

Cornwall Care Limited

Penberthy

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 7 April 2015 and was unannounced.

Penberthy is a care home which provides care and support to older people some of whom have been diagnosed with a form of dementia. The home does not provide nursing care. The home can accommodate up to 35 people. There were 24 people living at the home at the time of the inspection.

The home 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 and associated Regulations about how the service is run.

The previous comprehensive inspection at Penberthy was carried out on 5 and 7 January 2015. The service was judged to be inadequate. We found breaches of legal requirements in respect of infection control, maintenance and safety of the environment, assessing and monitoring the quality of the service, staff support, activities and, complaints.

Summary of findings

We took enforcement action and issued three warning notices to the registered provider instructing them to meet breaches of regulation by putting measures in place to address cleanliness and infection control, improve safety and suitability of premises and improve the way the service assesses and monitors the quality of service provision.

The provider responded by sending the Care Quality Commission (CQC) an action plan of how they had addressed the breaches. We found the improvements the provider told us they had made were continuing to be developed during this inspection.

A responsive follow up inspection took place on 15 February 2015 to look at what action had been taken by the registered provider to manage and monitor standards of hygiene and cleanliness. We found the provider had taken effective action to meet the breach of legal requirements to maintain standards of hygiene.

During the inspection of 5 and 7 January 2015, we found the standard of maintenance was poor. During this inspection we found the service had taken action to improve environmental standards within the service. The way in which maintenance requests were managed had been revised, which meant they were being actioned and audited to ensure work was being carried out based upon the level of risk. This demonstrated, effective measures were in place to ensure the environment was being properly maintained.

The inspection of 5 and 7 January 2015 identified limited action had taken place to address issues identified in a report from the fire service. The registered person provided us with an action plan to inform us of what action was being taken including a timescale for completion in order to comply with the fire service. This demonstrated the registered person had acted on fire service requirements to improve the systems and ensuring service users health and safety.

During the inspection of 5 and 7 January 2015 we found the service was not recording how they were supporting staff. Staff were not being provided with the level of supervision in line with Cornwall Cares' contractual agreement with staff. The registered manager provided us with an action plan showing what action they were taking to address this breach of legal requirement. A revised policy had been implemented which was designed to

show evidence based good practice. Performance issues were being addressed separately to ensure issues were acted upon immediately. This showed the registered person was meeting the legal requirements of this breach.

During the inspection of 5 and 7 January 2015 we saw there were few meaningful activities taking place other than staff making time to play some board games and providing hand massages and manicures. There were no trips out of the home and people told us they were bored. People with dementia conditions did not receive activities which would stimulate and support them. The registered person provided us with an action plan to address this breach of legal requirement. During this inspection we saw how the service had put in place an activities diary so people could see what was taking place and when. Activities were varied and included trips out of the home at least once a month. A relative told us, "It has got better and there are more things to do. Especially going out like today but it could happen more often". This showed the registered person was meeting the legal requirements of this breach.

During the inspection of 5 and 7 January 2015 we found there was no process in place to record how complaints had been investigated and what the outcome was. The registered person provided us with an action plan to address this breach of legal requirement. During this inspection we saw the registered manager was recording individual complaints raised with the service. For informal complaints, notes were taken showing what the issues were and what action had been taken as part of the investigation. In addition more serious concerns or complaints were dealt with at a senior level where further investigation was required.

During the inspection of 5 and 7 January 2015 we found the registered person had a limited system to gain the views of people using the service. The registered person provided us with an action plan to address this breach of legal requirement. The registered manager was now able to demonstrate that the views of people who used the service and other stakeholders were encouraged and welcomed. We saw a number of examples of changes and developments within the service, which had been made as a result of a review of how the views of others were taken into account and acted upon.

Summary of findings

Recruitment procedures did not provide a full employment history or a written explanation for any gaps. Medical questionnaires were incomplete and did not provide satisfactory evidence of the person's level of physical or mental health to carry out their role. This showed not all information had been in place to ensure the 'fitness' of the staff member prior to commencing work in the service.

