

Penrice House (St. Austell) Limited

Penrice House

Inspection report

Porthpean
St. Austell
Cornwall
PL26 6AZ
Tel: 01726 73067

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out this unannounced inspection of Penrice House (St Austell) Limited on 23 November 2015. Penrice House (St Austell) Limited is a residential care home, which provides care and dementia support for older people. The care home can accommodate up to a maximum of 29 people. On the day of the inspection there were 27 people using the service. The service was last inspected in March 2014 and was compliant with regulations at that time.

The service is required to have a registered manager and at the time of our inspection a registered manager was in post. A registered manager is a person who has registered

with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they were happy with the care and support provided by staff at Penrice House and believed it was a safe environment. One relative said, "My relative feels safe because the staff have great

Summary of findings

patience and provide a home in every sense of the word". A person who lived at the service told us how happy they were living at Penrice House and said, "The staff are like my friends".

Staff had developed positive relationships with people and understood their needs well. People were encouraged to be individuals and do what they wanted to do to provide them with a fulfilling life. For example, people went out to local community activities and people left the home for trips supported by staff in the service's mini-bus. There were a range of personalised and appropriate risk assessments in place to help keep people safe.

The safety of the premises was looked after by the registered manager, who employed a maintenance person to ensure regular maintenance of electrical and gas appliances.

Staff demonstrated they understood how to keep people safe including what they should do if a safeguarding issue was raised. Accidents and incidents were recorded appropriately and investigated where necessary.

Support was provided by a consistent staff team who knew people well and understood their needs. Staffing levels had recently been adjusted to meet people's changing needs and wishes.

Medicines management administration procedures were safe. However, we found a number of recording errors in the medicines records which had not been recognised or corrected during medicine auditing procedures.

We found the service was effective. People who lived at Penrice House told us they were confident in the staff, who provided good quality care. Staff demonstrated they were skilled and knowledgeable about their roles. We heard there were opportunities for further training and for obtaining additional qualifications. Staff told us they felt supported by management and received regular individual supervision and appraisal to review staff work performance over the year.

The service's premises were properly maintained and were clean, bright and inviting. People could bring their own furniture into the service. All communal areas were clean and well looked after. Outside there were large gardens and these were also kept to a high standard.

People were supported to maintain good health and to access healthcare services. Staff supported people to eat and drink enough and maintain a balanced diet.

Care records had been rewritten and were up to date. Records were regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

Care records showed that people had given their consent to their current support arrangements. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People were involved in making choices about how they wanted to live their life and spend their time. Where people did not have the capacity to make certain decisions the service acted in line with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their families were given information about how to complain. There was a management structure in the service which provided clear lines of responsibility and accountability. There was a positive culture in the service, the management team provided strong leadership and led by example.

There were quality assurance systems in place to make sure that areas for improvement were identified and addressed. However, audits about people's medicines did not show the recording issues we found.

Management were visible in the service and regularly checked if people were happy and safe living at Penrice House.

Summary of findings

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 not always safe. Medicines were not always managed in line with best practice.

There were enough staff available to meet people's care needs.

Staff understood both the provider's and local authority's procedures for the reporting of suspected abuse.

Requires improvement



Is the service effective?

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received further training so they had the skills and knowledge to provide effective care to people.

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

The registered manager and staff understood and met the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good



Is the service caring?

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

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Good



Is the service responsive?

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

Staff supported people to take part in social activities in the service.

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

Good



Is the service well-led?

The service was well led. There was a positive culture within the staff team with an emphasis on providing good quality care for people.

Staff said they were supported by the registered manager, senior staff and team of trustees, and worked together as a team.

Quality assurance audits had not been clear about mistakes made in recording medicines given to people.

Good



Penrice House

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 inspection took place on 23 November 2015. 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.

We reviewed the information we held about the home such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

We spoke with five people who lived at the service. We also spoke with four relatives of people who used the service, the registered person, deputy manager, four care staff, and three trustees of the service.

We looked at three records relating to people's individual care. We also looked at two staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One relative said, “We feel our relative is safe because we are always kept well informed”.

