

Swallowcourt Limited

Poldhu

Inspection report

Poldhu Cove
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Poldhu on 12 January 2018 when we identified breaches of the legal requirements and rated the service as Requires Improvement. The breaches we identified at that time were in respect of the length of time taken to respond to call bells, a failure to adhere to the processes laid down by the Mental Capacity Act (MCA) and ineffective auditing systems. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

We carried out an unannounced focused inspection of Poldhu on 22 March 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 12 January 2018 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, effective and well led. This is because the service was not meeting some legal requirements in these areas.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Poldhu is a 'care home' that provides nursing care for up to a maximum of 63 predominately older people. At the time of the inspection there were 42 people living at the service. Some of these people were living with dementia. The accommodation is arranged over three floors. Poldhu is part of the Swallowcourt group which has several nursing and residential homes in Cornwall.

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 is required to have a registered manager. 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 registered manager had left the service in December 2017. Poldhu was being overseen by a manager with experience and knowledge of the service and Swallowcourt. They told us they intended to apply for the registered manager position and were waiting for background checks to be completed.

At this focused inspection we found improvements had been made and the service was no longer in breach of the Regulations. Response times to call bells were being monitored and audited. Call bell logs showed average response times had improved significantly. People told us staff were quick to answer any requests for assistance.

Some people had been identified as being at risk due to poor nutrition and/or hydration. These people had their food and fluid intake monitored so the management team and nursing staff would be aware of any increased risk to people's health. The records were regularly reviewed and action taken to mitigate against any increased risk. The records were not sufficiently detailed to give an immediate overview of people's intake and we have made a recommendation about this in the report.

Safe arrangements were in place for the storing and administration of people's medicines. People received their medicine as prescribed. Medicine Administration Records were appropriately completed. Arrangements for the storage and administration of medicines which require stricter controls by law were robust.

Applications for DoLS authorisations had been made for some people. Capacity assessments were in place to evidence this was appropriate. The records clearly showed when Power of Attorney arrangements were in place.

New staff completed a thorough induction and period of shadowing more experienced staff before they started working independently. Training was regularly refreshed and covered a wide range of subjects to help ensure staff were able to meet people's needs. Regular supervision sessions and staff meetings were arranged to provide additional support for the staff team.

People told us the food was good and we saw choices were offered to meet people's preferences. Kitchen staff were aware of people's dietary needs and preferences.

Auditing systems were comprehensive and highlighted when improvements were required to improve standards. The manager was aware of their responsibilities to inform CQC of specific events.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety. The time it took for staff to respond to call bells had improved. Call bell logs were monitored to enable senior management to have an oversight of how quickly people's needs were being addressed.

The premises were well maintained and safe.

Arrangements for the management of medicines were robust.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

We found that action had been taken to improve the effectiveness of the service. The service was working in accordance with legislation laid down in the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

Staff received the necessary induction, training and support to enable them to carry out their roles.

People had access to a healthy and varied diet which met their needs and preferences.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

We found that action had been taken to improve how well-led the service was. Auditing systems covered a range of areas and highlighted when changes or improvements were required.

The manager understood their responsibility to inform CQC of certain events.

Requires Improvement ●

Staff were valued and their opinions, ideas and suggestions were listened to.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Poldhu

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 unannounced focused inspection of Poldhu took place on 22 March 2018. The inspection was carried out by one adult social care 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.

Before the inspection we reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. We had not requested a recent Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the manager and the nominated individual for Swallowcourt. We also spoke with fourteen people who were living at Poldhu, ten relatives and four members of staff. We observed people during the day as they spent time in shared areas, having lunch and interacting with staff and others.

We looked at two people's care plans in detail, medicine records, monitoring charts, four staff personnel files, staff training records, care bell audits and other records relating to the management of the service.

Is the service safe?

Our findings

At our previous comprehensive inspections in February 2017, July 2017 and January 2018 we had concerns relating to the length of time taken to respond to call bells. At our inspection in January 2018 we found that, although improvements had been made, some people were still waiting a long time for staff to respond when they rang the call bell for assistance. Some people told us staff responded quickly initially and switched the call bell off but then did not provide the support they needed immediately. Instead people were told to wait until staff were less busy. One person told us staff had told them not to use the call bell.

Following the inspection we received an action plan from the provider, detailing how the issue would be addressed. They also provided us with a weekly report which detailed the time taken to answer call bells on a daily basis. During February the average time taken was 3.6 minutes and in March at the time of the inspection the average time was 3.5 minutes. If the report identified any call bell had not been responded to quickly the manager investigated why this had occurred. In some cases this was due to the bell not being deactivated. For example, on 11 February the call bell had not been cancelled when staff supported the person to go and sit in the lounge as they had requested. The records showed the number of times people were left waiting for 20 minutes or more had decreased significantly.

