

Mr & Mrs P J Richards

Penmeneth House

Inspection report

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Date of inspection visit:
31 May 2016

Date of publication:
27 June 2016

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 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 31 May 2016. The last inspection took place on 21 July 2014. The service was meeting the requirements of the regulations at that time.

Penmeneth House is a care home which offers care and support for up to 14 predominantly older people. At the time of the inspection there were 14 people living at the service. Some of these people were living with dementia. The service is situated in a detached house over two floors.

The service had a registered manager 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. The registered manager was one of two owners. The registered managers husband was the other owner. The couples son was training to join his parents in the running of the service.

We looked at how medicines were managed and administered. We found it was possible to establish if people had received their medicine as prescribed. However, staff had transcribed medicines for some people on to the Medicine Administration Records (MAR) following advice from medical staff. These handwritten entries were not always signed and had not been witnessed by a second member of staff. This meant that there was a risk of potential errors and did not ensure people always received their medicines safely. Some people had been prescribed creams and these had not been dated upon opening. This meant staff were not aware of the expiration of the item when the cream would no longer be safe to use. Regular medicine audits were not identifying these concerns.

Risks to some people and staff had been identified. However, such risks had not always been addressed and monitored. Some risk assessments had not always been reviewed to take account of changes in people's needs that had occurred. This meant accurate and current guidance was not always provided for staff to help ensure risks were reduced.

The service had signs above sinks stating; "Danger hot water". The water coming from the taps in sinks in people's bedrooms and toilets was very hot. People living at Penmeneth House were living with dementia and some people were seen using the hot water independently. This meant there was a potential scald risk to people.

In the newly fitted assisted bathroom we found sponges, flannels and a razor. These items were not named and we were told were used communally. Sharing sponges, flannels and razors is an infection risk.

Penmeneth House was in the process of having a great deal of refurbishment work done at the time of this inspection. The service was clean, comfortable and bedrooms were personalised to reflect people's individual tastes. There were no malodours throughout the service.

People were treated with kindness, compassion and respect.

The service had identified the minimum numbers of staff needed to meet people's needs and these were being met.

Staff were supported by a system of induction training and support. The registered manager of the service did not provide formal recorded supervision or staff meetings for the staff team. However, the staff told us they could always talk anything through as a team and with the registered manager at any time, and felt well supported. We were told there were plans to start providing annual appraisals for staff in the near future.

Staff knew how to recognise and report the signs of abuse. Staff received training relevant for their role and there were good opportunities for on-going training and support and development. More specialised training specific to the needs of people using the service was being provided, such as dementia training.

Staff attended a full handover at the beginning of each shift. This helped ensure communication between staff and management was effective.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained details of how each person wished to be cared for. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews.

Activities were provided. All the staff helped provide various activities which were not formally planned. Some planned entertainment was arranged with external groups who visited the service. People told us they enjoyed singing and music. Some people were supported to go out in to the local community.

The registered manager was supported by a stable staff team. Several staff working at the service were related to the owners and had been there many years.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the back of the full version of the report.

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 entirely safe. Risks had been identified in relation to people's care. However, these were not always appropriately recorded and reviewed.

Prescribed creams were not dated when opened. Handwritten entries on to the medicine records were not always signed and witnessed to help ensure any errors would be identified.

Very hot water was found coming from taps used by people who were living with dementia. This was a potential scald risk.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Requires Improvement 

Is the service effective?

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were provided with appropriate training and support by the management team.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Good 

Is the service caring?

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. 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

Good 

and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Is the service well-led?

Good ●

The service was well-led. There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

People found the registered manager and the owners to be approachable and friendly.

The service was well maintained.

Penmeneth 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 took place on 31 May 2016. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. The provider completed a 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 spoke with two people who lived at Penmeneth House. Not everyone was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with five families of people who lived at the service, two visiting healthcare professionals and six staff.

We looked at care documentation for three people living at Penmeneth House, medicines records for 14 people, four staff files, training records and other records relating to the management of the service.

Is the service safe?

Our findings

We looked at how medicines were managed and administered. We found it was possible to establish if people had received their medicine as prescribed. However, staff had transcribed medicines for some people on to the Medicine Administration Records (MAR) following advice from medical staff. These handwritten entries were not always signed and had not been witnessed by a second member of staff. This meant that there was a risk of potential errors and did not ensure people always received their medicines safely. Some people had been prescribed creams and these had not been dated upon opening. This meant staff were not aware of the expiration of the item when the cream would no longer be safe to use. The registered manager told us they did regular medicine audits however, the audits were not identifying these concerns.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and the likelihood of falls. Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. However, such risks had not always been fully documented. Some risk assessments had not always been carried out. For example, one person who had been assessed as being at risk from falls when moving around their room independently, did not have a current accurate falls risk assessment on their care file. Another person who was also at risk from falls had not had their risk assessment reviewed to take account of recent changes in their needs. There was not sufficient guidance and direction for staff about how to address identified risks. This meant staff were not supported to help ensure risks were reduced.