People told us they enjoyed living at Penrice House. People were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation. One person told us, “I never am made to feel that I’m a nuisance when I use my call bell”, another person said, “I feel safe because I am registered blind but staff are my extra eyes”.

People told us they received their medicines when they should and were supported by staff to take the medicines they needed for their health. The service had a clear plan for the safe administration and management of medicines. Staff had all received recent training in medicines administration and the service operated a competency based screening of staff, to help ensure staff knew what they were doing and felt confident when handling medicines. Medicine Administration Records (MAR) records all had a photograph of the person on them to help staff in making sure medicines were given to the correct person. Controlled drugs are managed under stricter controls and these legal requirements were being met.

We found there were a significant number of mistakes in recording medicines that had been given to people. Regular auditing of medicines was taking place. However, the audit results were not an accurate reflection of the recording mistakes found in the MARs. Although these mistakes had not caused people harm, the number of recording mistakes still happening showed that the medicine audits had not been effective. It is important medicine auditing systems are robust in order that people are protected from the risks caused by poor recording. The registered manager agreed improvement was needed in the quality of auditing procedures in this area.

We saw that some hot water outlets, such as baths were running at high temperatures and were not fitted with thermostatic mixer valves which regulate and keep the temperature of the water safe. We did not see thermometers in bathrooms to check the temperature of bath water before it was used. The registered manager told us that staff took responsibility for running all baths and checked to make sure the water temperature was safe for

people. We also saw that one radiator in a communal lounge was very hot to touch. The registered manager was made aware of these risk issues and confirmed she would ensure these risk issues would be managed safely.

The environment was clean and well maintained. The service employed a maintenance person who carried out regular repairs and maintenance work to the premises in a timely way. There were records that showed moving and handling equipment, such as hoists had been serviced as necessary. There was a system of health and safety risk assessment being used. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked effectively.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Staff received safeguarding training as part of their initial induction and this was regularly updated. There had been no recent safeguarding referrals made to the local authority.

There were risk assessments in place which identified risks and the control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls. Records about the risks included a manual handling plan. This plan gave staff clear guidance and direction about how to use the equipment to support people safely when helping them to mobilise. Staff helped people to move from one area of the home to another safely. Staff carried out the correct handling techniques and used equipment such as walking frames or wheelchairs as appropriate to each person.

Incidents and accidents were recorded in the service. Records showed that the right action had been taken and changes made to learn from the events. One of the owners looked at these records to identify any patterns or trends in accidents and incidents which could be corrected, and by doing this reduce risk.

There were enough skilled and experienced staff to help ensure the safety of people who lived at the service. The registered manager explained that recent concerns about available staffing numbers in the afternoon had been

Is the service safe?

looked at by the board of Trustees. As a result staff cover for this period had been increased to allow an extra senior carer to be on shift during the afternoon shift. The registered manager told us, “It has certainly been a huge benefit”. The service could use agency staff to make sure enough staff were available to meet people’s needs. People and visitors told us they thought there were enough staff on duty and staff always responded quickly to people’s needs. There was also a cook who worked in the morning, a maintenance person, the registered manager, one person

who worked in the laundry and two cleaners. People had a call bell in their rooms to call staff when they needed help. We saw that staff responded to people as quickly as they could.

The service had a robust recruitment process to help ensure new staff had the right qualities and experience for the job. Staff recruitment files contained all relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Is the service effective?

Our findings

Staff knew about the people who lived in the service and had the skills to meet people's needs. Relatives told us they had confidence in the staff and felt that staff knew people well and understood how to meet their needs.

The premises were properly maintained with a clean, bright and inviting environment. People could bring their own furniture into the service when they moved in if they wanted to personalise their rooms. All communal areas were clean and well looked after including the kitchen and bathrooms. Outside there were large gardens and these were also kept to a high standard. The service had a small vehicle used by people to explore the gardens when the weather was fine.

