

# Swallowcourt Limited

# Poldhu

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This unannounced comprehensive inspection took place on 21 February 2017. In December 2016 we had carried out a focused inspection, we had no concerns at that time. The last comprehensive inspection took place in March 2015 when we made a recommendation about the length of time taken to complete medicine rounds. At this inspection we found medicines rounds were efficient and completed in a timely manner.

Poldhu is a care home with nursing for up to a maximum of 63 older people. At the time of the inspection there were 49 people living at the service. Some of these people were living with dementia. The accommodation is arranged over three floors.

The service is required to have a registered manager and at the time of our inspection a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. Following the inspection the nominated individual contacted us to let us know the registered manager had since resigned. Arrangements for the running of the service were in place.

Before the inspection we had received concerns about the care provided at Poldhu. One person had fallen and care staff had not responded to the call bell in a timely manner. Since this incident regular audits were taking place to check that call bells were responded to quickly. This system was not robust and we found that staff were still taking too long to respond to call bells.

Information in care plans was not always detailed enough to give staff a complete picture of people's social needs, backgrounds and interests. Monitoring records, intended to record any necessary interventions or document when food and fluids had been given, were not consistently completed. The detail in some of these records was not sufficient to give an overview of the care people had received.

Systems for gathering people's views were not robust. People told us they were not regularly asked for their feedback of the service they received. Complaints had not always been recognised as such and recorded or acted upon. A relative told us the senior management and provider had been responsive and transparent with them following recent concerns and; "Things are so much better."

There were enough staff on duty to meet people's needs. Nursing and care staff had clearly defined responsibilities and told us they worked together well. Information about people's needs was shared between staff to help ensure they were aware of any changes. The care staff were supported by domestic, kitchen and maintenance workers to help ensure the smooth running of the service. Staff completed a thorough recruitment and induction process to ensure they had the appropriate skills and knowledge for their role.

The environment was pleasant and arranged to meet people's needs. People were able to choose where they spent their time and where they met with any visitors.

People received their medicines on time. People had their medicines given by nurses or care staff who had received additional training, and had been assessed to make sure they gave medicines safely. This group of staff were known as 'specialists.' There were clear records of medicines administered to people or not given for any reason. This helped to show that people received their medicines correctly. Staff supported people to access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians.

People were assessed in line with the Mental Capacity Act 2005 (MCA) where relevant and the management team followed the legislation to help ensure people's human rights were protected. Applications for Deprivation of Liberty Safeguards (DoLS) authorisations had been made appropriately.

Two activity co-ordinators were employed to organise planned sessions, events and trips out. They were creative and imaginative in their approach to organising activities. They were aware of people who were at risk from social isolation and took steps to include them in activities or engage with them on a one to one basis.

We identified breaches of the regulations. You can see what action we have asked the provider to take at the back of the full version of this 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. Systems to ensure people's needs were met in a timely and safe manner were not robust.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

**Requires Improvement** ●

### Is the service effective?

The service was effective. New staff received a thorough induction before working independently.

Staff received regular supervisions and told us they were well supported.

People had access to a varied and healthy diet which met their dietary requirements.

**Good** ●

### Is the service caring?

The service was caring. Staff were kind and compassionate in their approach to people.

The environment was pleasant and there was a warm and friendly atmosphere in the service.

People's privacy and dignity were respected.

**Good** ●

### Is the service responsive?

The service was not entirely responsive. Care plans did not give a comprehensive overview of people's needs.

People had access to a wide range of activities.

Complaints were not always recorded or action taken to

**Requires Improvement** ●

minimise the possibility of incidents reoccurring.

**Is the service well-led?**

The service was not entirely well-led. Auditing systems were not fully established.

There were no pro-active systems in place for gathering people's views.

Arrangements for the management of the service in the immediate future were in place. Relatives told us they had confidence in the management team.

**Requires Improvement** 

# Poldhu

## **Detailed findings**

### Background to this inspection

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

This unannounced inspection took place on 21 February 2017. The inspection was conducted by one adult social care inspector, one pharmacist inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people who were able to express their views of living at the service. We looked around the premises and observed care practices on the day of our visit. We spoke with the registered manager, the clinical lead, Swallowcourts nominated individual, nine members of staff, and five visitors.

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

# Is the service safe?

## Our findings

Before the inspection we had received concerns about the care provided at Poldhu. One person had fallen and care staff had not responded to the call bell for over 40 minutes. We discussed this with the registered manager who told us they had introduced a new system whereby one member of staff on each shift had responsibility for ensuring call bells were answered in a timely manner. Daily audits on call bell response times were also being carried out. We looked at the audits which had been completed between 13 February and 22 February 2017. For each day the longest time taken to respond to a call bell was recorded. This varied between 13 minutes and 4 seconds and 46 minutes. This meant people had not received care and support to meet their needs promptly. The systems in place were not robust enough to protect people from the risks associated with not receiving care in a timely manner.