We identified signs above handwashing basins stating; "Danger hot water" and "Caution hot water." The water coming from the taps in people's bedrooms and toilets was very hot. People living at Penmeneth House were living with dementia and some people were seen using the hand basins independently. People were not able to understand the warning signs. This meant there was a potential scald risk to people.

In the newly fitted assisted bathroom we found sponges, flannels and a razor. These items were not named and we were told were used communally. Sharing sponges, flannels and razors is an infection risk.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service was not holding any medicines that required stricter controls or cold storage. Staff training records showed all staff who supported people with medicines had received appropriate training. An audit trail was kept of medicines received into the service and those returned to the pharmacy for destruction.

People and their families told us they felt it was safe at Penmeneth House. Comments included; "We are completely sure they (people living at the service) are safe at Penmeneth" and "We have no concerns about the safety of people here."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse

was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received recent training updates on safeguarding adults but were not aware that the local authority was the lead organisation for investigating safeguarding concerns in the county. However, there were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. The service held an appropriate safeguarding adults policy and procedure.

The service held personal money for people. People were able to easily access this money to use for hairdressing, toiletries and items they may wish to purchase. The money was managed by the owner. We checked the money held for two people against the records kept at the service and both tallied.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager although several recent incidents remained in the accident book awaiting review. The service took action to address any causes or accidents they identified. For example, one person had a pressure mat placed next to their bed so that an alarm would alert staff when the person was out of bed as they often fell when transferring from the bed. People's needs did not require staff to use a hoist or a stand aid at the time of this inspection. The service had purchased an emergency inflatable lifting cushion which they could use to help lift a fallen person from the floor if necessary.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

Penmeneth House was well maintained and all necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. We saw from the staff rota there were three care staff in the morning and three in the afternoon supported by the manager on each shift. There were two staff who worked at night, one awake and one sleeping in. Staff told us they felt they were a good team and worked well together.

Is the service effective?

Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service.

Relatives told us; "We can't fault the place, we have full confidence in them" and "This is a lovely place, good care and (the person) is very happy here."

Visiting healthcare professionals told us; "It's a nice home, the staff are very switched on and on the ball" and "They (staff and management) always call us appropriately and in a timely manner."

The premises were in good order. Considerable refurbishment had been completed with on-going work taking place at the time of this inspection. A new assisted bathroom had been installed with a bath hoist. New flooring had been put down in toilets and further replacement flooring was planned. A new roof was being fitted during this inspection, and a new fire safety system was due to be installed in June 2016. There were no malodours at the service throughout this inspection. One family member told us; "We chose it because it passed the smell test, no smelly odours."

We observed people moving around the service independently as they chose. Corridors were free from clutter and any obstructions. Stair lifts helped people to access the upper floors of the service.

One person's shower room was being used to store continence pads for other people living at the service. The person living in this room had not been asked and did not have capacity to make a decision about this issue themselves. We discussed this with the owner and it was agreed these would be moved immediately.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. We were told staff received a mixture of face to face training sessions, electronic learning packages and paper based training courses.

We reviewed five staff files and found that staff had undertaken appropriate training and updates as needed. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care. We were told that health and safety training was being arranged for all the staff in line with Skills for Care guidance.

The service held a supervision policy which stated; "Staff will undergo formal review of job performance every six months." However, staff did not receive regular formally recorded supervision and appraisals. Staff told us they felt well supported by the registered manager and were able to ask for additional support if they needed it. The staff team was small and some were related to the owners. Some staff had worked at the service for many years and told us they were very happy with the support they received. Staff appraisals were planned in the coming months so that a full review of training needs could be done. We were assured

by the registered manager that the supervision policy would be reviewed immediately.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. The registered manager carried out competency checks with each new staff member before they worked alone.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

The registered manager was clear on the legislation and had applied for all people living at Penmeneth House to have potentially restrictive care plans authorised. Two people had been assessed by the DoLS team and authorisations had been granted. The conditions of these authorisations were being supported by the service when the person agreed. However, the registered manager had not informed CQC of the two authorisations. The service did not have a policy for the MCA and DoLS and staff had not attended training on this legislation. Staff did have an understanding of how to ensure people's rights were protected. We were assured a policy was under review, staff training would be addressed and notifications would be sent to CQC immediately.

Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest discussions had been held. Care files contained details of such meetings as well as contact details for people's lasting power of attorneys and any advance decisions made by people.

People, and their representatives if appropriate, had not been asked to sign their care plans in agreement with the content. However, the registered manager showed us a form which will document this in the future.