The audit process also highlighted that some people were using the call bell frequently. Staff had worked to identify how these people's needs could be better met, for example, by supporting them to engage in more activities. One person had been moved to a different room where they were less isolated from the day to day activity within the service. There were plans to further improve systems to enable staff to identify when people had been waiting to have a call bell answered.

Most people said they did not have to wait long for staff to respond when they rang for assistance. Comments included; "In the middle of the night I can call someone in an emergency or just to ask for a drink. Someone always comes" and "Mum often uses the call button, up to 60 times in one day and often repeatedly at night. The staff respond quickly but by the time they arrive Mum will have forgotten what she wanted. It must infuriate the staff, but they never show it." One person and their relative told us staff did not always respond quickly or would come and turn off the bell and say they would return when less busy. We highlighted this to the manager who said they would meet with the person to discuss their concerns.

At our comprehensive inspection in January 2018 we found some people required specialist mattresses to protect them from the risk of developing pressure damage to their skin. We checked the settings on mattresses and found they were not consistently set accurately according to people's weight.

At this inspection we checked pressure mattresses for five people and found they were all correctly set according to people's weight. Nursing staff checked the mattresses daily while in people's rooms administering medicines. The pressure mattress records were audited on a regular basis by the deputy manager so any errors would be quickly identified.

We concluded the service was no longer in breach of Regulation 12 of the Health and Social Care Act 2008

At our last inspection we found some people had been identified as being at risk due to poor food and/or fluid intake. Diet and fluid records were in place to record what they had eaten and drank during the day. These records were audited in order to highlight when people were not eating or drinking enough to keep them well. There was no indication of what subsequent action would be taken as a result of these findings. This meant, although people had been identified as being at risk, there was a failure to mitigate the risk.

At this inspection we found when people were identified as being at risk action was taken to protect them. Food and fluid charts were reviewed so the management team would be aware of anyone who was at increased risk. Care plans were updated to reflect any change in people's needs. However, the charts did not guide staff on the amount of food and fluid people should have in order to keep them healthy. Although staff recorded what people ate and drank the records lacked detail. For example, it had been recorded on one person's chart that they had eaten toast for breakfast. There was no record of how much toast they had eaten. This meant staff may not have had enough information to judge if people were receiving an adequate diet to maintain their health. We discussed this with the manager who said they would improve the systems for recording what people were eating and drinking.

We recommend that the service consider best practice guidance for the effective screening of people who may be at risk from malnutrition and/or dehydration.

People and relatives told us they believed Poldhu was a safe environment. Comments included; "I love it here. The staff are nice people and we are really well looked after. They care about us and I feel I am safe, it's almost like living at home with my family sometimes" and "There has been a change in the last few months and I can tell the new manager cares about safety for us and for her staff."

The premises were clean and well maintained. Corridors were free from clutter and trip hazards. Any potentially dangerous substances such as cleaning agents were kept securely locked when not in use. We observed domestic staff did not leave cleaning products unattended.

Care plans contained risk assessments for a wide range of areas. For example, falls, mobility and skin integrity. The risk assessments identified the area of concern and guided staff on the action they should take to protect people and minimise the risk. Staff supported people to transfer, for example, from easy chairs to wheelchairs, safely. We saw staff talked to people whilst assisting them to move to offer support and reassurance. Equipment was used when necessary and this was done safely.

There was a safeguarding policy in place which was updated regularly. Staff were required to read this when they first started working at the service. Information on how to raise safeguarding concerns was available to people, visitors and staff. Staff were able to describe how they would report suspected abuse. Staff and people told us they would be comfortable raising any concerns to the management team. They were confident any concerns would be taken seriously and acted on.

Equipment owned or used by the registered provider, such as specialist chairs, adapted wheelchairs, hoists and stand aids, were suitably maintained. Equipment was regularly serviced and repaired as necessary.

There were enough staff to help ensure people's safety. The manager told us they had some vacancies and any gaps in the rota were filled by agency staff if necessary. Staff told us regular agency staff were used who were familiar with the service and people's needs. On the day of the inspection people's needs were met quickly. Staff took time to speak with people and were not rushed in their approach. The service also

employed cleaning, kitchen, laundry, maintenance and administrative staff to help ensure the service ran effectively.

The service had a suitable recruitment procedure. 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.

Staff received training in safety systems, processes and practices such as in moving and handling, fire safety and infection control. Personal emergency evacuation plans (PEEPS) had been developed to outline the support individuals would need to exit the building in an emergency. Regular fire drills were carried out and a visit from the local fire service was booked for the week following the inspection.

There were suitable arrangements in place for the ordering, storage, administration and disposal of medicines. Nurses and specialist healthcare assistants were responsible for the administration of medicines. Specialist healthcare assistants had completed additional training to enable them to support nursing staff in this area. Some medicines were being used that required cold storage; there was a medicine refrigerator at the service and the temperature was monitored. The temperature of the room where medicines were stored was also monitored and was within the acceptable range. Medicines which required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Medicines which needed to be taken at specific times were administered appropriately.