Some people with alarmed mats did not have mental capacity assessments or records of 'best interest' meetings in place. This meant the registered persons was not meeting the requirements of the Mental Capacity Act 2005.

The organisation provided training and support to help staff effectively respond to people when their mental capacity was reduced. However some staff we spoke with were not as clear about their understanding of

Deprivation of Liberty Safeguards (DoLs). This might affect how staff supported and respected the rights of people without capacity to make meaningful decisions about the care and support they require.

Medicine procedures were generally safe. Staff were trained in how to administer and record medication safely.

Procedures and systems were in place to safeguard people against abuse. People who lived at the service and relatives told us they felt safe and secure at the home. One relative said, "I know (my relative) is safe, secure and protected here, it has made my life very different".

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

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.

Not all information was in place to ensure the 'fitness' of the staff member prior to commencing work in the service.

Medicine systems were mostly being followed for the administration of prescribed medicines.

Improvements had been made to the service environment so it was a safe place for people to live in.

There were enough staff on duty to meet the needs of people using the service.

Requires improvement



Is the service effective?

The service was not always effective:

Some people did not have mental capacity assessments and 'best interest' decisions in place where their liberty was being restricted.

Improvements had been made to the system for maintenance and redecoration requests, so that people were living in a service with satisfactory environmental standards.

People had access to healthcare professionals including doctor's chiropodists and opticians

Requires improvement



Is the service caring?

The service was caring:

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Staff showed a commitment in respecting and understanding peoples' needs by taking time to listen to people.

Relatives were very positive about the standard of care they felt their relatives received from the service.

Good



Is the service responsive?

The service was responsive:

The service had reviewed and developed an activity programme suitable for people to participate in.

Good



Summary of findings

Records showed people and their family members had been involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The service had reviewed and made changes to how it recorded concerns and complaints so that there was a clear audit of information.

Is the service well-led?

The service was well led:

We found that action had been taken to improve the management of the service but that there were still some improvements required.

The service had made changes to its own internal audit system to ensure issues were acted upon so risks were being managed more effectively.

The service had improved how it took the views of people using the service into account. It had expanded the way it gained the views of relatives, service users and staff.

There had been a review of accountability within the management team. This included specific managers being responsible for reporting on specific issues in order to maintain safety and improve standards.

Improvements had been made in the management and governance of the service therefore we have revised the rating for this key question to 'Requires Improvement'. There needs to be more evidence of consistent good practice in governance and management of the service in order to improve the rating to 'Good'.

Requires improvement



Penberthy

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 inspection took place on 7 April 2015 and was unannounced.

The inspection team comprised of two inspectors 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. The expert by experience had experience of services supporting people who required care, due to age related needs and those with a diagnosis of dementia.

Prior to the inspection we spoke with the fire service, a member of the local authority commissioning team and

the district nursing team, to gain further information about the service. We reviewed the information we held about the home, this included the action plan which had been provided by the registered manager following a previous inspection. This set out the action they would take to meet the legal requirements. During the inspection we looked at four care plans, staffing rotas, minutes of resident and staff meetings, a selection of policies and procedures and records regarding the upkeep of the property.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This involved observing staff interactions with the people in their care on one occasion during the day. We inspected the environment on the day of the inspection.

We spoke with the nominated individual of Cornwall Care Limited, one member of the senior management team, the registered manager and deputy manager of Penberthy. In addition we spoke with seven members of staff. We also spoke with nine people who lived at the home and ten relatives.

Is the service safe?

Our findings

People who lived at the home and relatives told us they felt safe and secure. One person said, “I have no problems about safety here, I feel fine, safe and secure.” A relative said, “It’s a relaxed but busy atmosphere which is good. I sleep easy knowing my [relative] is safe here”. Another relative said, “They have been through the mill here with all the bad publicity, but I can assure you I would not be leaving my relative here if I did think for one moment they were not safe”.

