R D & K M Putterill

Penlee Residential Care Home

Inspection report

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Date of inspection visit:
21 April 2016
22 April 2016

Date of publication:
06 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We inspected Penlee Residential Care Home on 21 and 22 April 2016, the inspection was unannounced. The service was last inspected in August 2013; we had no concerns at that time.

Penlee Residential Care Home is a family run residential home that can accommodate up to 23 older people. On the day of our inspection 23 people were living at the service. The service is required to have a registered manager and there was one in post. 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.

The service operated an 'open door policy'. This meant both the exterior and hallway door leading into the service were kept unlocked during the day. Some people who lived at Penlee Residential Care Home suffered from a degree of dementia and confusion. This meant some people were at risk if they left the service on their own. There had been incidences when one person, with dementia, had left the service without telling staff. This had resulted in the person being supported to return to the service. The provider acknowledged this posed a potential risk to people and told us they would put a key pad lock in place. This meant people who were at risk by leaving unaccompanied would be supported to go outside safely with an escort. The code number for the lock would be visible to other people with capacity so that they could use it easily and leave the building as they wished.

Care plans contained risk assessments which identified when people were at risk, for example from falls. Some risk assessments needed to be reviewed and updated to reflect the current situation for the people they were about. Guidance for staff did not always contain detailed information on the action staff could take to minimise risks.

Medicine Administration Records (MAR) were clear and accurate. This meant it was possible to establish how much medicine people were receiving and whether the amount of medicine in stock tallied with the amounts recorded.

The registered manager had oversight of the service and people, relatives and staff told us they were available and approachable. Management were supported by both providers who were actively involved in the running of Penlee Residential Care Home. Staff told us, "It starts from the providers. They are very supportive." There was a system of senior carers and an effective staff team. In addition the staff team included kitchen staff, cleaning staff and a maintenance worker. There were clear lines of accountability and responsibility. There were sufficient numbers of staff to meet people's needs.

People and relatives told us they considered Penlee Residential Care Home to be a safe environment and that staff were skilled and competent. People, relatives, staff and professionals spoke of the service as having a 'family' feel and terms such as 'homely' and 'friendly' were frequently used. There was a relaxed

and friendly atmosphere in the service. People chatted and joked together and with staff.

Pre-employment checks such as Disclosure and Barring System (DBS) checks and references were carried out. New employees undertook an induction before starting work to help ensure they had the relevant knowledge and skills to care for people. Training was regularly refreshed so staff had access to the most up to date information. There was a wide range of training available to help ensure staff were able to meet people's needs.

Applications for Deprivation of Liberty Safeguards (DoLS) authorisations had been made to the local authority appropriately. Training for the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) was included in the induction process and in the list of training that required regular updating. The registered manager and staff demonstrated an understanding of the principles underpinning the legislation. For example, staff ensured people consented before giving personal care. Mental capacity assessments had been completed as required.

The premises were clean and odour free. People were able to use a shared lounge or stay in their rooms as they chose. Improvements to parts of the building were planned but we noted the bell on the front door did not work. This meant people were unable to gain access to the service easily in the evening because it was difficult to let staff know they wanted to come in. There was a garden available for people to use when the weather was suitable. Staff told us this was well used.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People without the capacity to understand the danger of leaving the service by themselves could do so, because the service did not have adequate safeguards in place.

Risk assessments needed reviewed and updated to reflect the current situation for people.

Safe food management systems were not followed.

There were sufficient numbers of suitably qualified staff to keep people safe.

Is the service effective?

Good

The service was effective. Staff had a good knowledge of each person and how to meet their needs.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

People were able to make day to day decisions about how and where they spent their time.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their

choice.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

Is the service well-led?

Good

The service was well led. There was a positive and open culture within the staff team.

Staff said they were supported by the providers and registered manager and worked together as a team.

People and their families told us the management was very approachable and they were asked their opinion about the service, which was listened to and acted on.

