. We saw well completed risk assessments that identified the potential risks to each person and the measures in place to reduce those risks and assist in keeping people safe. All the documentation we looked at had been reviewed at some point in 2013, meaning the care needs identified were current and relevant.

From our conversations with some people, and our observations of others, we found that the care people received matched with the needs identified in their support plans. One person told us: "It's very nice here. They look after me." The care staff we spoke with demonstrated a good understanding of the needs of the people we asked them about. During our review of people's care records; we looked at examples of daily notes completed by care staff. We saw the entries were detailed and well completed and the care provision matched with the needs identified in people's support plans. Overall, we found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. This meant people were well cared for.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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During this inspection we looked at the care plans of two people using the service. We saw that nutritional screening assessments were in place for each person and people's weights had been monitored monthly. We saw that where necessary, people had been referred to the dietician for expert advice and treatment to manage their nutritional needs. Each person's care plan contained a list of people's dietary likes, dislikes and preferences. This meant that people were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's dietary preferences. We were told that people using the service contributed to the menu planning and this was done at the monthly house meetings. We saw a pictorial menu on display in the dining area, which offered an alternative meal. One person we spoke with told us the food was: "Very nice." This meant that people were provided with a choice of suitable and nutritious food and drink.

We observed staff offering drinks to people regularly throughout the day. Staff were available to help people with their meals if assistance was required. Overall people using the service were protected from the risks of poor nutrition and dehydration.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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During our inspection we found that medication was being stored securely and appropriately.

We saw medicines were stored securely conforming to the Royal Pharmaceutical Society and Nursing and Midwifery Council guidelines. We found that daily temperature checks relating to the room and the medicine refrigerator were undertaken. These ensured medicines were stored in appropriate conditions.

We saw that there were systems in place to account for medicines prescribed, received into the home and either administered or returned to the pharmacy.

We examined the Medication Administration Record (MAR) sheets for all the six people using the service. MAR sheets were maintained with initials alongside each prescribed dose time. We saw medication audits which had been completed by the manager. This meant that appropriate arrangements were in place in relation to the recording of medicine.

In care files we saw detailed plans of care in relation to the administration of people's medicines and protocols for medicines given 'as needed'. This meant that medicines were prescribed and given to people appropriately.

We spoke with staff who confirmed that they had been provided with medication training. We saw records to confirm this. This ensured that people received their medicines from staff whose knowledge and skills in the safe handling of medicines were regularly updated.

These arrangements meant that medicines were prescribed and given to people appropriately and as prescribed by their doctor.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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During our inspection, we looked at the premises where the service was provided, regarding the layout and design, security measures, and maintenance. This was to ensure people were protected against the risks associated with unsafe or unsuitable premises. The home was on one level and we observed that throughout the home communal areas were in a good state of repair, homely and spacious. Corridors were accessible for wheelchair users and equipment was stored safely, not causing obstructions. Fire exits were accessible and equipment was maintained safely and repaired when required. This meant that people were protected against the risks associated with unsafe or unsuitable premises.

People's bedrooms had been personalised and we saw that their likes and interests were displayed in their rooms. We were told that people had been supported to choose the colour schemes for their rooms. This meant that the environment was personalised to reflect people's individual tastes.

We looked at records which demonstrated the service completed regular fire evacuation drills. These were accompanied by records to show that the service completed checks on the fire alarm system, including all the smoke detectors and fire equipment. We saw the service had a Portable Appliance Test (PAT) completed in January 2013, and that all the electrical appliances tested had passed. There were service certificates in place for gas safety checks, hoists and assisted baths and electrical installation checks. This meant that appropriate measures were in place to ensure the premises remained safe for people using the service, staff and visitors.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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During our inspection, we saw the service had a complaints policy in place. The policy detailed the service's full complaints process including staff responsibilities and timescales. Details of how people could escalate their complaints if they were not satisfied with the initial outcome were included. Easy read guides were available to people who use the service. We saw the guides contained the main elements of the complaints process. This meant that people were made aware of the complaints system. This was provided in a format that met their needs.

Care records acknowledged that some people would need support to make a complaint, due to their complex needs. We were told that in these circumstances, people's relatives/advocates had received information about how to complain on their behalf. We saw information about how to contact the advocacy service on a notice board on a notice board. Two people we spoke with said they had no complaints about the care or the care staff. This meant that people were given support by the provider to make a comment or complaint where they needed assistance.

We looked at the complaints log maintained by the service and saw that one written complaint had been received in 2012. We saw the complaint had been fully investigated. Letters sent to the complainant over the course of the investigation detailed the discussions had, agreements reached and overall outcome. This meant people's complaints were fully investigated and resolved, where possible, to their satisfaction.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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