

Mr & Mrs L Difford

Pen Inney House

Inspection report

Lewannick
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08 June 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 20 January 2016.

Breaches of legal requirements were found and enforcement action was taken. This was because people were not protected from risks associated with their care and people were not protected by infection control procedures. People were also at risk of not receiving their medicines as prescribed because documentation relating to medicines was inaccurate and there were no monitoring systems in place. We also found, people's feedback was not always respected or listened to and the systems in place to monitor and improve the quality of service people received were not effective.

We undertook this focused inspection on 8 June 2016 to check improvements had been made. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pen Inney House on our website at www.cqc.org.uk.

Pen Inney House is owned and operated by Mr and Mrs L Difford. Mr and Mrs L Difford also have two other residential care homes in Cornwall. The service provides care and accommodation for up to 20 older people who are living with dementia or who may have physical or mental health needs. The provider also offers a day care facility. On the day of the inspection 13 people were living at the care home.

The home was on two floors with access to the upper floor via stairs or a stair lift. Some rooms had en-suite facilities. There were shared bathrooms, shower facilities and toilets. Communal areas included one lounge, a dining room, and garden and patio seating area.

The registered manager for the service had recently resigned. 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.

Following the resignation of the registered manager, an acting manager supported by an assistant manager had been appointed. They told us there had been positive improvements and that they felt supported by the Nominated Individual, who visited most weeks and was always available by telephone. Systems had and were continuing to be devised and implemented to help ensure the quality of the service people received was effective and met their needs. Auditing systems now helped to highlight areas which required action and drive continuous improvement across the service.

People had been asked for their feedback about the service, but the acting manager told us further work was required to help ensure people's views were being effectively used to ensure the ongoing quality and continued development of the service.

People were protected from risks associated with their care. However, risk assessments in place to monitor

people's weight loss were not always followed, which meant people's needs may not be met. The acting manager told us immediate action would be taken to rectify this.

People's individual mobility needs were now being met by staff who had received training, to help minimise moving and handling risks associated with people's care. Staffing was being managed effectively to help ensure the correct skill mix of staff was on duty to meet people's needs.

People were protected by infection control procedures and a cleaner had been recruited to help ensure the environment was clean and free from odour and people told us they had seen an improvement.

People's medicines were managed safely, staff had received training and had had their competence reviewed to help ensure there were administering people's medicines correctly. New auditing systems helped to protect people and highlight areas which required improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

We found that action had been taken to improve safety.

People were protected from risks associated with their care. However, risk assessments in place to monitor people's weight loss were not always followed, which meant people's needs may not met. The acting manager told us immediate action would be taken.

People were protected by infection control procedures.

People's medicines were managed safely.

Staffing was being managed effectively to help ensure the correct skill mix of staff was on duty to meet people's needs.

We could not improve the rating for safe from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement ●

We found that action had been taken to improve the management and leadership of the service.

People's feedback was respected and listened to. However, further improvements were being made to help effectively seek people's views in the running of the service.

There were systems in place to help monitor and improve the quality of service people received.

We could not improve the rating for well-led from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Pen Inney House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the home unannounced on 8 June 2016. This inspection was carried out to check that improvements to meet legal requirements after our comprehensive inspection on 20 January 2016 had been made. We inspected the service against two of the five questions we ask about services: is the service safe? and is the service well led? This is because the previous breaches were in relation to these two questions. The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the home. We reviewed notifications of incidents that the provider had sent us since our last inspection and the previous inspection report. A notification is information about important events, which the service is required to send us by law. We also contacted the local authority quality improvement team to obtain their views about the service.

During our inspection, we spoke with two people who lived at Pen Inney House, one member of care staff, the chef, an assistant manager, and the acting manager. We spoke with people in private and looked at three care plans and associated care documentation. We assessed the safety of the environment. We also looked at records that related to medicines as well as documentation relating to the management of the service. These included staffing rotas, training records, policies and procedures and quality assurance and monitoring paperwork.

Is the service safe?