Staff said there were good opportunities for continuing training and for gaining extra relevant qualifications. All care staff were qualified or were working towards a Diploma in Health and Social Care. The service had a training calendar to make sure staff received relevant training that was kept up to date. The service provided training on conditions that affected people who lived in the service, such as dementia awareness. Staff said, "We certainly get plenty of training. That's a priority here".

Staff said they felt supported by managers and they received regular individual supervision. This gave staff the opportunity to discuss their working practices and identify any training or support needs they had. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments in the service.

New employees went through an induction to the service which included necessary training identified by the service management such as health and safety and fire training. Staff also read the service policies and procedures. There was a period of working alongside more experienced staff until the worker felt confident to work alone. The service had employed new staff recently and on the day of inspection, one new staff member was shadowing a senior staff member to help them become familiar with the routines of the service. The service had updated their induction in line with the Care Certificate. The Care Certificate replaced the Common Induction Standards in

April 2015. This training is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment.

Professionals who visited the home said staff had a good knowledge of the people they cared for and made appropriate referrals to them when people needed it. People and visitors told us they were confident that a doctor or other health professional would be called if necessary. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. One visitor said, "They take my relative for their hospital appointments if I'm working".

People's weight's were monitored to make sure they stayed in a healthy range. When they moved into the service people had a nutritional assessment to check their needs and if specific specialist advice was needed this was provided. People were offered drinks throughout the day of the inspection and at the lunch tables. People also had jugs of water or other drinks in their bedrooms which they helped themselves to.

Meals could be taken to where a person wanted to eat them. Most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff throughout their meals. People received appropriate support to help them to eat their meal at lunchtime. Staff had suggested staggering the beginning of lunch and this was being done, to make sure people received enough support. Three people sat down for an earlier lunch at 12.00 midday. Nineteen other residents came to lunch at 12.30pm and some people chose to eat their lunch in their rooms. We saw three people were supported to eat their meal and this was being done in a dignified manner. The quality of the food was of a high standard and everyone said they had enjoyed their meal. One person commented, "The food is better here than I've had in some top class hotels".

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People were involved in making choices about how they wanted to live their life and spend their time.

The registered manager and deputy manager were familiar with the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for

Is the service effective?

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection the service had made a DoLS application for one person who required a DoLS authorisation. Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS).

Care records showed the service recorded whether people had the capacity to make specific decisions about their care. For example care records stated, “[person’s name] is able to make small decisions regarding what she wants to eat or wear, however, is unable to make major decisions regarding finance or health.” Where people did not have the capacity to make certain decisions the service acted in line with the legal requirements. Where decisions had been made on a person’s behalf, the decision had been made in their best interest at a meeting involving key professionals and family, where possible.

The design, layout and decoration of the building met people’s individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a stair lift to gain access to the first floor, where some bedrooms were located.

Is the service caring?

Our findings

On the day of our inspection there was a calm and relaxed atmosphere in the service. We saw that people had a good relationship with staff and staff interacted with people in a caring and respectful manner. Staff were clearly motivated about their work and told us they thought people were well cared for. Staff told us, "I love working here, for me, it is how care should be, high standards and treat people with care and dignity as individuals". A relative said, "Believe me, the care is second to none". A person who lived at Penrice House said, "Breakfast is brought to my room every morning and then they give me a bath every morning, how good is that?"

The care provided met people's needs and enhanced their well-being. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we saw many positive interactions between staff and people who lived at the service. For example, one staff member spent time explaining the options and different textures of food being served to one person who was partially sighted. This helped the person to understand what they were eating and how much food there was left on their plate.

People were able to make choices about their day to day lives. Care plans recorded people's choices and preferred routines for assistance with their personal care and daily

living. Staff told us people were able to get up in the morning and go to bed at night when they wanted to. Some people chose to spend time in the lounge, dining room and others in their own rooms. People were able to move freely around the building as they wished to with staff supporting them when needed.

Some people living at the service had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. The service had worked with relatives to develop life histories to understand the choices people would have previously made about their daily lives. Staff used this understanding of people's needs to help people to make their own decisions about their daily lives wherever possible.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge, conservatory or in their own room.

Is the service responsive?

