

# The Royal Naval Benevolent Trust

# Pembroke House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Pembroke House is registered to provide people with nursing and residential care. It can accommodate up to 55 older people. At the time of this inspection there were 46 people living in the service. The service supports people with a wide variety of needs including those requiring minimal personal care to people with complex nursing needs. Accommodation is provided over three floors, with a number of lounges, dining rooms and a coffee shop.

The service provides care for former Royal Naval ratings, other ranks from the Royal Marines, their wives and widows and people who have had a connection with the Royal Navy. The Royal Naval Benevolent Trust (RNBT), a charitable non-profit making organisation, owns and manages the service.

### People's experience of using this service

People and their relatives told us that they experienced a service where staff were caring and respectful. Everyone said they would recommend the service to others. One person told us, "I would recommend people to come here; it is a pleasure. I would give them 11 out of 10". Another person said, "This home is marvellous, and I could not have chosen better. The staff are excellent and nothing too much trouble. Staff are definitely well trained. My room is lovely, and my children are happy".

People continued to be protected from the potential risk of abuse. Individual risks were identified and steps taken to reduce them. Staff had the guidance they needed to minimise harm to people whilst supporting independence.

Staffing levels were monitored so there were enough staff to meet people's needs. Recruitment practices were safe to ensure people were protected from the risk of unsuitable staff.

People continued to receive their medicines as prescribed by their GP. Medicines had been stored, administered, audited and reviewed regularly.

We were assured that the service could respond to COVID-19 and other infection outbreaks effectively.

Everyone said the service was well-led and that the manager and deputy managers were approachable. Systems to monitor the quality of the service provided, included gaining feedback from people who used the service.

The culture of the service was open and honest. Lessons had been learned when things had not gone the way that they should have gone. The management team were proactive in engaging staff in the service and as a result staff morale had improved. Staff felt well supported and listened to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 9 August 2018).

#### Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. This enabled us to look at the concerns raised and review the previous ratings.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. The overall rating for the service remains Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pembroke House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Pembroke House

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, a specialist nurse 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.

#### Service and service type

Pembroke House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The manager had been in post since June 2021, when the previous registered manager left the service. The manager had applied to be registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 staff including the manager/clinical lead, deputy manager, a nurse, senior carer, four care staff, administrator, maintenance person and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also attended the daily departmental meeting.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with two people to tell us their experience.

We reviewed a range of records. This included eight people's care records and care notes. We looked at three staff recruitment files. We also saw a variety of records relating to the management of the service, such as health and safety, audits and staff meetings.

#### After the inspection

An expert by experience telephoned three people who lived at the service and nine relatives to gain feedback on the quality of the service provided.

We sought feedback from professionals who work with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Potential risks to people's safety continued to be assessed and monitored.
- There was clear guidance for staff, so they knew how to support people in the right way. For people at risk of skin deterioration, plans guided staff when to reposition people, what equipment they needed to move, and about their diet. Although people's skin was kept healthy, by them being moved regularly, repositioning records were not always completed. After the inspection, the manager confirmed repositioning records were monitored to ensure they were completed appropriately.
- There were detailed plans to minimise risks associated with people's health and nursing needs. This included people at risk of choking, of falling, for people who used a catheter and a percutaneous endoscopic gastrostomy (PEG). A catheter is a tube in the bladder for removing fluid. A PEG is a tube that feeds directly into a person's stomach. Wounds were assessed and treated by nursing staff and specialist advice sought when required.
- Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. A maintenance person was employed to attend to repairs and make sure they were dealt with in a timely manner. Electrical and gas appliances were maintained, and fire equipment regularly serviced.

### Systems and processes to safeguard people from the risk of abuse

- There continued to be systems and processes to help safeguard people from the risk of abuse.
- Staff understood how to recognise and report abuse and poor practice. They felt confident if they reported any concerns at the service they would be acted on. They also knew how to report allegations of abuse to external agencies.
- Safeguarding concerns had been reported to the local authority, who had the lead role in investigating allegations of abuse.
- People and their relatives said they had developed trusting relationships with the staff who supported them and that they felt safe. One person told us, "I am very safe here. Staff always check on you and they have got a call system". A relative said, "They are wonderful putting the residents needs at the heart but balancing family's needs: a really difficult tight rope. They show empathy and my relative is thriving now".

### Staffing and recruitment

- A specific tool had been introduced to assess staffing levels, which took into account people's assessed needs.
- Feedback from people, relatives and the majority of staff, was there were enough staff on duty. Comments included, "I don't feel they are rushed, I feel very cared for"; and "There are times when staff are rushed when people are ill and need attention, but staff do seem to cope".

