

R D & K M Putterill

Penlee Residential Care Home

Inspection report

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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

About the service

Penlee is a residential care home providing residential care for up to 25 people in one adapted building. At the time of the inspection 22 people were using the service. Some of the people who lived at the service needed care and support due to dementia, sensory and /or physical disabilities.

People's experience of using this service and what we found

At the previous inspection we found the service environment was not always safe for people and heating was not always consistent. At this inspection we found improvements had been made. Window restrictors were in place on upper floors to ensure peoples safety. Heating was consistent throughout the service and wall mounted radiators were in place of portable heaters if people wanted any additional heating.

Staff understood their role in protecting people from harm and assessing avoidable risks. There were enough staff to provide care to people and they were available when people needed support. People received their medicines as prescribed.

People received care and support from staff who knew them well. Staff were trained and competent in their roles and monitored people's health and wellbeing. When needed, referrals were made to other healthcare professionals. Staff responded to advice given to ensure people received the care they required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People told us they felt happy and safe living in Penlee. The service was clean and fresh smelling throughout.

Care plans were personalised and reflected people's individual needs. The service supported people to engage in activities both inside and outside of their home. People's communication needs were being met and complaints were acted upon.

The quality of the service was monitored regularly through audit checks and receiving people's feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Required Improvement (Published 4 December 2018)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 responsive findings below.

Good ●

Penlee Residential Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 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.

Service and service type

Penlee is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked information we had about the home and at notifications

received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service, 4 visitors, 6 staff members and the registered manager. We spoke with a visiting professional. We reviewed the care records of three people, medication records, records of accidents, incidents, compliments and complaints. We reviewed staff recruitment, training and support information as well as audits and quality assurance reports. 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.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

During the previous inspection we found several rooms on the first and second floor of the service had portable heaters. Some people chose to stay in their rooms during the day with the portable heaters on. All heaters were unguarded or not covered and, in some instances, there were risks from trailing leads. At this inspection there were no portable heaters being used. Some rooms had wall mounted heaters for people who wanted to have additional heat. Peoples risk assessments identified any environmental risk and how it would be managed.

- At the previous inspection we found people were not always safe because one window restrictor was broken and in another person's room there was no restrictor in place. At this inspection we found window restrictors had been fitted to all upper floor windows thereby mitigating risks to people. We found enough action had been taken to meet Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Risk assessments and care plans contained instruction for staff on how to mitigate risks and were reviewed regularly. People told us they felt safe. One person said, "I feel safe living here".
- Environmental checks were completed regularly to check the building, gas, and fire safety aspects of the service were safe.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- The risks of abuse to people were minimised because the provider had a safe recruitment process. All required pre-employment checks had been carried out including disclosure and barring service [DBS] checks and getting references from previous employers.
- Staffing levels were sufficient to ensure people's needs could be met. One person told us, "I never have to wait long for them [staff] to come when I need them."
- Staff had received training in how to recognise and report abuse, and people had information about this. Staff told us they would raise any issues with the registered manager or the provider. They were confident action would be taken to protect people.

Using medicines safely

- Medicines were provided safely. There were systems in place for ordering, storing, administration and disposal of medicines. Each person had a locked medicine cabinet in their bedroom, with their own administration records. Staff told us they felt this system was safe and much more personalised.
- People were happy with how they were supported with their medicines. One person said, "I am always reminded how important it is to take my tablets. They [staff] are very good because I would just forget it if it were left to me."