When we inspected the service at a previous focused follow up inspection on 15 February 2015 we found action had been taken to eradicate and manage incontinence odours. We found during this inspection the service was maintaining a clean environment which had systems in place to safely manage infection control. Cleaning schedules were being monitored by the registered manager. A senior housekeeper had recently been recruited and was responsible for the auditing and monitoring of cleaning practices within the service. The service had recently implemented a revised infection control policy and procedures which were being passed on to staff in order for them to understand and work within the guidelines.

At the comprehensive inspection of 5 and 7 January 2015 it was identified that the carpet cleaner was not working and therefore carpets were not being cleaned resulting in offensive odours throughout the service. An industrial carpet cleaner had been purchased since the January inspection to help ensure all incidents were managed safely and effectively. Carpets had been replaced in hallways and several bedrooms to eliminate offensive odours. Staff told us they had seen a great improvement in the equipment now available to them to maintain a clean and odour free environment. “It is just a lovely place to work in and especially much better for the residents”. A relative said, “We are amazed at what’s been done here. It’s a lovely bright home and smells fresh every time we come in”.

When we inspected the service on 5 and 7 January 2015 we found people were not always being kept safe due to poor maintenance of the environment. During this inspection we reviewed all areas which we had previously found to have defects including, a faulty fire door closure, a hole in the vinyl floor of the conservatory, damaged hand rails in two

toilets, the damaged floor of the passenger lift, wooden wall boarding in the lift being left unpainted, severely worn carpets in several bedrooms and damaged walls in three bedrooms. In one persons room we had found that an electrical socket cover was missing and it was possible to reach into this socket to access the electrical wires. At this inspection we saw all these defects had been repaired helping to ensure the environment was safe for people to live in.

When we inspected the service on 5 and 7 January 2015 there were some concerns reported to us about the safety of the fire protection systems. We saw significant internal work was required to provide an internal fire escape route to improve the fire evacuation system. At the time of the inspection there was no planning permission in place for the necessary work or a timescale for its anticipated completion. Prior to this inspection we spoke with the fire service who confirmed the service had taken action to go ahead with this work and planning permission had been agreed for this work to be undertaken.

The action taken to ensure all maintenance defect had been repaired meant the registered provider had met the breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15(1)(e) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We looked at recruitment records to see what procedures were in place to ensure the recruitment process was safe and effective. Two records did not provide a full employment history or a written explanation for any gaps. Medical questionnaires were incomplete and did not provide satisfactory evidence of the person’s level of physical or mental health. This showed that not all the necessary information was in place to help ensure the ‘fitness’ of the staff member before they began work in the service. We spoke with the registered manager and nominated individual about our observations. The registered manager told us the recruitment files were put together at ‘head office’ and therefore they had not been aware the information was missing.

Safe recruitment practices were not followed. This was a breach of regulation 19 (2)(a) of the of the Health and Social Care Act (Regulated Activities) Regulations 2014

Staff responsible for administering medicines had received medicine training which covered basic knowledge of how

Is the service safe?

medicines were used and how to recognise and deal with problems. Training also looked at the principles behind all aspects of the service policy on medicine handling and records. We observed the senior member of staff administering medicines and noted they followed clear practices to ensure that medicines were administered correctly. The service operated a monitored dosage system which comes with medication administration records (MAR). The MAR record informed and directed staff about the medicine times and doses of administration. People's consent was gained when giving medicines. Staff asked whether people wanted to take medication with water or squash, or if they wanted their medication on a spoon or in a pot. We looked at the MAR records and they showed apart from two observations that systems were being followed to ensure safe administration of all prescribed medicines. In one instance medicine for one person had been delivered late delaying administration by one day and in another instance only one staff signature was evident when recording medicines into the keeping of the service. We spoke with the registered manager about this issue. They agreed to carry out an immediate audit and to instruct staff responsible for the administration of medicines on these issues.

There was a safeguarding adult's policy in place reflecting current good practice guidelines. Discussions with staff demonstrated they understood how to safeguard people against abuse. For example comments from staff about recognising the signs of abuse and how to follow the procedures included, "I have reported concerns in the past and they were acted on straight away. I am confident

residents are protected". Another staff member said, "It's important to feel confident to report any concerns to the manager to make sure it is acted upon. I think the training we get here promotes that". Training records we reviewed showed staff had received related information to help ensure they had the knowledge and understanding to safeguard people.

