Healthcare Trust Ltd

Penbownder House

Inspection report

Penbownder House
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Cornwall
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Tel: 01566774752

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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

This inspection took place on 15 and 20 June 2016 was unannounced.

Penbownder House provides personal care and support for up to 29 people. There were 27 people living at the home at the time of the inspection. It is not a nursing home. People with the condition of dementia reside in part of the service and people with enduring mental health illness reside in a separate part of the service.

The service had a registered manager in place. 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.

Throughout the inspection there was a calm, friendly and homely atmosphere. People appeared relaxed and happy. People, who were able, spoke highly about the care and support provided.
People were supported to maintain a healthy balanced diet. People told us they enjoyed their meals and did not feel rushed. One person said, "I like the food and there is always lots of it!"

Care records were detailed and recorded people's preferences. People's communication methods and preferences were taken into account and respected by staff. People's risks were considered, managed and regularly reviewed to help keep people safe. Where possible, people had choice and control over their lives and were supported to engage in activities within the home and in the community. .

People were protected by safe recruitment procedures. Staff put people at the heart of their work. We observed the staff were kind, compassionate and gentle in their interactions with people. Good relationships had been developed and practice was people focused, not task led. The service had an open door policy, relatives and friends were welcomed and people were supported to maintain relationships with people who mattered to them.

People who were able to, said they felt there were sufficient staff on duty. People told us "There are always staff here to help me." Staff were supported with an induction and ongoing training programme to develop their skills and their competency was assessed. A staff member commented; "[…] and […] (the registered manager and registered provider) are always available to help if we are busy."

The registered provider, registered manager and staff had sought and acted on advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Applications were made and advice sought to help safeguard people and respect their human rights. Staff had undertaken safeguarding training, they displayed good knowledge of how to report concerns and were able to describe the action they would take to protect people against harm. Staff were confident any incidents or allegations would be fully investigated. People told us they felt safe.

Some people knew who to contact and how to raise concerns and make complaints. People told us they had not needed to make a complaint but the management team were visible and approachable and would deal with any concerns promptly.

People and staff described the management as very supportive and approachable. Staff talked positively about their jobs and took pride in their work. People told us "It's really, really lovely here" and "I am very happy here." A staff member confirmed "I left but liked it so much I came back!"

The service had an open and transparent culture. The provider had set values that were respected and adhered to by staff. Staff felt listened to and were encouraged to share any concerns they had so issues could be promptly dealt with. The staff worked closely with external agencies such as the local authority to raise issues and seek advice promptly when required.

People's opinions were sought formally and informally. Audits were conducted to ensure any concerns with the quality of care and environmental issues were identified promptly. Accidents and safeguarding concerns were investigated and where there were areas for improvement, these were shared for learning.

People's medicines were managed safely. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

People lived in a home that was clean and hygienic. The premises were well maintained and comfortable.

People had access to healthcare professionals, such as district nurses and GPs, to make sure they received appropriate care and treatment to meet their health care needs. Staff acted on the information given to them by professionals to ensure people received the care they needed to remain safe. Surveys returned to the service recorded that; "The health, wellbeing and appearance of [….] had improved since being at Penbownder."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of skilled and experienced staff to meet people's needs. Recruitment checks were thorough.

Medicines were managed safely.

Staff were confident with safeguarding procedures.

Care plans were thorough and risk assessments comprehensive to minimise risks to people.

The home was clean and hygienic.

Is the service effective?

Good

The service was effective.

People received the support and care they needed to meet their needs.

Staff understood the principles of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

Staff received appropriate training to develop their skills and meet people's diverse health needs.

People were supported to have a balanced and healthy diet.

Is the service caring?

Good

The service was caring.

People were treated with compassion, kindness and respect.

People had their privacy and dignity maintained.

Staff were knowledgeable about the care people required and the things that were important to them.

Is the service responsive?

Good

The service was responsive.

People's records were personalised and met their individual needs.

People were supported to make choices and people enjoyed the activities offered and were encouraged to participate.

The service had a complaints procedure displayed and people knew how to complain if they needed to. Complaints were listened to and resolved to people's satisfaction.

Is the service well-led?

Good

The service was well led.

There was an experienced registered provider and registered manager in post who was available and approachable.

Staff said they were supported by the registered provider and registered manager and staff were able to discuss and raise any concerns or issues.

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

Penbownder 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by two inspectors and one specialist advisor on 15 and 20 June 2016 and was unannounced.

Before the inspection we reviewed the Provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with all the people who used the service, the registered provider, registered manager and six members of staff. We observed the care and interactions between people and staff during mealtimes and in the lounge. We spoke with three professionals who had supported people within the home.