- At the time of the inspection the call bell system was not operating. As a temporary measure, people had a bell to ring. There were mixed comments about the effectiveness of this temporary system. A relative said, "Now they have got little bells, no buzzers and when three bells are going off at the same time it is difficult for staff to know who is ringing". We observed a calm atmosphere at the service and people were attended to in a timely manner. Shortly after the inspection the call bell system was back in operation.
- Checks on new staff were comprehensive. They included obtaining a person's work references, identity, employment history, nurse registration and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people.

#### Using medicines safely

- Medicines continued to be stored, administered and disposed of safely. Medicines were kept securely, and clear records kept of medicines administered.
- People received their medicines from nurses and senior care staff who were trained and assessed to ensure they followed the providers' medicines policy and procedure.
- Staff followed individual guidance for managing 'when required' medicines. This contained information about when and why they had been given to people. There were checks of medicines and audits to identify any concerns and address any shortfalls.
- People and their relatives told us that people received their medicines when they needed them. One person told us, "I get my medicines regularly. Staff stay with me until I have taken them". Another person said, "When I am in pain, I get one of the nurses and they get me paracetamol. The wait depends on how busy they are".

#### Learning lessons when things go wrong

- Significant events such as accidents, incidents and safeguarding's were monitored by the management team. This was to see if there were any common themes or patterns and if lessons could be learned.
- Staff discussed emerging risks such as falls, medicines errors, wound care and if people were losing weight at daily meetings. This was to assess if people's care was being managed well or if anything else could be done, such as a referral made to health care professionals.
- Discussions and reflections had occurred after significant events, to see whether anything could have been done differently. Action and learning points had been discussed and shared with the staff team.
- The previous staff survey, in March 2021, had identified only 25% of staff felt supported. As a result, staff consultations took place and they were involved in developing the values they wanted at the centre of the service. The staff survey of June 2021 indicated that staff morale had greatly improved.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Everyone told us there was a positive culture at the service which was led by the manager. One person told us, "The manager is definitely approachable. If I ask a carer then she comes: she is very good. Everyone here is doing a brilliant job – we had a picnic on the top floor with a sing song". A relative said, "The manager is a lovely approachable person: jolly and upbeat, and the deputy is too. The atmosphere is not doom and gloom, it is like walking into a cheerful place. The lady in reception is bright and breezy".
- Staff told us the moral of the staff team had improved under the new management team and they felt supported. Comments from staff included, "Things are so much better as we are getting support. It is a calm environment. It has given us all a spur supporting each other and no one is scared. We feel listened to"; and "The new manager and assistant manager are very approachable. Before it didn't feel like that and we were not supported. Morale is better. I am proud to work here".
- Everyone said they would recommend the service as staff were caring, respectful, promoted their independence and staff developed meaningful relationships with people. Comments from people included, "Staff make me feel special" and "The best thing is I can laugh and joke with the carers and management – it is a big happy family and would definitely recommend it". Comments from relatives included, "I would recommend them highly. They truly epitomise great care" and "They put her poem she wrote on their website to music, that made her feel good. They dream up the programme and it is part of the whole package".
- The manager and nominated individual understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. They had put these principles into operation and disseminated them to the staff team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and staff were clear about their roles and responsibilities. Staff roles were being developed through the assignment of lead roles/champions in specific areas such as infection control, moving and handling and pressure care.
- There were a range of meetings to ensure important information was communicated between staff about people's well-being. This included handovers between staff shifts, daily departmental and clinical meetings and staff meetings. There was a resident of the day programme whereby, each day one person's whole care package was reviewed in consultation with them.

- The management team understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths.
- There was a programme of checks and quality audits to identify areas where improvements would benefit people. Shortfalls identified were recorded and progress towards their completion monitored. The focus of the management team was to identify what was and what was not working well at the service and be proactive in making necessary changes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff said they felt fully involved in the delivery of the service. One relative told us, "We are so involved with the home. They share information. They are careful about asking politely my family member if it is OK with her to talk to me. The respect there is wonderful – they could write a book on how to do it – they genuinely care".
- Relatives were kept in contact with what was happening at the service through newsletters. One relative said, "Letters come out from the home with weekly activities. We had an invitation to a meeting to say what was happening after lockdown".
- Meetings were held with people to gain and act on their feedback. One person told us, "At the residents menu meetings they come and ask for queries, changes, and you see new things" Another person said, "At the residents activity meeting, I came up with one or two suggestions and they got a basketball net".
- Staff and people had completed surveys about the service in June 2021. In the staff survey there had been an increase in staff positivity at work. 97% of staff found their roles had purpose and 91% were satisfied with management support. The responses in the residents' survey were all positive about the care they received. Visitors feedback was completed online with the majority of people rating the service as 'very good'. A relative told us, "I filled out the survey online ranking them, I was so impressed".

Working in partnership with others

- The provider worked in partnership with a range of social and health care professionals. This included tissue viability nurses, speech and language therapists and physiotherapist.
- The manager had joined the local 'Registered managers network' to improve links within the community.