

Glencare Homes Ltd

Penhellis Nursing Home

Inspection report

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Date of inspection visit:
25 May 2023

Date of publication:
10 July 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Penhellis is a care home which provides nursing care and support for up to 26 predominantly older people. At the time of the inspection 20 people were living at the service.

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

People who lived in the service told us they were happy and safe. One person said, "This was a place of choice for me and my family". Another said, "Staff have been here a long time. They take their time and are gentle, I think they do their very best, we have a nice banter".

People looked relaxed, happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

The environment was safe, regularly updated and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place. People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Records were accessible and up to date. Medicines were ordered, stored and disposed of safely.

Staff received appropriate training and support to enable them to carry out their role safely, including fire safety and dementia care training. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and go out into the community. Staff knew how to keep people safe from harm.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection.

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.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

People and staff told us the registered manager and the management team made themselves available and assisted them daily. They went on to say how they were approachable and listened when any concerns or ideas were raised.

People and their families were provided with information about how to make a complaint and details of the complaint's procedure were displayed at the service.

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 good. (Published 29 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We had identified we and the local authority had not been notified of a safeguarding concern in the service.

A decision was made for us to inspect. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and remains good. We found no evidence during this inspection that people were at risk of harm from the information we held. Please see the safe, effective and well led sections of this report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Penhellis Nursing 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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 2 inspectors and 1 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

Penhellis Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Penhellis Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service about their experience of the care provided and spent time observing people's experience of the care provided. We spoke with 6 members of staff including the registered manager, clinical lead, nursing and care staff. We reviewed a range of records. This included 3 people's care records and 4 medicines records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

The previous providers rating for this service had been good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Systems and processes were in place to make sure people received their medicines safely and as prescribed.
- Staff had training in safe medicines handling. They also had competency checks to make sure they gave medicines safely. Managers checked that staff were following policies to support people to take their medicines and record when medicines were given.
- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration.
- Medicines were used safely. People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- When medicines were prescribed on a 'when required' basis there were clear personalised protocols in place to guide staff when they might be needed for each person. When doses were given, times and outcomes were also recorded, to show whether they had been effective.

Staffing and recruitment

- Staff were recruited safely. Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service before new staff started work. The provider followed safe processes to make sure staff recruited were of good character and had the skills and knowledge to carry out their role safely.
- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People and staff told us there were enough staff on duty to meet people's needs.
- The staff said they worked additional hours when needed, so people had staff they knew and trusted. This was to support appointments or during staff absences.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people. One person said, "It takes me ages to get ready in the morning, the staff don't rush me, they are polite, and yes I would say competent." While another said, "I observe the staff during the day, they are very good."

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe. Daily meetings helped ensure all staff were fully briefed on any updates on people's needs. Also, daily updates on any risk to people were discussed and action taken when needed. Staff supported people to move around and transfer safely.

- Risk assessments had been updated and completed and showed full details which meant staff had guidance on how to manage people's care safely. They covered areas such as personal care and people's nursing needs. If people sometimes found it difficult to express themselves or manage their emotions, the staff knew how to respond effectively. Care plans documented information for staff on people's needs, so they could respond quickly to prevent situations from escalating.
- Records guided staff on providing safe care. Risk assessments for weight management and nutrition and dependency levels had been undertaken when required.
- 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. Fire safety procedures and appropriate checks and training for staff were in place.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse. One person said, "I would always raise anything I'm not happy about, and my daughter would do the same."
- Staff received training and were able to tell us what safeguarding, and whistleblowing meant.
- The provider had worked with multi agency safeguarding procedures when there had been safeguarding concerns.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Preventing and controlling infection

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

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

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.

This is the first inspection of this newly registered service. The previous rating for this service had been good. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The physical environment was continuously being reviewed, updated, and improved. Several areas had recently been decorated. One person said, "It's like a country house hotel."
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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

- The management team and staff worked with external healthcare professionals to deliver care in line with best practice. During the pandemic and the most recent outbreak, the management team said the local healthcare team had been supportive and had helped ensure people received the care required.
- People's individual needs had been assessed before they moved in.
- Assessments of people's individual needs were detailed, expected outcomes were identified and their care and support regularly reviewed. All documents relating to people's care were made available to staff. Staff agreed the information held about each person was comprehensive. Staff were able to access updated information at any time and handovers gave any updates on people.