Penlee Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 22 April 2016 and was unannounced. The inspection was carried out by one adult social care inspector who was accompanied on the first day of inspection by 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 previous inspection reports and other information we held about the service including any notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we looked at three people's care plans, five people's Medicine Administration Records (MAR), two staff files, staff training records and other records in relation to the running of the home. We spoke with the registered manager and three other members of staff. We spoke with six people who lived at Penlee Residential Care Home and two relatives.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they considered Penlee Residential Care Home to be a safe environment. One person told us, "I have never questioned my safety here, when I ring my bell they are here within minutes. I can't grumble as I am looked after 100 per cent." A relative said, "It's a safe and secure place for [person's name] to be. We know [person's name] is at peace and at ease there and that gives us peace of mind. It is an ideal option for [person's name], with familiar places and a friendship group close at hand"

Some people who lived at Penlee Residential Care Home had a diagnosis of dementia and did not have the capacity to consent to leaving the service unaccompanied. The doors leading into the service were unlocked and people could leave when they wanted to. Staff told us one person with dementia had left the service on more than one occasion. This meant there was a risk to people who had been assessed as unsafe to leave the service by themselves. We spoke with the provider about this and they told us that as people's current level of needs required it, the service would install a key pad at the front door. This would mean that people with the capacity to choose to leave could do so freely and people at greater risk of danger of leaving unaccompanied could leave with a member of staff or relative.

The kitchen was clean and well maintained. The service had recently been inspected by the Food Standards Agency and achieved a level five rating. This was the highest rating that could be awarded. However, we saw that stored food kept in the refrigerator was not dated and cold meat had been left out uncovered in preparation for lunch at least 45 minutes before it was served. The cook did not adhere to the service food safety management system.

It is recommended that the service ensure compliance with the food management system policy and procedure.

Care plans included risk assessments which identified what level of risk people were at from various events such as falls and trips, bathing and showering, choking and pressure sores. Where someone had been identified as being at risk there was a description of the action staff should take to minimise it. We found some examples of falls risk assessments that were in need of updating because the level of risk for the person had changed.

We checked a sample of Medicine Administration Records (MAR) and saw these were clear and accurately recorded. People received their medicines when they needed them and told us they were happy with the way the service managed their medicines. Medicines were stored appropriately. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records showed the temperature was consistently monitored. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The amount of medicine held in stock tallied with the amount recorded.

When giving people their medicines staff explained what the medicine was and ensured it had been swallowed before moving to the next task. All staff with responsibility for administering the medicines had

received the appropriate training. Regular medicine audits were carried out to ensure the records were properly recorded.

Staff received training in safeguarding adults when they joined the service. This was refreshed at regular intervals to help ensure staff had access to the most up to date information. Staff told us they had no concerns about any working practices or people's safety and would be confident to report any worries to the manager and believed they would be dealt with appropriately. If staff felt their concerns were not being taken seriously they knew where to go outside of the organisation to report concerns. Staff told us they would have no hesitation in doing this if they felt it necessary.

When people required assistance from staff to move around the building or transfer from standing to sitting they were supported safely. Staff carried out the correct handling techniques and used appropriate equipment. Staff were unhurried and focused on the task, offering encouragement to the person while staying alert to any trip hazards or other people moving around.

When any accident or incident occurred it was recorded in people's daily logs. In addition an incident sheet was completed to allow management to carry out audits of these events and identify any patterns or trends.

People were supported by sufficient numbers of suitably qualified staff. The service employed 22 staff in total, 15 of whom were carers. During the inspection three carers were on shift supporting people. Ancillary staff, such as catering, administrative, cleaning and maintenance staff, were also employed. People and visitors told us they thought there were enough staff on duty and staff responded promptly to people's needs. A professional with experience of visiting the home told us that in their experience staff were always 'very busy' but they did not question the quality of care provided. People had individual call bells which some people chose to wear as a pendant around their necks. People said staff responded quickly if they required any assistance and we saw this was the case. We saw people received care and support in a timely manner. A person who lived at Penlee told us, "I feel very safe here, the staff are wonderful. I don't need much help but we are all given personal alarms when we arrive to wear around our necks, when I have used it someone has been here within minutes. I can speak to any of the staff with any problems but I've not really had any."

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

Accidents and incidents were recorded, investigated and action taken to keep risks to a minimum. The premises had been risk assessed to make sure avoidable risks or hazards had been identified and action taken to avoid the risk. For example, cleaning products and detergents had been stored appropriately and locked in the laundry to keep people safe.

Maintenance was ongoing and a maintenance record was completed. We noted the bell at the front door was not working. Staff told us this had been broken for an extended period and meant anyone who wanted to come into the service after the front door was locked had to call the service to ask that a member of staff let them in. The provider told us there was normally a note on the front door to advise people to call the service once the door was locked. We spoke with the provider about this and the provider told us the bell would be fixed.

Fire safety and emergency evacuation plans were in place to protect people in the event of an emergency. Fire evacuation procedures and fire bell checks were carried out at regular intervals.

Good

Is the service effective?

