

Pencombe Hall Ltd

Pencombe Hall

Inspection report

Pencombe
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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

This inspection took place on 23 May 2016 and was unannounced.

Pencombe Hall provides accommodation and personal care to up to 32 older people some of whom are living with dementia. At this inspection 28 people were living there.

A registered manager was in post and present during our inspection. 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 safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People had the risks associated with their care assessed and staff knew what to do to minimise the risk of harm. The registered manager undertook investigations into any incidents or accidents to identify learning and to reduce the possibility of reoccurrence.

There were enough staff to support people and to meet their needs. The registered manager had systems in place to ensure additional support was provided when needed. The registered manager completed appropriate checks on staff before they started work to ensure they were safe to work with people.

People received their medicine from staff who were trained to safely administer these and who made sure they had their medicine when they needed it. The registered manager completed checks to ensure staff followed safe practice when assisting people with their medicines.

People received care from staff who had the skills and knowledge to meet their needs. Staff attended training that was relevant to the people they supported. Staff were supported by the provider and the registered manager who promoted an open and transparent culture. Staff received regular one on one support sessions where they could discuss aspects of their work and identify any improvements if needed.

Staff provided care and support which was personalised and respected people's likes and dislikes. People took part in activities they liked and found stimulating. People felt involved in the day to day running of the home and were kept up to date with changes and developments. People's independence was encouraged and staff respected their privacy and dignity.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and information was given to them in a way they could understand. People were involved in decisions about their day to day care. When people could not make decisions for themselves staff understood the steps they needed to follow to ensure people's rights were upheld.

People, relatives and staff felt able to express their views and felt their contributions mattered. The provider

and registered manager undertook regular quality checks in order to drive improvements.

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 as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. People received their medicines by staff who were trained and assessed as competent. Checks were made before staff could start work to ensure they were safe to work with people.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained and motivated to provide care. Staff were well supported by the management team in order to perform their role. People were assisted by staff who knew what to do to protect their rights. People had access to healthcare when they needed.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported them. Staff supported people with warmth, respect and kindness. People had their privacy and dignity respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. People were involved in activities they found were interesting and stimulating. People were able to raise any concerns or comments with the provider and were confident their opinions were valued.

Is the service well-led?

Good ●

The service was well led.

People knew who the management team were and felt able to

approach them at any time. The provider and staff had shared values in supporting people. The registered manager and provider had systems in place to monitor the quality of support delivered and made changes when required.

Pencombe Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 May 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.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information to help plan our inspection.

During the inspection we were not able to talk with some people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people receiving support, three relatives, the registered manager, two care staff members, the cook and the activities coordinator. We viewed the care and support plans for two people, including assessments of risk and records of medicines and healthcare provision. We saw records of quality checks completed by the provider and incident and accident records.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. People told us they felt safe living at Pencombe hall. One person told us, "This is my home now and I feel protected". A relative said, "[Person's name] was in safe hands". Staff had received training and understood how to recognise signs of ill-treatment or abuse. One staff member said, "I completed training in how to safeguard people and know who to report any concerns to". Another staff member told us they had information telling them what to do if they had any concerns and who to report these to. This included contact details for the local authority. The registered manager had made appropriate referrals to ensure people were kept safe. We saw the registered manager sought advice from relevant professionals following a concern raised with them by a staff member. The registered manager followed this advice to ensure people's safety was maintained.

People told us they felt safe receiving services from the provider. People had individual assessments which identified risks associated with their care and what to do to minimise any harm. For example: people had assessments identifying the risks associated with falling, poor diet and skin care. We saw staff assisted people whilst following these assessments. One staff member told us about the risks regarding one person's mobility. They outlined the things which increased the risks of falls, including physical weakness and some types of medicine. This staff member went on to say, "Just because some is at risk of falling does not mean they cannot move around freely. Sometimes we just need to be there for them when they want us". We saw people were able to move around Pencombe Hall and were freely going from the main house into the grounds as they wished. People were able to remain independent and staff were available to assist should they be needed.

The provider had systems in place to manage the risk from any equipment used. One staff member said, "There is a 24 hour emergency help line if ever something breaks down. They [engineers] are very good at responding". Staff we spoke with told us they received training on how to use different pieces of equipment. For example: the different types of hoists. We saw staff safely used these hoists during this inspection. The registered manager had processes in place to investigate any incident or accident. They told us this was to identify any learning that could prevent a similar situation occurring. We saw records of investigations and the actions taken by the registered manager to minimise the risk of harm to people.