There were sufficient staff on duty to meet people's needs. Staff told us that there was good team work and that everyone worked well together. Staffing rotas examined showed staff had a range of skills mix that met the needs of people who lived at the service. We observed staff responding to people's wishes and requests in a timely manner. Comments from staff about staffing levels included, "It can be busy but we work as a team and get things done", another said, "We work well together. Morale is good despite the recent publicity the home attracted".

Risk assessments were in place to identify risks to people who used the service. When risks had been identified appropriate plans were in place to reduce the risk. For example one person liked to go out into the community. The associated risk had escalated recently due to the persons changing health needs and the care plan explained how staff should support this person in terms of personal support. The care plan was regularly updated to help ensure correct support was carried out by staff and any risks were identified to keep the person safe. This showed people's risk assessments were being monitored and managed to adapt to change.

Is the service effective?

Our findings

During the inspection of 5 and 7 January 2015, we found the standard of maintenance and decoration in the home was poor and did not provide people with comfortable surroundings to live in. This inspection looked at what action the registered person had taken to improve environmental standards within the service. We saw carpets in communal ground floor areas, corridors and first floor corridors, which had been heavily stained and worn, had been replaced. Carpets seen to be heavily stained and worn in several bedrooms had also been replaced. Everybody we spoke with during the inspection made positive comments about how the environment had improved. "It's just a lovely place to work in now, so bright and fresh". "We are really pleased with (our relatives) room, it's just so homely and a pleasant place to be".

During the inspection of 5 and 7 January 2015 we identified some window fittings that were poorly maintained, resulting in staff moving people's beds away from windows. Maintenance had taken place to improve these window fittings. They were now sealed and provided insulation. Water damage seen in several bedrooms had been addressed by decorating the rooms. Wall tiles found missing in a first floor toilet had been replaced and the tiles were now complete. The home's lift had previously had a damaged floor covering and walls were in a poor state of repair. This had now been addressed.

During the focused follow up inspection on 15 February 2015 we found improvements had been made to increase the number of bathing facilities for people, some of whom had continence management needs. During this inspection we saw all four bathrooms were now in operation. This included a 'wet' room which staff said had made managing people's hygiene needs much easier. One staff member said, "I can't believe the difference it has made. It's much easier now for the residents and staff". Staff told us the range of bathing facilities available was supporting them to help ensure people's bathing needs were being met.

The way maintenance requests were being managed had been revised, this meant defects were being actioned and audited to ensure work was being carried out and prioritised based upon the level of risk. Records we looked at demonstrated effective measures had taken place to ensure the environment was being properly maintained.

When we inspected the service on 5 and 7 January 2015 we found a stair lift used to access two levels on the first floor required a replacement belt as a buckle had broken. Although this defect had been reported no action had been taken to replace the belt. During this inspection we found action had been taken and the stair lift was safe to use.

The registered provider had met the breach of regulation 15 HSCA 2008 (Regulated Activities) Regulations 2009 Safety and suitability of premises, which corresponds to regulation 15 (1)(e) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

During the inspection of 5 and 7 January 2015 staff told us they felt supported by the registered manager and that they sometimes had supervisions and appraisals. However records for these sessions were limited and in some instances were not available to show what had taken place. This was in contravention of the organisations own supervision policy. The registered person provided us with an action plan to show how they were going to improve staff supervision and support. During this inspection we saw the registered person had introduced a new staff supervision policy. The policy had only been introduced a few days prior to this inspection, therefore it was not possible to make a judgement on its operation. However we did see some records of the new approach to supervision, which focused on good care practice. Performance issues were being addressed separately to ensure issues were acted upon immediately. Staff said the new approach to supervision had been explained to them and they felt this would help them develop their practice. One staff member said, "I have just had my first supervision since the changes. It's all about my work practice and I feel it's more relevant to me, to help me develop my skills".