We looked around the premises and observed how staff interacted with people throughout the day. We also looked at eight records related to people's individual care needs and files and records associated with the management of the service including medicines and quality audits.

Good

Is the service safe?

Our findings

Prior to the inspection concerns had been raised with us regarding the levels of staffing, infection control practices and poor care records. We did not find any evidence to substantiate these concerns.

People who lived at Penbownder House said they felt safe. Comments included "Oh yes, they make sure I'm safe" and "I do feel safe with the staff here, they are very good." One staff member said; "I think it's a safe place to work. There are enough staff."

Records showed staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of possible abuse. They felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. For example, the registered provider told us how they had identified a safeguarding concern. They had raised the issue with the local authority and immediate action was taken to resolve the matter and help ensure people were safe. Staff knew who to report their concerns to internally and felt that their concerns had been dealt with appropriately.

There were enough skilled and competent staff to help ensure the safety of people. On the day of the inspection there were four care staff, the registered provider and the registered manager. There were also cooks, cleaners, laundry assistant / enabler, activities enabler, grounds person and a maintenance person available. The registered provider and registered manager were based on the mental health unit and staff visited regularly. Staff were visible in the lounges and sensitive to what support people might want or need. People told us they felt there were sufficient numbers of staff to meet their needs and keep them safe. A staff member commented; "We have enough staff to keep people safe." We observed that staff carried out their work in a calm, unhurried manner. The registered provider said staffing levels were based on the needs of people living in the service and regularly reviewed to ensure they could meet the these needs . During times when staffing was low, the team worked together to cover additional hours. This ensured people received care from staff they knew. There was out of hours support from the registered provider and registered manager and staff appreciated this. One staff said; "There are enough staff on duty. If anyone goes sick, the managers are here to help us."

People were supported to take everyday risks. We observed people moved freely around the home. Risk assessments were in place to maintain people's independence and respected their right to take risks, promoted their freedom and helped keep them safe. Where people were less independent and there were risks relating to their health for example falls, diet or pressure ulcers, risk assessments were in place to minimise risks and clearly linked to people's care plans. One person had a risk assessment in place due to a high risk of choking. This risk assessment went onto say that; "[…] should be supervised at lunchtime". We discussed this with the registered provider and registered manager who both agreed the risk assessment was not accurate. They said it was excessive as a result of a previous incident. However on day two of the visit the risk assessment had been rewritten to show this person was not at high risk.

Each person had an individual evacuation plan in the event of a fire and fire equipment had been checked. Routine maintenance within the home and environment was undertaken to ensure the environment

remained safe. For example smoke alarms were tested and fire drills carried out.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines administration records (MAR) were all in place and had been correctly completed. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Body charts were used to indicate the precise area creams should be placed and contained information to inform staff of the frequency at which they should be applied. Staff were knowledgeable with regards to people's individual needs related to medicines. For example, those people who had allergies to certain medicines were known by staff and how people liked to take their medicines. Medicines prescribed to be taken 'as required' were recorded accurately and people were offered the choice of whether they felt they needed it or not. On the first day of the inspection we highlighted an issue of possible side effects of one medicine as there was no protocol in place to assist staff. However on day two this had been actioned and a clear protocol put in place.

Incidents, concerns and safeguarding concerns were recorded, analysed to identify what had happened and action to reduce the risk of reoccurrences identified. Any themes were noted and learning from incidents was shared with the staff team or individuals as appropriate. This helped to minimise the possibility of repeated incidents.

Staff had undertaken infection control training and there were policies and procedures within the home for staff to refer to when required. Staff understood their roles and responsibilities in minimising the risk of infection and the environment was clean and hygienic. There was ample hand gel, hand washing facilities and protective equipment for staff to wear. We observed staff wearing aprons and gloves to carry out people's personal care needs. Those people who had specific infections had this documented and staff were aware of the infection. However we were not informed of the potential risk of one person's infection as no indicator was visible. On the second day of our visit action to change this had been taken, with discreet but clear signage in place.

Good

Is the service effective?

Our findings

We last inspected Penbownder House on 7 and 10 July 2015 and records at that time showed not all staff had been completing refresher training. The provider sent us an action plan detailing how they would make improvements. We found these actions had been completed.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Staff undertook a thorough induction programme. One staff told us they had a general introduction to the home, policies and procedures and opportunity to shadow other staff when they started. Staff had completed a range of training including first aid, dementia awareness, mental health awareness and fire safety. Ongoing training was planned to support staffs' continued learning and was updated when required, such as medicine management. One staff said; "I'm offered regular training." Another said; "There is a lot of training. We recently had dementia training and we are renewing moving and handling soon."

Staff supervision, appraisals and competency checks were conducted by the registered manager. Staff told us this was a two way process. Team meetings were held to provide staff with the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve.