People told us there were sufficient numbers of staff available to assist them. We saw there were enough staff to meet the needs of people and to stop and chat to them throughout this visit. One staff member said, "We identified that it became busy in the afternoons and they [provider] agreed we could have additional staff for this time of the day". The registered manager told us they assessed the staff they needed according to the needs of those living at Pencombe Hall. If people required additional support, a request was made for reassessment to the funding authority to ensure they could continue to meet the needs of people.

Staff members told us before they were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with

people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

People received their medicine when they needed it. We saw staff talking with people asking what medicine they would like and when. One person asked if they could have some pain relief as they were feeling uncomfortable. The staff member spoke with the person to see what they wanted and this was provided immediately. We saw people received their medicines by staff who were trained and assessed as competent to safely administer medicines. One staff member told us they completed a 12 week safe administration of medicines course and was then observed by the registered manager. They told us this was to ensure they were safe to help people with their medicines. Another staff member told us regular checks were completed by senior staff and the registered manager to ensure safe procedures for medicines was followed.

Is the service effective?

Our findings

People told us they thought the staff supporting them had the right skills and training to assist them. One relative said, "Staff are brilliant and can't do enough for [relative's name]. They are in the right place". Staff told us they felt well trained and supported in order to provide care for people. One staff member said, "When first starting here I spent time with a more experienced staff member. This lasted for a couple of weeks. It gave me the time to meet and get to know people". Staff members felt this was a supportive introduction into the role they would be performing. In addition to working alongside more experienced staff, new members of the team undertook induction training. This included health and safety and moving and handling training. Staff told us they felt this equipped them with the necessary knowledge to perform their role. Staff members felt confident to highlight any training needs with the registered manager. One staff member told us they didn't know how to do something. They spoke with the senior staff member who gave them advice and guidance. This staff member told us their personal confidence increased as their skills and knowledge increased. They said without this level of support and guidance they would have struggled in their role.

Staff had access to training appropriate to the people they supported. One staff member said, "I went on dementia awareness training. I didn't know much about dementia or the causes but I have a pretty good insight now which I feel helps me when working with people". Staff told us they had good access to training and were fully supported by the registered manager and provider to develop their skills and knowledge.

People received care and support from a staff team who felt supported to carry out their role. One staff member said, "We have one on one sessions with [senior staff member]. It is during these sessions that we can chat about what has gone well and what needs improving". Staff told us they used these sessions as opportunities to identify any improvements in practice. For example, a suggestion was made on how best to approach someone's personal care with them. It was agreed with the person and staff then adopted a consistent approach to assist this person.

We saw staff members shared information between themselves about people's needs and recorded any changes. For example, one staff member confirmed information about someone with another to ensure they had correct and relevant information to pass to a visiting GP. Staff members told us they shared information between themselves only when needed to ensure people received correct care and support. Information about people was kept securely and only accessed when needed or when the person concerned wanted to see it.

We saw people were supported to make their own decisions and were given choice. People were given the information in a way they could understand and were allowed the time to make a decision. We saw people were offered choices about what they wanted to do, where they wanted to go and what they wanted to eat or drink. One person sat outside in the garden told us, "I have worked outside all my life so this is where I choose to spend most of my day".

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with

had a clear understanding about the process to follow if someone could not make a decision. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision-making. One staff member said, "We help people to make the decisions they can. Sometimes when they can't we need to help them or make the decision in their best interests". One relative told us they had recently been involved in a best interests meeting where a decision was made after consultation with the person and those involved in their care.

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 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. The provider had trained and prepared staff in understanding the requirements of the MCA. The provider had made appropriate applications and followed the guidance provided. We looked at the recommendations made as part of the authorised applications. The provider had taken action and was meeting the recommendations made.

Staff followed current guidance regarding do not actively attempt cardio pulmonary resuscitation. People's views and the opinions of those that mattered to them were recorded in any instructions made. Instructions were clearly displayed in people's personal files and staff knew people's individual decisions. People's decisions were regularly reviewed with them by the registered manager with the GP to ensure people's decision had not changed and reflected what they wanted.