This showed the registered provider was meeting the breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, which corresponds to Regulation 18 (2)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Cornwall Care provided training and support to help staff effectively respond to people when their mental capacity was reduced. However some staff we spoke with were not as clear about their understanding of Deprivation of Liberty Safeguards (DoLS). We also spoke with staff about the Mental Capacity Act training they had completed. Not all staff we spoke with could explain the implications of The

Is the service effective?

Mental Capacity Act for people who used the service. This might affect how staff support and respect the rights of people without capacity to have appropriate decisions about the person's care and support made on their behalf.

The Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DOLS) provide 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. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. Deprivation of Liberty Safeguards applications had been submitted where people had been assessed as not having capacity and were being restricted. For example, when people were prevented from leaving the building due to risk to themselves or others which they did not have the capacity to understand. However we noted most individual rooms had a mat placed by their bed which could be alarmed particularly at night to alert staff that people were awake and wandering out of their rooms. We discussed this with the nominated individual for the organisation and the registered manager. They demonstrated the decision process was documented within the risk assessment in the person's care plan and had been agreed with the person's relatives. However, some people with alarmed mats did not have mental capacity assessments or 'best interest' meeting decisions in place where they were found unable to understand the need to call for attention or how to do this.

The use of alarmed mats where no capacity assessment or 'best interest' decision had been made was in contravention of the Mental Capacity Act 2005. This is a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Prior to this inspection we had received concerns that call bells were not always connected so people were not able to alert staff if they required assistance. We looked at the use of call bells in the home. We found call bells were being used throughout the inspection and responded to quickly. Most people had alarmed pressure mats to alert staff if they got out of bed. Call bells were in place in rooms where people could use them. Some people were not able to use

either call bells or get out of bed due to their level of physical and mental incapacity. In these instances we saw regular welfare checks were being made and recorded by staff. Where an alarmed pressure mat was used there was no option to access a call bell as well.

There was an induction, training and development programme in place for staff, which helped ensure they had the skills and knowledge to provide safe and effective care for people who lived at the service. A training and development plan was in place for all staff which detailed the training staff had received to date and where further training was required. Staff said they had good access to training and told us, "There is always a training course taking place, it's something we are encouraged to do and it keeps us updated".

Care plans detailed information about people's food and drink preferences. Care plans we looked at contained a nutritional risk assessment. Each person's risk of malnutrition had been assessed using the Malnutrition Universal Screening Tool (MUST). Records showed that people's weight was monitored on a regular basis. This helped ensure that people at risk of malnutrition were monitored and weight loss was noted and acted upon. When there was a significant weight loss a food and drink diary was put in place to monitor what people ate and drank. .

The dining room was spacious and light. Some people chose to sit around dining tables during the day. People were seen to be relaxed and conversations were generated over morning drinks. Staff were available to people in this area throughout the inspection. Most people chose to eat in the dining room but some people chose to stay in their own rooms where staff delivered their lunch and drinks to them. A menu board provided people with a selection of meals for lunch and dinner. Some people chose to have a snack of sandwiches or soup and others had a main meal of meat and vegetables.

The registered manager and staff had regular contact with visiting health professionals to help ensure people were able to access specialist support and guidance when needed. Records we looked at identified when health professionals had visited people and what action had been taken.

Is the service caring?

Our findings

People were very satisfied with the service and the care they received. One person told us “The staff treat me well, you couldn’t wish for anything better”. People told us they had a good relationship with the staff, who they described as “caring, and supportive.” A family member told us, “I can’t praise the staff highly enough. I can’t fault the care. They have really made an effort to get to know (my relative).” Another relative told us, “Staff always let me know if there is any change. They keep me up to date with everything. That gives me confidence.”

Some people living at Penberthy were not able to speak to us about what life was like for them, because of the effects of dementia. During the visit we spent time watching to see how people were supported and cared for. Staff were supportive and respectful. Despite being busy at times we saw staff assisted people sensitively, talking with and reassuring them. However during lunch we did observe a staff member put a bib on a person who required support with their meal. They did not engage with the person at any time or explain what the meal was or if there was a choice. The member of staff engaged in conversation with people around them but not with the person they were supporting. We discussed this with the registered manager who agreed this fell below what was expected of staff and would address it as part of a performance issue.