Research was used to promote best practice. For example, staff used the malnutrition universal screening tool (MUST) to identify if a person was malnourished or at risk of malnutrition. The 'waterlow' pressure ulcer assessment was also used. This is a tool to assess the risk of an individual developing a pressure ulcer. We saw people had daily charts of their skin integrity, and food and drink intake. The completion of food and fluid records helped to ensure people's hydration and nutritional needs were met.

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe. One staff said; "We have had training around the MCA and how to use it."

The registered provider confirmed they continually reviewed individuals to determine if a DoLS application was required. The registered provider informed us some people were subject to a DoLS authorisation and some people's applications were awaiting approval. Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. The registered provider said when it came to more complex decisions such as people leaving the premises without staff supporting them; they understood other professionals and appointees needed to be consulted. This ensured they were acting in people's best interest and ensuring their safe care. This helped to ensure actions were carried out in line with legislation.

People were involved in decisions about what they would like to eat and drink. Care records identified what

food people disliked or enjoyed and listed what the service could do to help each person maintain a healthy balanced diet. People were encouraged to say what foods they wished to have made available to them. There was a visible menu in the dining room and information about allergens for staff to be aware of. People, who were able, confirmed their food choices were respected. People told us; "The food is brilliant" and "The food is lovely, I always enjoy it."
We observed lunch. People were relaxed and told us the meals were good, at the right temperature, and of sufficient quantity. There was a relaxed atmosphere. People who needed assistance were given support and nobody appeared rushed. Those people who required additional assistance with their food had one to one staff support. Staff were observed telling people what food was on the fork before placing this in their mouth.

People had access to healthcare services and local GP surgeries provided visits and health checks. Care records detailed when health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, a district nurse was involved in supporting a person's diabetic needs and visited the home daily. However it was noted that one person who currently had unstable blood sugar level reading did not have a protocol in place to assist staff on when to call for further assistance. By day two this had been actioned and a protocol was in place. Healthcare professionals confirmed they visited the home regularly to discuss people's wellbeing. People who required the attendance of a GP had this recorded in a separate book. This also recorded the time, date and reason for the requested visit. This helped to ensure people's health was effectively managed.

People lived in an environment that had been maintained and decorated to a high standard. The registered provider confirmed regular updates to the environment took place. This included a recent new roof replacement to the main building.

Good

Is the service caring?

Our findings

People were positive about the care they received. Comments included; "I really like it here." And "The staff care for me well." A professional commented that they had only observed the staff to be caring and very kind to people. They went onto comment that this was one of the best homes they visited. One staff member said; "We are providing excellent care here."

Staff showed concern for people's wellbeing. For example, time was taken to support people to move from the lounge to the dining area and to ensure they were comfortable to enjoy their lunch. The support was given at people's own pace.

Staff interacted with people in a caring manner throughout the inspection. For example as people received their morning and afternoon tea or coffee we saw staff were polite, respectful and professional in their interactions.

People told us their privacy and dignity were respected. People confirmed staff knocked on their doors, covered them up when helping them wash and ensured doors and curtains were closed. People replied; "Yes" when asked if their privacy and dignity was maintained. We observed staff closing bedroom and bathroom doors when carrying out personal care.

Staff had a good knowledge of the people they cared for. They were able to tell us the specifics of people's care plans and this matched what was recorded. Staff said; "I always have time to read the care plans" and "I have worked here a long time so I know people well." Staff confirmed people mattered. For example one person who liked to stay in their own room was supported by one to one staff when possible and when asked if they were well cared for said; "Yes!" One person had a 15 minute observation chart in place to record the times of staff visits and help ensure this person received the additional care they needed to protect their wellbeing. Other staff said they always called on people, particularly those who didn't come out of their rooms often.

People, who were able to, confirmed they had involvement in their care planning. Care plans held details about people's backgrounds, health needs and likes and dislikes. People felt listened to and involved in decisions about their care. This was the case throughout the assessment process which included one to one talks with people and their families where appropriate, and discussions with health and social care professionals.

People's independence was encouraged where possible. People who were able to go out into the local town were encouraged to maintain their independence. Care plans detailed what people were able to do for themselves, for example whether they were able to shave or needed support to put on their clothing.

People told us they were able to maintain relationships with those who mattered to them. Family, friends and grandchildren were frequently at the home.

Good

Is the service responsive?

Our findings

People had a pre-admission assessment completed before they were admitted to the home. The registered manager confirmed they visited people before admission to gain full information about people's needs. The registered manager said this helped ensure they were able to meet people's individual needs before they moved into the home. This information assisted staff to provide the support people needed.