People were supported to have enough to eat and drink and to maintain a healthy diet. One person told us, "The food is gorgeous, it is excellent". Menus were displayed so people knew what was available and alternatives were provided should people want something different. Staff were knowledgeable about people's individual diets and if anyone had recently lost weight. One staff member told us, "[Person's name] recently lost their appetite. We know they like their breakfasts so always try and encourage them at this time to make sure they have what they need". Another staff member told us about people's individual likes and when they were "off their food we make sure there is plenty of what they like available for them". People's weights were monitored by staff if needed to ensure their health was maintained. We saw records of people's weights and any referrals to GP's and dieticians when needed. We saw staff assisting people with nutritional supplements to ensure health was maintained.

People had access to healthcare services and were supported to maintain good health. During this inspection we saw a visiting GP meeting people and discussing changes in health with them and staff to ensure correct health care was provided. We saw records of regular health check-ups and treatments from healthcare professionals including district nurses and physiotherapists. We saw advice from healthcare professionals was followed and details recorded by staff ensured people's well-being was maintained.

Is the service caring?

Our findings

We saw people being supported by staff who were kind, caring and compassionate. People told us they felt valued by staff. One person told us, "They (staff) are all very good here". Another told us, "You can't fault them they (staff) are fabulous". Staff we spoke with talked about those they supported with fondness. One staff member told us, "You come to work in care because you genuinely care about people". Staff were able to tell us about individuals personal histories including family and work experiences. One staff member said, "By knowing about people and their lives you have something to talk to them about and can share experiences with them". People were supported by a staff team who took interest in them as individuals.

We saw one person started to become anxious and show that they were upset. A staff member responded quickly to this person. We saw the staff member sat with this person and reassured them. This person appeared to settle and started to talk about their family which the staff member could relate too. We saw staff showed people that they mattered and took the time to ease any anxieties they might be experiencing. One staff member told us, "Sometimes you may never be able to know what upsets some people. But if you can recognise that they may be unhappy you can then reassure and help them to feel secure".

We saw people involved in discussions and decisions about their care and treatment. One person told us, "I can choose what medicines I want and when to have them". We saw people making decisions about what to eat and drink and what activities they wished to take part in. We saw information was given to people when they first moved into Pencombe Hall giving them key information about the home including how to make a complaint. Other information was on display throughout the home. For example, menus and activities were clearly displayed telling people what was available to them and for them to make choices. This information was supported by staff who also talked with people about what was happening throughout the day. We saw staff talking to people and using gestures and signs and picture prompts which people responded too. We saw people were communicated with in ways which were individual to them and which they could understand.

We saw people being treated with respect and dignity at this inspection. At one point one person needed to change their top after a small spillage. They were quickly and discreetly responded to by a staff member who enquired if they needed assistance which was then provided. One staff member told us, "Sometimes what needs doing can be embarrassing for someone. At the very least we can recognise this and see how the person wants us to assist them". Another staff member said, "People should always be encouraged to do things for themselves. This can be as simple as holding a flannel but at least they are still involved in their care".

We saw relatives and friends visited people throughout the day without restriction. People were able to meet with visitors in communal areas of their home or they could go to more private areas if they wished.

Is the service responsive?

Our findings

People had care plans which were personalised to them. Information contained in the care plans detailed what people and those that mattered to them thought staff members needed to know in order for them to do their job. One relative told us that prior to their family member coming to live at Pencombe Hall they were met and spoken with. It was during these meeting that the registered manager was able to get to know the person. This relative said, "They [registered manager] also asked us what makes [relative's name] tick and what (if any) worried them". People and relatives told us the initial assessments were reflected in the care and support provided. We saw regular reviews of people's care and support plans. One staff member told us, "When we review the care plans some people are more involved than others. Sometimes it is as simple as a sit down and chat about how things are going". Relatives told us they were also involved as part of people's care and support reviews and their views were reflected in their relatives' care plans.

Staff we spoke with knew the individual needs and preferences of the people they supported. Personal likes and dislikes were recorded and staff could tell us what people's preferences were. For example, one staff member said, "[Person's name] has worked as a farmer for all of their life. They find it difficult to remain inside throughout the day so come and go as they please".

People told us they thought the care and support they received was good and that it adapted to meet their changing needs. One person said, "I went off my feet for a while. They (staff) got the doctor out and we talked about how I can move around again". We saw care and support plans reflected changes in people's needs. Staff we spoke with could tell us current information about the support people required. This meant people received consistent support from staff who were aware of any changes in people's lives.