During the inspection we carried out a Short Observational Framework Inspection (SOFI) in a lounge area. We saw that staff knew the people they cared for and had a warm rapport with them. There was a relaxed atmosphere throughout the building. We noted that staff were generally attentive and dealt with requests without delay.

Relatives told us they visited the service regularly and had always been impressed by what they had seen. They said “all care staff are great”, “I can’t fault them”. One relative went on to say that they were involved in the care and treatment of their relative and they were kept up to date by management if they needed to know anything.

The service had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff gave examples of how they worked with each person, and how they got to know how they liked to be treated. One staff member told us, “We have training in privacy and dignity but at the end of the day I feel I treat people in a way I would expect for my family”.

People told us they were able to choose what time they got up, when they went to bed and how they spent their day. People were able to choose whether to spend time in their room, in the main lounge and dining room or in two additional lounge areas. We saw staff provided support in accordance with people’s wishes. For example one person liked to get up at a specific time each day which staff understood and respected. Another person liked to go back to bed at various times of the day which suited them and staff were seen to support the person to do this.

Visitors told us they were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or in different communal areas.

Is the service responsive?

Our findings

During the inspection of 5 and 7 January 2015 we saw there were no meaningful activities taking place other than staff making time to play some board games and providing hand massages and manicures. There were no trips out of the home. People told us they were bored. People with dementia conditions did not receive activities which would stimulate and support them. Following that inspection the registered person provided us with an action plan which outlined how they would address this issue. During this inspection we saw how the service had put in place an activities diary so people could see what was taking place and when. Activities were varied and included trips out of the home at least once a month. A relative told us, “It has got better and there are more things to do. Especially going out like today but it could happen more often”. Another person said, “The music is pitched just right for the age group. It’s nice not just hearing songs from war time periods”.

This showed the registered provider was meeting the breach of regulation 9(1)(b)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 (3)(b) of the of the Health and Social Care Act (Regulated Activities) Regulations 2014.

When we inspected the service on 5 and 7 January 2015 we found the service was not able to demonstrate how complaints were investigated or how they were resolved as there were no records to inform us of this. During this inspection we saw the registered manager was recording individual complaints raised with the service. For informal complaints, notes were taken showing what the issues were and what action had been taken as part of the investigation. In addition more serious concerns or complaints would be dealt with at a senior level when further investigation was required. This demonstrated complaints were investigated appropriately with detailed outcomes being recorded.

This showed the registered provider was meeting the breach of regulation 19 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, which corresponds to regulation 16 (2) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

When we inspected the service on 5 and 7 January 2015 we noticed a lack of signage around the home which might help to support people with dementia. For example there were no pictures of activity events or personalisation of people’s bedroom doors which would help them locate their room easily. When we undertook this inspection we saw each person’s room had a picture of something they might associate with personally. We saw this helped people associate with their own room. Individual rooms also had photographs of family and friends displayed. Pictures and ornaments had been introduced to make rooms more homely and personalised. One person told us, “I love my room, the staff have helped me decorate it with nice things”.

The registered manager encouraged people and their relatives or representatives to be fully involved in their care. This was confirmed by talking with people and relatives. During the assessment and development of individual care plans staff supported and encouraged people to express their views and wishes. Because most people were living with dementia, relatives were often consulted and involved in this process. A relative told us, “I live away but the manager always keeps in touch with me and asks my views about (my relative)”. Another relative said, “The staff asked for lots of information since (my relative) has been living here. It helps them build a picture of what things (my relative) liked to do. I think it’s been really useful”. This approach meant staff were able to support people to make choices and decisions and helped to develop a person centred care plan.

Life history books were being developed to support staff with an insight into each person’s previous lifestyle, interests, family and friends. One staff member said, “We are working with families where possible and the resident to build these life history books. They have been particularly helpful in staff getting an understanding of peoples interests, which we can then try and adapt for them whilst they are living here”.

Is the service well-led?