Our findings

At our last inspection on 20 January 2016 people were not protected from risks associated with their care and people were not protected by infection control procedures. People were at risk of not receiving their medicines as prescribed because documentation relating to medicines was inaccurate and there were no monitoring systems in place. At this inspection, we found the acting manager had addressed these shortfalls, although further action was needed in respect of the management of risks relating to people's weight.

People's weight was now being monitored to help ensure changes could be highlighted promptly so action could be taken. This meant people who were at risk of losing weight received a pro-active approach to their care. However, people's care planning documents and risk assessments were not always being followed to help ensure risks were minimised. For example, one person's care plan detailed how risks should be managed; this included the completion of food and fluid charts and a fortified diet. However, the charts had been inconstantly completed and the chef was unaware of the person's need for a high calorie diet. The acting manager recognised progress was still required and explained immediate action would be taken.

People were protected by infection control procedures. A cleaner had been recruited to help ensure the environment was clean and free from odour, and people confirmed they had seen improvements.

Staff were in the process of undertaking infection control training to help improve their knowledge. The provider's infection control policy had been re-written to help ensure it was reflective of up to date legislation and guidance. The policy had been re-issued to all staff and was being discussed as part of staff meetings and one to one supervisions, to help improve competence. The acting manager also explained staff were being encouraged to be observant of their colleagues and challenge good and bad practice. For example, one member of staff had been seen to handle soiled laundry without gloves so this had been addressed.

People's medicines were managed safely. People had received medicine reviews to help ensure they were taking the correct medicines and people who required medicines which had been prescribed as required (PRN) such as paracetamol, now had their own supply.

People had been consulted about their medicines, for example one person had chosen to administer some of their own medicines. Although this had been documented in the person's care plan, there was no risk assessment in place to help ensure any associated risks had been identified. However, the acting manager told us immediate action would be taken.

New monitoring processes had been put into place to help ensure people's medicines were being managed safely, some of which included audits and unannounced spot checks of staff practice. Staff medicine training had been reviewed and competency checks had been carried out. The medicine keys were now kept securely and a new system had been introduced to help ensure staff knew who was accountable for the keys at all times.

People's individual mobility needs were now being met by staff who had received training, to help minimise moving and handling risks associated with people's care and staffing rotas were now being managed effectively to help ensure the correct skill mix of staff.

Is the service well-led?

Our findings

At our last inspection on 20 January 2016 the provider did not have systems and processes in place to help ensure the accuracy and quality of people's care plans, the implementation of the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS), infection control procedures, and the management of medicines. There were also no systems in place to seek formal feedback from people who used the service, the monitoring of the provider's policies and procedures, and the leadership and management of the service. At this inspection, we found the acting manager had taken action to address these shortfalls.

Following the resignation of the registered manager, an acting manager supported by an assistant manager had been appointed. They told us there had been positive improvements and that they felt supported by the Nominated Individual, who visited most weeks and was always available by telephone. The Nominated Individual is responsible for ensuring the services provided by the Organisation are properly managed. The acting manager told us, "Support mechanisms are now in place, it's a positive support not a looming pressure over your head...it's a good combination".

Systems had and were continuing to be devised and implemented to help ensure the quality of the service people received was effective and meet their needs. Auditing systems now helped to highlight areas which required action and drive continuous improvement across the service, some of which included, medicine, care planning, staffing, training and supervision audits. The acting manager spoke confidently about the importance of having auditing tools to help highlight areas requiring improvement and told us, "We are developing it all the time".

The provider had introduced a new computer system which helped to ensure the effective running of the service. The system prompted staff when policies required updating as well as other documentation, such as mental capacity assessments and DoLS applications.

The provider was also in the process of devising a new quality auditing tool, which was going to be linked to associated guidance such as The National Institute for Health and Care Excellence (NICE) guidelines and the Commission's guidance for providers. This was in response to and recognition of the failings found at our comprehensive inspection on 20 January 2016.

Surveys were available for people to provide their feedback, these helped to ensure the continued evaluation and improvement of the quality of the service. The acting manager told us, that this had been one of the first things they had implemented following our last inspection. However, the acting manager recognised further improvements were needed to effectively seek people's views in the running of the service. For example, people told us residents' meetings would be a good idea, which the acting manager was in the process of arranging.