Our findings

People were cared for by staff who were skilled in delivering appropriate care. It was clear from our discussions with staff that they knew people well and understood how to meet their needs. One person told us, "I choose to get up around 7.30am, I am able to wash and dress myself. Meals are very good." Relatives told us they believed staff to be competent. One relative told us, "It's so lovely here. Staff are friendly and I know my [relative] couldn't be in better hands."

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction included a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. Before starting working unsupervised the head of care assessed them for competency and confidence.

The registered manager told us all new staff would be supported to complete the Care Certificate. This replaced the Common Induction Standards in April 2015 and is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. In discussion, we were told one existing staff member who did not have other qualifications in Health and Social Care had not completed the Care Certificate but this would now be arranged.

There was a robust system of training in place to help ensure staff skills were regularly refreshed and updated. Recent training had included first aid, safeguarding and moving and handling. Staff told us they had enough training to enable them to do their jobs properly.

Staff said they received regular supervisions and annual appraisals and felt well supported by management. Supervisions were either face to face individual meetings or observations of individuals working practices. Observations were carried out by the head of care or senior carers.

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 people 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

Training for the MCA and DoLS was included in the induction process and in the list of training requiring

updating regularly. We saw evidence that formal mental capacity assessments and best interest discussions had taken place before DoLS applications were made. The registered manager and staff demonstrated an understanding of the principles underpinning the MCA.

Staff spoke of the importance of allowing people to maintain choice and control in their everyday lives. Comments included; "If someone is refusing care that's their choice. I'd go back and try again later, but it's up to them." People told us they felt they had control over their own lives. One person said, "No one interferes with what I do, I choose the time I get up and go to bed, it's as near to home as it can be."

People and relatives told us the food was of a good standard and the portions were generous. There was always a choice of meals and if anyone wanted something other than what was offered it could be provided. One person commented, "Food is very good, if I don't like something, they'll fetch me something else, I have no complaints. There is a set menu with lots of vegetables, which is what I enjoy, if I want something special they will get it for me, they buy me tripe which I really like, they get it from a local supermarket."

We spoke with the kitchen staff on duty who spoke knowledgably about people's dietary needs and preferences. Some people needed to eat a low sugar diet and this was made available to meet their needs. The kitchen was open at all times so staff could have access to it if people wanted something to eat when there were no kitchen staff on duty.

We observed the lunchtime period and saw it was a relaxed and social occasion. Thirteen people chose to eat together in the dining room and were supported by three staff members. There was a choice of food offered and people appeared comfortable and appropriately supported. The dining room had a calm and pleasant atmosphere with staff being very attentive, filling glasses and asking people if they were happy and what pudding they would like.

Some staff sat at the dining tables with people and chatted to them throughout lunch. This meant they were able to encourage people to eat unobtrusively and without seeming as if they were continually monitoring them. One person who was supported with their meal due to their health needs expressed their appreciation to the carer who assisted them. The support provided was given patiently and in a caring and respectful way.

People had access to external healthcare professionals such as dentists, chiropodists and GP's. Care records contained records of any multi-disciplinary notes and any appointments. The registered manager and staff told us they had developed good relationships with local GP's and the district nurse team. A relative told us the GP was always called out if their family member became unwell.

Good

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the care they received at the service. People told us; "I couldn't be happier really. It's a lovely place to live. Staff are kind to me, they listen to me and treat me with dignity and respect." Relatives were also happy with the care provided. Comments included; "They do a great job for my [relative] here. I don't know where we would be without them" and "My [relative] is very happy and content here. We have no complaints at all. Gold standard care here."

People were familiar with all the staff as well as the registered manager and providers. Staff told us, "Care is really personal. We have good relationships with all the residents, family and other professionals. It is very much a family orientated home."
People, relatives and staff chatted together and there was laughter and joking throughout the day. Some people chose to spend time in a lounge area and it was clear people had developed friendships between themselves and with staff. It was a chatty and relaxed atmosphere.

Staff had an understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible. One person told us, "Staff are very respectful and listen to me. I choose how I spend my days and the staff are respectful of this. I can wash and dress myself but a carer comes to put my socks on. There is one carer who is excellent, we get on very well, she is very attentive, the smallest thing she will get for me, I have to say that all the staff are excellent. I have a shower twice a week but I could have one every day if I wished." Another person told us how they liked to spend their days, "My nails are done by a carer who comes to the home every day, she also does nails for other people if they want it. She is very good, she does entertainment and activities with us."