Our findings

When we inspected the service on 5 and 7 January 2015 we found audits were taking place to monitor all aspects of the operation of the service. However, where audits had identified actions were required to address issues in areas of health and safety, fire safety, maintenance, accidents and incidents, either no action had taken place or it was delayed. The provider submitted an action plan showing what action it would take to address the breach of regulation. During this inspection we looked at audits the organisation had undertaken since the January 2015 inspection. We saw a change in policy to address defects reported to the maintenance team. Records showed defects being reported, actioned and signed off when completed. All defects were risk assessed so that issues which might pose risk or cause harm were prioritised.

There were quarterly Health and Safety meetings taking place to provide an overview of actions necessary at Penberthy and to report on any action taken. For example the meeting of March 2015 reported the fire door with the faulty closure had been repaired. This showed health and safety issues were being monitored.

The homes maintenance record showed what action had been undertaken in the home since the inspection in January 2015. It showed where rooms had been decorated, carpets had been replaced and repairs made to a number of internal areas of the service. The registered manager told us reporting and acting on issues had improved greatly. They commented, "I am confident with the system now and things get done in the right order".

This showed the registered provider was meeting the breach of regulation 10 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with regulation 17(2) (b) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

When we inspected the service on 5 and 7 January 2015 we found the registered manager was not regularly seeking the views of people using the service. During this inspection we saw 'talk to us' cards were in the entrance area. They had been made much more visible and accessible to people entering or leaving the home as well as people living at Penberthy. A relative told us they had been told about the cards and how to use them. They said, "If I feel I need to use them I will for good comments as well as anything else". We

saw there was a follow up board which was intended to record any suggestions and what actions were taken in respect of the suggestions. This had only been in place for a short period and had yet to be used.

During the inspection a meeting for relatives took place. This was a recent introduction to inform relatives and people's representatives about any changes or issues associated with the service. It was also an opportunity to listen to any views or comments from relatives. We attended the meeting and relatives engaged with the registered manager about their views of the service. A relative we spoke with told us they felt it was a good way of sharing information. The registered manager also told us the service intended using annual 'discovery interviews' by an external agency to gain the views of people using the service.

This showed the registered provider was meeting the breach of Regulation 10(2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to 17 (2)(e) of the Health and Social Care Act (Regulated Activities) Regulations 2014 .

During the inspection of 5 and 7 January 2015 we found a division in the leadership structure of the organisation. There was little evidence of issues reported by the registered manager being actioned at a more senior level in the organisation. For example, a defect report in October 2014 identified a major hazard associated with a bedroom fire door that was slamming too hard. This had resulted in a staff member fracturing two fingers. At the time of the inspection on 5 and 7 January 2015 no action had been taken and the door remained a hazard. There was no evidence as to who was responsible for addressing the issue, the timescale to carry out the work and there was no paperwork to show an audit trail. During this inspection we found the management structure and responsibilities of managers had been reviewed. Systems had been put in place to effectively manage risk within the service. This included improved reporting systems and individual managers were now responsible for ensuring action had been taken. We saw evidence of this on recent defect reports as well as feedback at health and safety meetings.

This showed the registered provider was meeting the breach in regulation 10 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (b) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Is the service well-led?

Regular staff group meetings were held during which, important information was given to the staff team and they were invited to share their views. The registered manager spoke of the importance of ensuring staff were involved and engaged with developments within the service. Records of recent meetings for all levels of staff showed information was being given to staff about the needed changes to meet the regulatory requirements. These records reported praise for the staff for their continuing good work. This showed staff were being valued for the support they were giving the organisation.

Improvements had been made in the management and governance of the service therefore we have revised the rating for this key question to 'Requires Improvement'. There needs to be more evidence of consistent good practice in governance and management of the service in order to improve the rating to 'Good'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Safe recruitment practices were not followed. This was a breach of regulation 19 (2)(a) of the of the Health and Social Care Act (Regulated Activities) Regulations 2014

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The use of alarmed mats where no capacity assessment or 'best interest' decision had been made was in contravention of the Mental Capacity Act 2005. This is a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.