Medicine Administration Records (MAR) were completed appropriately. Any handwritten entries were double signed to help prevent any errors. The MARs were audited daily by nursing staff. This was supported by further weekly and monthly checks. There were clear protocols in place to follow if any medicine errors occurred and staff were able to describe this to us.

Accident and incident forms were completed to document when untoward events had occurred. This gave management an opportunity to learn from events and identify any need to change working practices.

Is the service effective?

Our findings

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 decisions 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). At our previous comprehensive inspection in January 2018 we found capacity assessments had not been completed before the applications were submitted. This meant we were unable to establish if the applications had been made appropriately.

Following the inspection the provider told us of the actions they had taken to help ensure capacity assessments were completed. People's care plans had been reviewed and all consent and MCA documentation updated to ensure they accurately reflected people's situation. An audit tool had been introduced to allow senior management to effectively check legal processes had been completed. This recorded if people had power of attorney arrangements in place, if mental capacity assessments had been completed, best interest decisions recorded and DoLS applied for. During the inspection we checked people's records and found mental capacity assessments and best interest reports had been completed appropriately.

At our previous comprehensive inspection in January 2018 we found systems for gaining and recording consent were confused. Some people's records showed they had been asked to consent to their plan of care although applications for DoLS authorisations had been made in respect of this decision. The submission of applications indicated that the people concerned were unable to give consent to their plan of care. Some consent forms in people's care plans had been signed by relatives on behalf of their family member. It was not always clear from looking at people's care plans whether relatives had the legal authority to consent on people's behalf. This meant staff might have incorrectly assumed relatives had this right.

At this inspection we found an audit tool had been developed to give an overview of who was able to consent to their planned delivery of care. When people did not have capacity to consent it was recorded whether there were any Power of Attorney (PoA) arrangements in place and whether these were in respect of health and welfare, property and finance or both. The records were clear and updated regularly in response to any change in people's needs.

We concluded the service was now meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in MCA and DoLS and demonstrated an understanding of the principles of the legislation. People were asked for their consent before care was delivered. Staff informed people of what

they were doing and asked permission before giving personal care.

Before moving into the service people had their needs assessed across a wide range of areas to help ensure people were protected from discrimination on the grounds of their gender, race, sexuality, disability or age. Copies of pre admission assessments on people's files were comprehensive and identified expected outcomes for people. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

There was some use of technology and equipment to assist with the delivery of effective care, and promote people's independence. There was a call bell system which people could use to alert staff in emergency. Staff were able to download policies and procedures to smart phones to allow them to access them easily.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. New employees completed a comprehensive induction programme. This consisted of a mix of training and shadowing as well as an introduction to organisational policies and procedures. Training was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. A mentorship system had recently been introduced for new staff. New employees were paired with an experienced mentor who they worked closely with for the first two weeks of employment. During the third week they worked independently but still had support from their mentor if they needed it.

Records showed staff received comprehensive training which enabled them to carry out their roles. Care staff received training in a range of areas including first aid, fire safety, infection control, moving and handling and safeguarding. Nursing staff and specialist care workers received additional training to meet people's specific needs. They had recently completed training in choking risk and rescue and venepuncture. Training was also booked for epilepsy, diabetes and catheterisation. In house training sessions were organised to focus on aspects of personal care. For example, the week following the inspection visits there were planned sessions for supporting people with oral care, and the use of hearing aids and spectacles.

The manager and deputy manager had a planned programme for providing staff supervision in place. The manager told us they felt it was important all staff received an initial supervision from either themselves or the deputy manager. Once this had been completed staff would receive regular supervision from a senior member of their team. For example, nursing staff would be responsible for supervising the specialist staff team. Staff told us they felt supported by the management team.

The chef worked closely with the management team and staff as well as external professionals to ensure that special diets were provided as required and to make sure that everyone was served the meal they needed and provided with sufficient nutrition and hydration each day. During the mid-day meal the chef discussed meals with the waiting staff before they were served to check they were meeting people's needs.

We observed people at lunch time and saw it was a relaxed and sociable occasion. Tables were laid with tablecloths and flowers. Meals were either delivered to tables or made up on trays, with cloches, for carrying to bedrooms. There was a choice of three hot main meals, including a vegetarian option, followed by a hot pudding. People had selected their choices either the night before or at breakfast. Lighter meals or salads were also offered, all of good quality, quantity and attractively presented. Two people declined the food initially served to them. The staff offered a range of alternatives and gently encouraged people to eat. People told us they enjoyed the food. Comments included; "The food is delicious. Family can eat a meal if they want and there are specific meals occasionally that relatives are invited to attend, like a buffet lunch or a barbeque in the summer", "The cook is lovely and he knows what we like" and "My husband can be a fussy

eater and will often miss a meal, but the staff watch what he eats and let me know too. I can take a meal with him to encourage him to eat."

