

Swallowcourt Limited

Poldhu

Inspection report

Poldhu Cove
Mullion
Helston
Cornwall
TR12 7JB

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Tel: 01326240977

Website: www.swallowcourt.com

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

About the service: Poldhu is a residential care home that provides personal and nursing care for up to 63 predominantly older people. At the time of the inspection 37 people used the service. Some of these people were living with dementia. Poldhu is part of the Swallowcourt group which has two other nursing homes in West Cornwall.

People's experience of using this service:

At previous inspections we found staff did not always respond quickly to call bells and people were often left waiting for support. As a result of these concerns robust call bell audits were introduced. This enabled the management team and the provider to identify how long people were waiting for support and make changes to help ensure people's experience of the service improved. People and relatives were positive when asked about waiting times and audits showed the majority of call bells were answered very quickly. During the inspection we observed staff were quick to respond to requests for support and were patient and unhurried in their approach. There had been some changes to the nurse staff team but this had stabilised when the inspection took place.

The management team and staff knew people well and understood their likes and preferences and health needs. Staff were caring and spent time chatting with people as they moved around the service. Relatives told us they were welcome at any time and any concerns were taken seriously and responded to. Records showed the registered manager arranged to meet with people, and their relatives, privately to discuss any worries they might have.

Care plans were up to date and reflected people's current needs. When people were identified as being at increased risk, monitoring records were kept to help ensure staff would quickly be aware if there were any changes to their health. The registered manager was keen to work with other healthcare professionals to develop and improve people's experience of care.

Staff were well supported by a system of induction, training, supervisions, appraisals and staff meetings. They had opportunities to raise concerns or suggestions and be involved in the development of the service. Quality audits were carried out to identify any areas for improvement.

Rating at last inspection: Requires Improvement (report published 1 August 2018)

Why we inspected: Our last comprehensive inspection of Poldhu was carried out in January 2018 when we rated the service Requires Improvement and found the service was in breach of the regulations in relation to consent, safe care and treatment and good governance. As a result we issued two requirement notices and a warning notice. We subsequently carried out two focused inspections in March 2018 and July 2018 to check action was being taken to improve the service. At these focused inspections we found the breaches of the regulations had been met. We did not change the rating as we wanted to be sure the improvements would be sustained. At this inspection the service had embedded changes sufficiently to improve the overall rating

to Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Poldhu

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by two adult social care inspectors, a pharmacist inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

Service and service type: Poldhu is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed the records held on the service. This included previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We reviewed action plans provided to us following the previous inspection. Four healthcare professionals who had experience of the service provided us with feedback before the inspection. We used all this information to support our planning of the inspection.

During the inspection we spoke with nine people and three relatives. We looked around the premises and observed staff interacting with people. We also spoke with the nominated individual, the registered manager, the cook and seven other members of staff.

We looked at five care plans in detail and the daily notes for three further people. We reviewed six staff files

and the training records for all staff. We also reviewed 17 people's Medicine Administration Records (MAR), staff duty rosters, and other records relating to the running of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff meetings at all levels were used to remind staff of safeguarding processes.
- People told us they felt safe. One commented; "The staff are attentive and sensitive to my needs...its wonderful here."

Assessing risk, safety monitoring and management

- Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.
- There was a positive approach to risk taking to enable people to maintain their independence.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing levels

- Staffing levels were sufficient to ensure people's needs could be met.
- We had some feedback about staff taking a long time to respond to call bells. As this had been a concern at earlier inspections we spent time looking at call bell audits, talking to people about their experiences and observing staff responding to requests for support.
- People told us they knew how to operate the call bell system and staff responded quickly when they used it. Audits of call bell response times showed call bells were usually answered quickly. When the daily analysis of call bell logs identified people had waited for support for a long time action was taken to identify why this had happened.
- The provider was planning on introducing technology to allow staff to identify when individual call bells had been ringing for a period of time so they could more effectively prioritise their time.
- We had received concerns there had been a high turnover of staff. We discussed this with the registered manager who confirmed there had been some changes to the nursing staff team but this had now been addressed with a new senior nurse due to start in January 2019. This would leave two vacancies for night nurses. Bank staff and agency staff were used to fill any gaps in the rota. These were usually workers who were familiar with the service. Only three care workers had left the service in recent months and there were no vacancies although recruitment was on-going to help prevent staff shortages.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and

Barring Service (DBS) checks.

Using medicines safely

- People were given their medicines safely. Staff recorded when medicines were administered to people on Medicines Administration Records (MARs).
- Nurses or trained care staff gave medicines after they had been assessed as competent to give medicines safely.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure that medicines would be safe and effective.
- Staff completed daily checks and managers undertook weekly and monthly audits. Any actions needed were identified and completed to improve medicines management at the service. For example, audits had identified that the recording of creams and external preparations was not always specific, and this had now improved.
- There were reporting systems for any incidents or errors and we saw that these were investigated, and actions put in place to try to prevent them happening again.

Preventing and controlling infection

- The premises were clean and largely free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted
- The management team took action following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, following an incident when one person had fallen the person's falls risk assessment had been updated and a referral to the GP and dementia liaison nurse had been made. A best interest meeting had been organised to discuss how to support the person to continue to access outside areas while minimising any risks.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they moved into the service to check people's needs were understood and could be met.
- Management worked with external healthcare professionals to deliver care in line with best practice.

Staff skills, knowledge and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff felt well supported. They were provided with regular supervision and an annual appraisal to discuss their further development.

Supporting people to eat and drink enough with choice in a balanced diet

- People were provided with healthy and enjoyable meals. A relative commented; "The food is of the highest standard and pureed for my partner."
- Kitchen staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking.
- Care plans included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently.
- If people were at risk of declining health due to poor food and drink intake staff closely monitored what they ate and drank and recorded this on food and fluid records.