Our findings

People had their needs assessed before moving in, to help ensure the service was able to meet their needs and expectations.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example one person's care plan described in detail how staff should help the person with their personal care including what they were able to do for themselves.

Staff told us care plans were informative and gave them the guidance they needed to care for people. For example, one person's care plan described how they sometimes displayed behaviour that was challenging for staff and others when they became anxious. Their care plan explained how staff should walk away and encourage them to spend time in their room until they felt calmer. This meant staff were able to take a consistent approach when supporting the person.

Daily records detailed the care and support provided each day and how they had spent their time. Staff were encouraged to give feedback about people's changing needs to help ensure information was available to update care plans and communicate at handovers.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to

make a decision for themselves staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and managers would regularly talk to them about their care.

People were able to take part in a range of activities offered by the service. Staff facilitated a different activity on most afternoons and one member of staff worked part-time as an activities co-ordinator to develop the range of activities on offer. We saw people enjoyed the visit of a 'dog patting' activity on the day of inspection. The dog, who had been chosen for their calm, friendly temperament, was a regular visitor to the service. People told us how much they appreciated such activities. One person commented, "I love it when Lola, (the dog), comes in as I used to keep dogs myself". Other activities included games, craft work and regular visiting entertainers. A relative told us how popular it was when musical entertainers visited the service. They said, "My relative used to play music so they enjoy listening to that when entertainers come to the home."

A local church group visited regularly to conduct church services. People told us about a recent 100th birthday party that had taken place. Key milestones in people's lives were celebrated. The inspection took place in the run up to Christmas and there were lots of plans for outings and parties planned for everyone to celebrate this.

People and their families were given information about how to complain and details of the complaints procedure were given to people and displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. We discussed one complaint with the registered person and saw it had been handled in line with the complaints procedure and successfully resolved.

Is the service well-led?

Our findings

People and their relatives told us they believed the service was well led. Staff were positive and supportive of the way the service was led. One staff member commented, “The management and training are bob-on; couldn’t be better”.

We saw the service had a well-defined and transparent management structure which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service and was supported by a board of Trustees, who took an active involvement in the service. There were regular Board Committee meetings to support the smooth and effective running of the service. We looked at the agenda and minutes of a recent Board meeting which showed how the Board worked and the areas each sub-committee took responsibility for. For example, the ‘Home, Staff and Residents’ Welfare Committee’ was responsible for making sure the interior of the house was maintained to a high standard and to make recommendations for refurbishing the house when required.

People, visitors and healthcare professionals all described the management of the service as open and approachable. The registered manager was well thought of by everyone we spoke with. One person who lived at the service told us, “The manager is lovely. I can speak to her anytime. The door is always open”.

Staff and management were clearly committed to providing good care with an emphasis on making people’s daily lives as enjoyable as possible. The registered manager knew all of the people who lived at the service very well and led by example. This had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people. Staff told us that management were supportive and typical comments included “I have worked here for many years and have even encouraged friends and family to work here so that tells you a lot. I really enjoy working here.”

Quality assurance processes across the service were well managed. Audits were carried out to look at cleaning standards, food safety and infection control as well as in medicines management were not audited in a way that made sure standards in medicines management were consistent.

There was a stable staff team and many staff had worked in the service for a number of years. Staff told us morale in the team was good. There was a positive culture within the staff team and it was clear they all worked well together. Staff said they were supported by senior staff and management and were aware of their responsibility to share any concerns about the care provided at the service. Staff told us they were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through team meetings, supervision sessions as well as daily shift hand-over sessions.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Healthcare professionals we spoke with told us they thought the service was well run and they trusted staff’s judgement because they had the skills and knowledge to feedback to them about people’s health needs.

People and their families were involved in decisions about the running of the service as well as their care. The service gave out questionnaires regularly to people, their families and health and social care professionals, to ask for their views of the service. We looked at the results of the most recent surveys. The answers to most of the questions about the service were rated as ‘extremely satisfied’ or ‘satisfied’. Where suggestions for improvements to the service had been made the registered person had taken these comments on board and made appropriate changes.