People's day to day health needs were dealt with by nurses and care staff at Poldhu. Where necessary, referrals were made to external agencies for additional support. For example, records showed people had visits from GP's and dentists when needed.

The accommodation was based over three floors and there was a working lift. Improvements had been made to the environment to help people living with dementia to orientate themselves around the building independently. For example, toilets and bathrooms were clearly marked and colours had been used in corridors to help people recognise where they were. There was access to secure, level outdoor spaces with seating. The window frame in one person's bedroom was in a poor state of repair and consequently the room was draughty and cold. The manager told us they were aware of the problem and would highlight it again to Swallowcourt's maintenance team.

Is the service well-led?

Our findings

At our previous comprehensive inspection in January 2018 we found audits to monitor the quality of the service were not effective. Where audits had highlighted areas for improvement no action had been taken to address this. Pressure mattress audits had not highlighted when mattresses were not set correctly according to people's weight. Some people were regularly declining assistance with oral care. No action had been taken to address this and audits of monitoring charts had not identified this pattern.

At this inspection we found improvements had been made and there was a robust auditing system in place. Regular audits were carried out to help ensure the safe running of the service. For example, there were audits covering infection control, care planning, medicines and pressure mattresses. A new system for auditing care plans had been introduced whereby families were invited to attend reviews every six months. A relative told us; "We have always wanted to be more involved in mum's care and the planning of how she will be kept healthy and active, but until recently this just never seemed to happen. Now we have regular meetings with the manager and the nurses and it gives us more confidence that mum's care plan is appropriate and being followed; not just written up then put in a drawer."

New systems had been introduced to monitor the oral care people were receiving. Training was planned to ensure staff were aware of the importance of oral care and how to support people in this area including when people were receiving end of life care. Toothbrushes, toothpaste and dentures etc. were regularly checked to ensure people had access to clean and effective products.

We concluded the service was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in January 2018 we identified CQC were not consistently informed of events that providers are required to tell us about.

Following the inspection the provider informed us they had introduced a new organisational system for notifying CQC of incidents and events in line with the legislation. All managers were now required inform senior management of any notifications through a weekly management report. CQC had received a number of notifications since the inspection covering a range of circumstances.

We concluded the service was now meeting the requirements of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The day to day running of Poldhu was carried out by a manager with the support of a deputy manager and Swallowcourt's nominated individual. The manager was applying to CQC for the registered manager role although this was still in the early stages. Staff, people and relatives were all positive about the management of the service. People and relatives told us staff morale appeared to have improved in recent months and the general environment was 'happier.' Comments included; "I can't sing the praises of [manager name] highly enough. She has a hard job but she's always so cheerful and sets a great example. She and [deputy manager] are very approachable and their attitude reflects onto everyone else who works here", "Everyone

is much happier here. Numbers are down, but the home is turning itself around" and "There a strong feeling of trust in the team. The staff are lovely."

There were clear lines of responsibility and accountability throughout the staff team. Nurses were supported by a team of specialist carers who had received additional training to enable them to administer medication. The service was spread over three floors and nurses and specialist carers were allotted specific floors at each shift. There were plans to introduce a new senior nurse role. There was a housekeeper in post who oversaw the domestic staff.

Staff meetings were held regularly for all staff groups. These were an opportunity for staff to air any concerns and ideas as well as receive information about the development of the service. Meetings were themed to enable the management team to focus on a particular topic area, for example, safeguarding. Minutes from a recent staff meeting showed staff had been thanked for their efforts in ensuring the smooth running of the service in recent adverse weather conditions. This demonstrated staff were valued by senior management.

A works forum had recently been introduced. This gave members of staff from all staff groups and services an opportunity to attend meetings and raise any concerns or suggestions at an organisational level. The management team attended monthly governance meetings with managers from other Swallowcourt services. These were planned to enable a more cohesive approach to the delivery of care across the organisation.

Staff, people and relatives were formally asked for their views of the service through questionnaires. The survey for 2018 had recently been circulated to relatives. A recent staff survey focusing on the safety of the service had been completed by a small number of staff. The results were largely positive.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place. Staff were required to read this as part of the induction process.

Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. There was a HR department within the organisation which helped ensure staff legal rights were protected. If staff needed any support to help them do their job this was provided. For example, if staff had specific learning needs associated with their ability to complete the Care Certificate and other training they were given additional support.

Health and safety checks were completed by the maintenance team and external contractors to help ensure the environment was safe and free from hazards. These included checks of gas and electrical appliances, fire equipment, asbestos and Legionella checks.