Preventing and controlling infection

- People lived in a clean and fresh environment. Staff received training in good infection control practices. There were appropriate hand washing facilities.
- Staff had access to personal protective equipment such as disposable gloves and aprons. Regular legionella checks were completed by an external company to prevent the risk of water borne infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- The staff always reviewed risk assessments and care plans following accident or incidents to mitigate the risks of it occurring again.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the previous inspection we found the service environment was not being effectively maintained. For example, several radiators on the first and second floor were not working and people were reliant on portable heaters to keep warm. In four of the rooms we visited, we found portable heaters were being used because the main radiator was cold. One room had a window which did not close properly and towels and paper had been used to try and stop the cold air coming into the room. Following the inspection, the provider took immediate steps to address the issues. At this inspection we found heating was consistent throughout the service. In some rooms additional wall radiators had been fitted where people wanted additional heating. Enough action had been taken to meet Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- People lived in a homely environment with access to other floors via a passenger lift. People were independently mobile. Some used mobility aids, for example, walking sticks or frames and only needed verbal support from staff to maintain their safety when walking around the home.
- Each person had their own room, which they could personalise to their own tastes and needs. For example, one person liked to paint. They had a table in front of the window to support them in their hobby and access natural light. One person told us, "I love my room it has so many things which remind me of happy times."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People's care plans were up to date and reflective of their individual needs and choices.
- People said they were supported by a competent, stable staff team who knew them well and knew their preferred routines and needs. One person told us, "I'm looked after like royalty. The trips are beautiful. It's the best thing that's happened to me. You haven't got to worry about lost keys. My room is cleaned every day, washing is done every day. I love it here".
- People were supported in accordance with up to date guidance and legislation because staff received regular training to make sure their knowledge was up to date.
- New staff completed an induction programme to enable them to provide safe care. New staff also had opportunities to shadow more experienced staff to enable people to get to know them and for them to understand people's preferences. A staff member told us, "I felt so supported when I started working here."

Supporting people to eat and drink enough to maintain a balanced diet

- People spoke highly of the meals provided at Penlee. People told us, "There's a variety of food" and "I love

the meals here there is always a choice and they look very nice." One person who relied on staff to support them told us, "A carer will come and ask if I want a drink, staff are a happy bunch".

- Lunchtime was a pleasant dining experience for people. Tables were set with cloth napkins and condiments. People were able to make choices about the food they ate with a main choice and alternatives available. There was a choice of wine or sherry with lunch if people wanted this or a soft drink to accompany their meal.
- Staff assisted people in a respectful way. Some people chose to eat in their rooms and staff respected their choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People saw healthcare professionals according to their individual needs. A healthcare professional held a regular surgery to check on people's general health and offer advice.
- Care plans showed people's health was monitored and when people asked to see a healthcare professional this was followed up by staff. A visiting health professional told us staff were responsive to any advice given and said, "They are on the ball here. They let us know if they are concerned about somebody's health."
- We looked into whether people were having their oral healthcare needs met. Each person had an oral healthcare plan and a toothbrush and toothpaste in their room. People had access to dental care and dental check-ups. Staff understood the importance of good oral healthcare.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. There were no authorisations in place at the time of the inspection.
- Staff had a good understanding of consent. We saw this in care records and practice. Staff always asked permission before supporting people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care records reflected important information in relation to each person's dignity and privacy. It was clear care records and the attitude of staff was to ensure support given to people who lived at Penlee was personalised. People were aware they had a care plan one person said, "The home has my care plan; they come up and sit in the chair and ask me questions. All of us have a care plan".
- Staff focused on retaining and promoting people's independence as much as they could within a care home setting and retained community links. This was confirmed by our observations during the inspection visit and comments from people we spoke with. One person said, "I can visit my sister if I want." One person was supported with walking aids, so they could go out independently.
- People's personal relationships with friends and families were valued and respected. For example, staff took time to speak with families when they visited. We observed families were made to feel welcome when they visited. They told us, "I know [Person's name] is very well cared for here."

The registered manager and staff were aware of people's diverse needs. For example, attending church, visiting family in their own home and supporting a person's emotional needs by taking time to listen and reassure the person.