People's privacy was respected. Bedrooms were decorated to reflect personal tastes and preferences. People had photographs on display and personal ornaments in their room. Some people had chosen to bring their own furniture into the service. This helped people develop a sense of ownership for their own private spaces. When showing us around the building staff knocked on people's doors and waited for a response before entering.

People were supported to maintain family relationships. Relatives told us they were able to visit whenever they wanted and were always made to feel welcome by staff. One said; "They are very welcoming and always ask if we want a hot drink."
Care plans contained information about people's personal histories. This is important as it helps staff gain an understanding of the person and enables them to engage with people more effectively. The registered manager and head of care encouraged families to share information with them to help build comprehensive pictures of each person's social history.

People were encouraged to share their views and experience of living at Penlee Residential Care Home. They could do this informally by talking with staff and also by completing a satisfaction questionnaire. For example, we saw service review forms completed by people who lived at Penlee. Topics covered included people's views of their rooms, food and the activities offered. Responses about these areas were positive.

One person commented that they were "happy with everything."

Good

Is the service responsive?

Our findings

People who wished to move into Penlee Residential Care Home had their needs assessed to help ensure the service was able to meet their needs and expectations. The registered manager told us most people found the service following personal recommendation because they did not advertise. The manager would meet with people, and their families if appropriate, to discuss people's individual needs and requirements.

Care plans were an accurate and up to date record of people's needs. The records were well organised and it was easy to locate the information. They were detailed and contained information about a wide range of areas. For example there were sections on mobility, communication, social needs and night time routines. This meant staff had a complete picture of any issues which might have an impact on people's well-being. Care plans were regularly reviewed, at least monthly and more often where required, to help ensure the information remained up to date and relevant. People and relatives confirmed they were included in the review process.

There were systems in place to help ensure staff were kept informed of any changes in people's needs. Daily records were consistently completed and there was a handover between different shifts. Information from daily records was monitored to identify any patterns that might indicate a change in people's well-being. Any small changes to people's care plans were discussed at handover meetings.

People had access to a range of activities which were chosen to reflect people's interests and preferences. For example, on the day of inspection the dining room was set up with bunting and decoration to celebrate the Queen's 90th birthday. Two part time activity co-ordinators were employed and they were able to plan and organise group activities as well as spend one to one time with people. Activities included exercise sessions and visits from entertainers. There were also outings for cream teas and dancing at a local hotel. People told us how much they enjoyed these trips.

There was a complaints policy in place which outlined the timescales within which people could expect to have any concerns addressed. There were no complaints ongoing at the time of the inspection. Relatives told us they would approach a member of the management team if they had any worries.

Good

Is the service well-led?

Our findings

The providers of the service were involved on a daily basis with how the service was run. Management at the service told us, "It starts from the providers. They are very supportive of all the staff. [Provider's names] are here all the time and they are very hands on. The residents all know them."

There were clear lines of accountability and responsibility within the service. The registered manager was supported by the providers and a team of staff. Staff spoke confidently about their roles and were aware of who was responsible for the various aspects involved in running the service.

The registered manager had oversight of the service and was a visible presence who also undertook caring shifts at the service. They explained that doing this work allowed them to have a real understanding of how the service was running. Staff were highly supportive of the manager. One staff member commented, "The manager is concrete, solid as a rock, she is understanding and listens to me." Another staff member told us, ""The manager is a good leader, all birthdays are celebrated with cake, candles and presents and at other times of the year we celebrate different events."

People, relatives, staff and other professionals all described the service in terms associated with family and friendliness. For example an external professional said; "It's a home from home." A relative commented; "It's very homely, I couldn't be happier with it." The service was a family run business and this was evident in the atmosphere within the service. A relative said; "The carers are happy, it seems like a happy environment."

Staff had monthly meetings to discuss any concerns regarding people or staff and said they felt well supported and were able to speak freely about any issues at any time. The registered manager told us they had an open door policy and encouraged staff to air concerns as they arose. Families were asked for their opinion and experience of the service on an annual basis. Although, the registered manager told us relatives did come to talk to staff about how the service was supporting people when they wished to. Results from the last survey were positive.

There were systems in place to monitor the quality of the service provided. Audits were carried out on all recording systems for example, medicines, care plans and accident and incident records. The provider undertook formal monthly visits and produced a report focused on specific areas which highlighted any shortcomings or room for improvement. Policies and procedures for a wide range of areas were in place.

Checks were completed on a weekly or monthly basis as appropriate for fire doors and alarms, emergency lighting and Legionella checks. Mobility equipment was regularly serviced to ensure they were fit for purpose. We checked appropriate maintenance and servicing of equipment such as the lift had been carried out