Staff support: induction, training, skills 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. Staff comments included "Can't speak highly enough of staff and management" and another said, "Nice to work as part of a team."
- Staff were provided with opportunities to discuss their individual work and development needs. Staff received one to one meetings with a member the management team to enable them to raise any issues and share ideas. Staff told us they were well supported by the management team.
- Staff, new to the care sector, were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident, and their competence was assessed before they started to provide support independently.
- Staff told us about the updated and recent training they had completed. There was a system in place to monitor training. The PIR recorded; "It is our view that retaining staff is a key element in our success at Penhellsis. We offer staff a loyalty bonus every month which increases incrementally."

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

- People were provided with healthy meals which they enjoyed. One person told us, "The food here is very good" and another said, "The food is always hot, but I like salads, we had a nice roast beef lunch on Sunday."
- Staff were aware of any specific dietary requirements for people, for example, if people needed a soft diet. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, through personal choice, had drinks provided and these were refreshed throughout the day. One person said, "Staff always try to tempt me with something, we get snacks, and drinks at any time of the day."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Staff supported people to see external healthcare professionals regularly, such as GPs. Home visits by some healthcare professionals continued during the pandemic and the service was able to contact other professionals via phone calls in an emergency. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- People's care records highlighted guidance from external professionals where risks had been identified. For example, where people's skin integrity was at risk people had pressure relieving equipment put in place.

Supporting people to live healthier lives, access healthcare services and support

- People's health conditions were well managed, and staff engaged with external healthcare professionals including physiotherapists.
- There were clear records to show staff were monitoring specific health needs such as people's weight, nutrition and hydration and skin care.
- Staff supported people to continue to mobilise independently. We observed staff offering support to people who used mobility aids.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made and received to deprive people of their liberty within the law.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

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.

The previous providers rating for this service had been good. The rating for this key question has remained 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

- The registered manager had oversight of what was happening in the service and were very visible. They took an active role in the running of the service. They had worked to improve the service. This included the introduction of new systems, including a new computerised care planning system. This assisted staff to ensure people's needs were met.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team understood their roles in terms of regulatory requirements. For example, notifications were sent to CQC when required. Regular audits took place, which were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said, "Best home for communication. Managers visible, see them every day." While another said, "Feel part of the team, it's great camaraderie."
- There was good communication between all the staff. Important information about changes in people's care needs was communicated to staff effectively, usually by the computerised care system on handheld devices. One staff member said how they had staff meetings to discuss any updates or concerns raised. Another staff member said, "Staff meetings are very open."
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely. The PIR recorded; "For us the key to our success is to continually re-evaluate our service to ensure that the systems in place continue to be as effective as possible."

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

- People and staff were complimentary of the service. One person said, "The manager (named member of the management team), comes into my room from time to time and asks after me."
- Staff told us they enjoyed their roles. One said: "(named the registered manager) is in every day, door is always open if I need to ask anything."
- There was a warm and friendly atmosphere in the service. The registered manager said, "We are delighted that we now have a full activities program again (after the pandemic) and this has included the

reintroduction of the childminding group visits to Penhellis. This is extremely beneficial for people in our service as well as for the children themselves."

- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

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

- Systems were in place to enable people, staff and relatives to give feedback.
- The service had a strong emphasis on teamwork and communication sharing. Communication between people, staff and families was good.
- Staff and people told us the service was well managed and they felt valued. Staff told us the management team were very approachable and always available for advice and support.

Continuous learning and improving care

- Governance systems were used effectively in the service to identify areas that needed improving. Audits and checks of the service identified any failings and action was taken to resolve them.
- The manager had updated and improved all policies and procedures, so they were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the local surgery and other healthcare professionals during COVID-19 outbreaks.
- The management kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs and physiotherapists to provide additional care and support.
- The management team worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available.

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

- The management demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.