People were involved in planning their own care and making decisions about how their needs were met wherever possible. This occurred through discussions with staff. Care records contained detailed information about people's health and social care needs, they were written using the person's preferred name and reflected how they wished to receive their care. Care records included people's personal histories and backgrounds, who was important to them and their favourite foods. This helped staff to deliver personalised care. Where people were able, they made their own choices about how and where they spent their time. For example we spoke with one person who liked to spend their time walking around the service. We observed this was respected.

Assessments helped inform staff of people's capabilities and risks. These included assessments on people's skin, their cognition and memory and what they ate. Any risks were discussed with people and incorporated into their care plan, for example where a person had been identified at risk of malnutrition, we saw they had food and fluid charts in place. Another person had a protocol in place to help staff assist them when they became anxious or confused. We observed staff follow the protocol when they assisted the person and this helped them relax and become less anxious.

People's human rights and choices were respected. Staff and people throughout the day confirmed people's choices and decisions were respected, including if they wanted a bath or shower, what they wanted to wear, where they wanted to sit and what they wanted to eat and drink. People confirmed they went outside to have a cigarette when they wanted.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. Penbownder House is situated near to local shops and amenities and the service had their own transport to assist people who wished to visit the shops. People told us staff supported them to attend to healthcare appointments or personal matters as required. Staff or relatives supported others to go into the local community safely if they wished. We observed the registered provider attend a hospital appointment with one person during our visit.

People were supported to follow their interests. Individual preferences and disabilities were taken into account to provide personalised meaningful activities. People's daily notes recorded who had taken part and what activity they had taken part in. This helped the activities staff to recognise and plan the activities people enjoyed. There was a designated activities worker who worked a few times a week and people told us they had enjoyed the activities they provided. The activities worker confirmed they worked in both the dementia unit and the mental health unit and provided different activities according to the people participating. For example the mental health unit had built raised flower and vegetable boxes in the garden.

We observed a singing session in the dementia unit and people appeared to enjoy this. Other activities included a visiting hairdresser and manicurist. External entertainers visited and an "enabler" encouraged people to assist with household tasks such as meal preparation and laundry. One person confirmed the registered manager drove them to the nearest town twice a week to be able to; "buy items and look around the charity shop." They said they could go more if they requested. They went onto confirm they go out to do different activities weekly which they are involved in choosing.

People and health care professionals knew who to contact if they needed to raise a concern or make a complaint. The complaints files showed few complaints had been received. Staff said if any concerns or complaints received, action would be taken to address them. When people were asked how and who to make a complaint to, they said; "I'd talk to her, (pointing to the registered provider). Another said; "I'd speak to the manager. They'd sort it."

The home had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed in several areas of the home. We discussed the complaints procedure with the registered provider and registered manager and both were fully aware of the process. They said any complaints would be thoroughly investigated in line with the service's own policy and appropriate action taken. All outcomes would be clearly recorded and feedback given to the complainant and documented.

Good

Is the service well-led?

Our findings

People who were able to said they were; "Happy living here" and ""Everyone is so nice to me."

People were involved in the day to day running of their home as much as possible. Residents' meetings did not take place. The registered provider said this was due to the needs of people living in the dementia unit and the people who resided in the mental health unit did not like to attend meetings. However the registered provider and registered manager said they worked in the service most days and had regular one to one contact with people. They said people were encouraged to make suggestions and comments. The service conducted an annual quality assurance survey and the feedback from these surveys was all positive.

Penbownder House was well- led and managed effectively. The registered provider and registered manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the organisation.

During our visit, the registered provider and registered manager was visible and available to both the people using the service and the staff team. They were observed to speak kindly, compassionately and enthusiastically with people and staff. Staff were positive about the support they received from both the registered provider and registered manager and senior staff. They said; "The management are very supportive" and "The management really are very good."

One new member of staff told us they felt able to ask if they had any concerns or were unsure about any aspect of their role. They went on to say they had returned to work at Penbownder House and said; "I love working here and am so glad I came back!"

The registered manager held regular staff meetings to enable open and transparent discussions about the service and people's individual needs. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Staff told us they were encouraged and supported to raise issues to improve the service. One staff said; "Team meetings are alright. Everyone can discuss problems" another said "I can make suggestions and they are listened to."

Staff told us they were happy in their work, the registered provider and registered manager motivated them to provide a good service to people and they understood what was expected of them. The home had a whistle-blowers policy to support staff. Staff said they felt able to raise issues. One staff member said; "If I had a safeguarding concern I would immediately report it".

There was an effective quality assurance system in place to drive improvements within the service. For example there was a programme of in-house monitoring, including audits on medicines and falls. The registered provider carried out regular health and safety reviews that looked at significant events and incidents that affected the well-being of people.

The registered provider and registered manager had notified the CQC of all significant events which had occurred in line with their legal obligations.