The service did not employ a cook. The meals were freshly prepared at the service by the registered manager and staff. The food looked appetising. People enjoyed their meals and home baked cakes. There was a choice of food provided for people at the time of the meal. Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day or night.

Staff were knowledgeable about people's individual needs and likes and dislikes. Staff had identified people's dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences.

Care plans indicated when people needed additional support maintaining an adequate diet. No one living at the service needed to have their food and drink intake monitored and staff were not concerned about anyone losing weight at the time of this inspection.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes. We saw healthcare professionals visiting throughout the day.

Is the service caring?

Our findings

Relatives told us; "We live a long way away and are unable to visit, (the person) has not been too good recently and we ring often to get an update. We always feel that the staff have all the information they need to update us, they are honest and caring. We are very pleased with the home" and "My father was here back along and that's why (the person) is here now, it's a lovely place the staff are great."

We spent time in one of the communal areas of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. People's dignity and privacy was respected. People were provided with choices and asked for their agreement before care and support was provided.

People had some life histories documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly. Staff told us they knew people who lived at the service well and knew their preferences and dislikes.

Some bedrooms had been recently re-decorated. People had been asked for their choice of wallpaper. Bedrooms were furnished to reflect people's personal tastes. People were encouraged to have things that were particularly important to them which were reminiscent of their past. This helped to give their bedrooms a familiar feel.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for and wore clean clothes.

People and their families were involved in decisions about care and support provided. Families told us they knew about their care plans and the registered manager would invite them to attend any care plan review meeting if they wished.

Residents meetings were not held. However, as the service was small and the staff team was stable they spoke with people every day seeking their views and experiences.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the service were caring with conversations being held in gentle and understanding way. Staff were available to support people to move to different areas of the service as they wished.

Is the service responsive?

Our findings

Relatives told us; "They (staff at the service) tick all the boxes, it is home from home" and "Nothing is a problem, we have nothing but praise for the place."

Visiting healthcare professionals were positive about the way the service worked with other agencies and sought advice and support where necessary.

People who wished to move into the service had their needs assessed to ensure their needs and expectations could be met. The registered manager was knowledgeable about people's needs.

People were supported to maintain relationships with friends and family. Visitors were always made welcome and were able to visit at any time. We observed visitors coming and going throughout the inspection.

The format of the care plans used at the service was in the process of being changed. The existing plans provided information for staff on how to support people. The files contained information on a range of aspects of people's support needs including mobility and communication. The information was lacking some detail but was organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date.

Daily notes were consistently completed in individual named diaries. This enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. A communication diary was also used to record any appointments and healthcare visits.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends.

There was a staff handover meeting at each shift change. We observed an afternoon handover meeting which was built into the staff rota to ensure there was sufficient time to exchange any information. During this meeting staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day. Good communication of people's needs helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

People had access to some activities both within the service and outside. An activities co-ordinator was not employed and activities were not planned, but staff and management arranged activities such as games, singing and music as people wished to take part. Some people were supported to go outside in to the community. Visiting external entertainers were arranged to provide activities regularly.

Some people chose not to take part in activities and therefore were at risk of becoming isolated. During the

inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on these people and responded promptly to any call bells.

People had access to three lounge areas and a secure outside space. The outside areas of the home had planted areas for people to enjoy.

People and their families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the pack provided upon admission to the service. This service user pack was in the process of being reviewed as it contained out of date information. People told us they had not had any reason to complain. We saw records of concerns that had been raised in the past. These had been addressed appropriately and resolved.

Is the service well-led?

Our findings

Relatives and staff told us the registered manager was approachable and friendly. Comments were all positive about the registered manager's good leadership.

Visiting healthcare professionals told us they found the registered manager to be very well informed about the needs of people living at the service. We were told the service always sought support appropriately and communicated well.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was also one of two owners of the service. The other owner, was responsible for the premises and finances.

Staff told us they felt well supported by the management team. Staff commented; "We are related but work is work and during shifts they are my managers, it works fine" and "I can always talk to anyone at anytime we get well supported, we don't need formal meetings."

Staff felt able to voice their opinions and ideas and were involved in all decisions regarding the running of the service and the care and support of people.

The registered manager worked in the service every day providing care and supporting staff. This meant they were aware of the culture of the service at all times. Daily staff handovers provided each shift with a clear picture of every person at the service and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

The service had not carried out a quality assurance survey for some years. However, the registered manager assured us this was planned as recent changes for the management team meant they now had the extra resources to carry this out.

There were systems in place to monitor the quality of the service provided. For example, audits were carried out on the premises, both inside and out, and the administration of medicines.

Equipment such as moving and handling aids were not used at the service. The stairlifts were regularly serviced to ensure they were safe to use.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The owners carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users. This includes assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. The registered person must ensure the premises used by people are safe to use for their intended purpose and ensure the proper and safe management of medicines.</p>