Adapting the service, design and decoration to meet people's needs

- The premises provided people with choices about where they spent their time.
- Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors.
- Corridors were wide and free from clutter.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People were supported to see external healthcare professionals regularly. For example, the GP made weekly visits and visited at other times if necessary.

- People were encouraged to stay healthy. Staff supported people to continue to mobilise independently.
- The management team engaged with other organisations to help provide consistent care.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.
- Mental capacity assessments were completed appropriately and DoLS applications had been submitted when people were assessed as not having capacity to consent to their care and treatment.
- The local DoLS team had not prioritised any applications and there were no authorisations in place. The registered manager updated the DoLS team when further restrictive practices were introduced to keep people safe.
- Decisions taken on behalf of people who were unable to make decisions for themselves were done in line with the best interest process. Where possible friends and relatives who knew the person well were involved in the process. The service recorded when people had power of attorney arrangements in place.
- People were asked for their consent before any care was delivered. People who were able to had signed their care plans to indicate they were in agreement with their planned delivery of care.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Staff had background information about people's personal history. This meant they were able to gain an understanding of people and engage in meaningful conversations with them.
- Staff knew what was important to people and what would offer people comfort and reassurance. For example, some people had enjoyed the company of pets and there were robotic cats available.
- Staff were kind and affectionate to people. We observed staff taking time to sit with people and spend time chatting. People and relatives told us staff were kind and considerate, comments included; "The staff are very caring and hold my partner's hands to reassure them when I'm not there", "The staff are marvellous, very kind" and "The staff always treat [Person's name] with care, they are always tender and warm towards us." An external healthcare professional commented; "The residents and family members always appeared very relaxed and comfortable in the day room area and dining room, and more often than not there was some lovely live music or activities happening."
- People's personal relationships with friends and families were valued and respected. For example, one care plan noted one person's relative was very anxious and stressed the need to offer them reassurance and support. Another relative told us; "I am always welcome; my care is also a consideration for the staff."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in day to day decisions and had control over their daily routines. For example, one person's care plan stated; "Likes to get up early in the morning. . .night staff often get him up before 6.00am."
- Some people needed aids to help them communicate effectively. This was recognised and supported. Care plans recorded if people needed glasses or hearing aids. On the day of the inspection opticians were carrying out a regular clinic to check people had the appropriate glasses.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner. One person became ill during lunch. Staff were discreet when supporting them, offering gentle reassurance without drawing unnecessary attention to them which may have embarrassed them.
- People's privacy was respected. When providing personal care to people in their rooms, staff put a notice on the door to make sure they were not disturbed.
- People's personal beliefs were known and respected. Church services were held fortnightly at Poldhu and members of the clergy visited people regularly.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- Care plans were developed which reflected people's individual needs across a range of areas. These were reviewed monthly or in response to changing needs to help ensure they remained up to date and accurate.
- Some people needed support to help them to move around. The care plans detailed the equipment required and how staff should support them. For example, it was important to one person that they continue to have regular walks outdoors. Equipment to enable them to do this had been provided.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- Some people required additional monitoring to enable staff to identify quickly if their health was declining. For example, some people needed support to reposition to reduce the risk of developing pressure areas. Staff recorded when these tasks were completed and regularly checked for any indication of deterioration.
- People's rooms were decorated and furnished to meet their personal tastes and preferences.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard. This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, it was recorded if people needed hearing aids or any support with general communication.
- Activity co-ordinators were employed to help organise a range of activities. People were able to access the service's wi-fi.
- The service engaged positively with the local community. For example, there were regular table top sales at the service. Older people from the local area visited the service to spend time socialising with people.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- Any complaints were logged and the actions taken recorded. The registered manager proactively encouraged people and relatives to attend meetings to discuss any concerns they might have.
- People told us they would be confident to speak to the manager or other staff if they were unhappy. One told us they had requested a room change and this had been organised for them.

End of life care and support

- When people were receiving end of life treatment specific care plans were developed.
- People's views on the support they wanted at the end of their lives was sought out and recorded.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The registered manager and deputy manager spoke with us about individuals living at Poldhu and demonstrated a good understanding of people's needs, likes and preferences.
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns. One commented; "Things are much better since they [registered and deputy manager] have been in charge."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- There were clear lines of responsibility across the staff team. Nurses were supported by specialist care workers who had received additional training. This enabled them to support with the administration of medicines and care plan development.
- 'Link roles' were being developed so named members of staff would have oversight of certain areas of care provision. For example, there were link roles for dementia, continence and tissue viability.
- Staff were required to read policies and procedures. To support this a member of staff had been identified as a lead. They selected a relevant policy each month which was discussed during staff meetings.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.
- An employee forum had been set up for all Swallowcourt employees with representatives from each service attending.
- People and their relatives were asked for their views of the service generally through questionnaires and meetings.
- Where appropriate, relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of care.
- A newsletter was regularly circulated to relatives as a means of keeping them updated about up coming events and any changes to the organisation.

- An external healthcare professional told us that when approached to be involved in a pilot project regarding delivery of one aspect of care; "The senior management embraced the opportunity."

Continuous learning and improving care

- The management team completed regular in house audits of all aspects of the service.
- Accidents and incidents were recorded and regularly reviewed so any patterns or trends would be quickly identified.
- Monthly meetings for specialist care workers across the organisation were being planned. These would be an opportunity to share examples of good working practice and help ensure care was delivered consistently through all Swallowcourt services.
- Organisational audits were being developed but were not yet fully embedded.