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

- People told us they were able to make decisions about what they did and the care they received. One person said, "I am very independent and come and go as I want to. The staff are very supportive, but I do like my independence."
- People's care plans were written in a way they could be understood. Families and some people told us they were involved in reviews and felt their contributions were respected by staff. One person told us the registered manager had explained everything to them about what to expect and they had been involved in their relatives care planning and review. A relative said, "Yes, this was done together when [Person's name] moved in; we were involved." They told us, "We're often in touch (with the Care Home). The manager rang me this morning because [Person's name] was a bit distressed."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Confidential information was kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible by encouraging, praising and reassuring them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and how they liked to be supported. Care was delivered in line with people's preferences. This also helped to make sure people received care which was personal to them. People were treated as individuals and were able to follow their own routines. Some people went out independently or with family and friends.
- Care plans contained people's likes and dislikes and how they wanted their care to be provided. For example, how people liked to be supported with personal care and how they liked to be dressed. One family member told us staff took great care in their relatives' appearance because that had always been important to them.
- Some people needed support to help them to move around. The care plans detailed the equipment required and how staff should support them. One person told us, "If I press my bell they come within minutes".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care staff adapted their communication style to suit the needs of people living in the service.
- Information was available in formats accessible to people's communication styles and needs. For example, the service had used the talking book service for people who had sight loss. Large print information and picture cards were available if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to lead meaningful lives. They participated in a range of social activities, that met their needs and preferences. For example, taking part in quizzes. We observed this on the inspection and it was interactive and stimulating. There was lots of laughter and competitiveness. One person told us, "I really look forward to these [quizzes] it helps keep me alert."
- People's relationships with family members and friends were supported by the service. Family members told us they felt their relatives had lots of opportunities to engage in interests and activities. One person told us, "They [People using the service] do all sorts of lovely things. They made poppies for Remembrance Day" and "They go out every week on the minibus [Persons name] really looks forward to that."
- Some people liked to spend time relaxing quietly on their own. This was respected by staff. One person

was using their room during the afternoon. They told us, "This is what I like just having a quiet few hours." A staff member was heard saying, "How about I help you up to your room. I know you like to watch [television programme]."

Improving care quality in response to complaints or concerns

- Complaints were recorded and action was taken to address them in line with the organisations policies and procedures.
- People told us they had not had reason to complain but felt confident to be able to approach the registered manager, or staff with any issues. A relative told us, "If I had a complaint I would go to the manager or assistant manager. One of them is always here. They never seem stressed. They have strong leadership qualities."
- There were no open complaints at the time of the inspection.

End of life care and support

- People were supported as they were approaching the end of their life and their wishes were documented and planned for as appropriate.
- Staff received training to support people and families at the end of a person's life.
- Staff worked in collaboration with other health care professionals to ensure people's symptoms were well managed.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the previous inspection we identified the provider was not effectively monitoring the environment. This meant inconsistencies in heating and lack of window restrictors had not been responded to. Following the inspection, the provider had taken immediate action to rectify this. At this inspection we found there were weekly safety checks which identified safety issues and heating. We found enough action had been taken to meet Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Staff demonstrated a clear understanding of their roles and responsibilities and told us they enjoyed working at Penlee.
- The management team were clear about their roles and responsibilities. The registered manager was supported by the providers. There were also senior care workers supporting and reporting to the management team.
- There was a programme of audits and quality reviews designed to ensure that the service was safe and drive improvements in the service's performance.
- CQC were notified of incidents and events in line with legislation.

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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager understood their duty of candour and told relatives and people where things had gone wrong and what was being done to improve.
- The provider had a clear ethos regarding the way care and support was provided at Penlee. They told us they wanted a relaxed, homely atmosphere and staff echoed this view. During the inspection we heard a lot of laughter and good-humoured banter. One person said, "This really is a lovely and friendly place to live."
- The registered manager was visible, and the provider regularly visited. One relative said, "We have every confidence in the manager and the way the home is run."
- Staff told us it was a good place to work where they felt valued by the management team and supported each other. They said this helped to create a family type environment for people to live in. One staff member said, "We get a lot of support. It really is a good place to work."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The service worked in partnership and collaboration with several key organisations including health

commissioners and social services to support care provision, joined-up care and ensure service development. For example, the registered manager ensured that health and social care professionals were involved where necessary in the persons best interest meetings? and to ensure the continuity of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People received six monthly quality assurance surveys to gain their views of the service and the feedback had been used to continuously improve the service.
- Staff felt listened to and supported and involved in the running of the service.
- People's equality characteristics relating to sensory and physical disabilities were being carefully considered so they could navigate their home more easily.
- Staff at Penlee worked in partnership with other services and organisations such as GPs, mental health teams, community nurses and other healthcare professionals involved in people's care.
- Staff sought appropriate guidance, and advice from health professionals was used to ensure the safety and wellbeing of people was maintained.
- The service worked in partnership with other agencies to achieve positive health and wellbeing outcomes for people.