We saw people involved in a number of activities at this inspection. During the morning, people were listening to music and having a sing-a-long. We saw staff sitting with people and reading newspapers and having discussions about the local area and places people used to work and live. The activities coordinator told us their planned activity that morning had changed owing to a number of people feeling unwell. Instead of a group activity people were engaged in individual activities including reading and hand massages. Activities were adapted to individual's needs and preferences. One relative told us, "[Person's name] used to do plumbing. He was given pipe work and tools so they could still keep themselves occupied with something they enjoyed doing". One staff member told us, "We found out that [person's name] loved do-it-yourself. We had an old table we were not using so they were able to spend time sanding and renovating it which kept them as occupied as they wanted". People were engaged in activities they felt were interesting and stimulating and which adapted to their personal likes and dislikes.

People were encouraged to maintain relationships with those that mattered to them. We saw care and support plans that promoted social contact and took account of the risks of social isolation. We saw records where someone started to become distracted during visits resulting in a perceived unproductive visit by relatives. After talking to the person staff established they did still wish to receive visitors but became easily distracted. Plans were put in place to encourage private visiting. One staff member told us, "These visits are going much better and now [Person's name] appears to gain a great amount of joy from their family

visiting". Relatives and visitors told us they were made to feel welcome and were encouraged to take part in a activities including special events for example recent religious celebrations.

People and relatives felt comfortable to raise any concerns or complaints with staff or the registered manager. We saw one relative raised a concern with a staff member. The staff member responded promptly to them and assisted them with their concern. We spoke to the relative who confirmed they had received the information they needed and that their confusion had not been as a result of anything to do with Pencombe Hall. People felt their concerns were taken seriously and they were confident they would be addressed appropriately.

Is the service well-led?

Our findings

People knew who the management team were and told us they saw the provider regularly. One person told us they thought the registered manager was, "Brilliant". People told us they felt able to approach the registered manager at any time and were confident they would be warmly welcomed. We saw the registered manager spent time with people and staff throughout this inspection.

People told us they felt involved in and well informed about where they lived and with the development of their home. One person told us how they had taken a particular interest in the replacement of the floor in the lift and were involved in its maintenance, albeit in an advisory capacity.

People and relatives told us they took part in regular monthly meetings. These were held during afternoon tea to also create a social occasion for such meetings. Members from the local community including the church and community volunteers were also involved. Meetings were themed and the most recent meeting planned people's involvement in the Queen's birthday celebrations. People told us they liked organised outings and these were planned to include people's suggestions. The activities coordinator told us recent visits included pub lunches and a planned outing to the Three Counties Show. Staff members told us that activities and outings were valued by the provider and any suggestions were welcomed and funded by the provider.

Staff members told us they felt valued and supported as individuals and as part of a team working at Pencombe Hall. Staff members were aware of the provider's whistleblowing procedures and felt they would be supported should they ever need to raise a concern. Staff attended regular staff meetings where they had the opportunity to make suggestions and discuss any changes which could be made. One staff member said, "We had identified that sometimes people could be kept waiting at breakfast times. We discussed this at a staff meeting and rearranged how we worked as a team so people weren't delayed". Staff believed they were valued as individuals by the registered manager and provider and worked well as a team.

People, relatives and visitors were encouraged to make suggestions about development in the home including what is going well and what can be improved. We saw records of people and relatives feedback which were analysed by the registered manager and provider. The provider was undertaking a programme of redecoration throughout the home as a response to feedback received. In addition to feedback from people, the registered manager performs a number of quality checks including care plans and medicines records. The registered manager told us this was to ensure standards were maintained in the home and any areas identified addressed promptly.

We asked staff about the values the registered manager and provider strive to achieve. One staff member told us, "We have to remember it is all about them (people living there) and not us. We always put people first in everything we do". People were supported by a staff team who shared the values of the registered manager and the provider.

At this inspection there was a registered manager in post. The management team understood the

requirements of their registration with the Care Quality Commission. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, they identified that a complete refurbishment of the kitchen was needed to maintain the quality of food provided for the future. The registered manager and provider arranged a replacement kitchen and had identified a contingency plan to ensure people did not experience any disruption during the work.