Care files included risk assessments which identified risks and the control measures in place to minimise risk. These covered issues such as risk of falls, use of bedrails, poor nutrition and hydration, skin integrity and pressure sores. The person referred to earlier in this report had been admitted to the service in late October 2016. Their initial needs assessment indicated they were at risk of falls. A needs assessment is completed before people move into a service to establish whether the service is able to meet their needs. Despite the assessment and subsequent care plans clearly stating the person had been identified as being at risk of falls no falls risk assessment had been carried out until after their accident.

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

Following the accident a falls risk assessment was developed for the individual and action taken to protect them. For example, a pressure mat was in place to alert staff if the person was moving around their room unsupported.

Due to people's health needs not everyone was able to tell us their views of the care and support they received. However, we observed people were relaxed and at ease with staff. Those people who were able to talk with us said they felt safe. Some relatives had reservations about people's safety due to recent events. However, they believed the provider was committed to improving systems to help ensure people's safety. They told us they wanted to work with the service to achieve this.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. One member of staff commented; "I would definitely report it, that's why we're here."

Staff had been suitably trained in safe moving and handling procedures. Staff assisted people to move from one area of the premises to another using the correct handling techniques and appropriate equipment. We observed staff supporting people to move using hoists and slings. They spoke to people throughout the

transfer and continually explained what they were doing and offered gentle reassurance.

Incidents and accidents were recorded in the service and passed on to the nominated individual. These were analysed on a monthly basis to help identify any trends or patterns.

There were enough skilled and experienced staff to help meet people's needs. On the day of the inspection people's needs were met quickly. The care staff team were supported by an administrator, caretaker, domestic, and laundry and kitchen staff to help ensure the smooth running of the service. Rotas showed staffing levels identified as necessary for the service were consistently met. Staff told us there were sufficient staff on duty at all times. Staff were effectively deployed across the building.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

People received their medicines in a safe and caring way. We observed some medicines being given at lunchtime. People were asked if they needed any medicines that had been prescribed for them on a 'when required' basis, for example pain relief. There was information available to staff to help guide them to give these medicines at appropriate times. Improvements had been made to the timings of medicines rounds since our previous inspection, to make sure that people received their medicines at suitable and safe times. There was no-one who looked after their own medicines at the time of this inspection but there were policies in place to allow this if people wished, and after it had been assessed as safe for them.

Other people had their medicines given by nurses or care staff who had received additional training, and had been assessed to make sure they gave medicines safely. These staff were known as 'specialist staff.' There were clear records of medicines administered to people or not given for any reason. This helped to show that people received their medicines correctly in the way prescribed for them. Care staff also recorded the application of creams or other external items on separate charts.

Medicines were stored securely. Medicines requiring cold storage were monitored to check that temperatures were suitable for storing medicines, so that they would be safe and effective. There were suitable storage arrangements and records for some medicines that required additional secure storage. Regular checks were made of these medicines, and there were suitable arrangements for destruction and disposal of medicines. Policies and procedures were available to guide staff. There was a reporting system in place for any errors or incidents. We saw that these were reported and dealt with appropriately, and any learning addressed to help make sure these incidents didn't happen again.

Records were kept of medicines received into the home and those sent for destruction. This helped to show how medicines were managed and handled in the home.

The environment was clean and well maintained. There was a maintenance log available for staff to record any defects. The logs recorded these were attended to quickly. Records showed that manual handling equipment, such as hoists and air mattresses, had been serviced. There was a system of health and safety risk assessment. Fire alarms and emergency lighting were checked by staff to ensure they worked. There was a record of regular fire drills. People had Personal Emergency Evacuation Plans (PEEPs) in place. These outlined the support people would need to leave the building in an emergency.



# Is the service effective?

## Our findings

Newly employed staff were required to complete an induction before starting work. This included familiarising themselves with the organisation's policies and procedures and, staff completely new to care were required to complete the Care Certificate. The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. Staff told us the induction was comprehensive and gave them confidence to carry out their roles. One commented; "It [the induction] was amazing, the best training I've had within care. The trainers were really supportive."

Training in areas identified as necessary for the service was updated and refreshed regularly. We looked at training records for health and safety, safeguarding and MCA and DoLS and saw staff had received the training within the last three years in these areas.

Staff told us they felt supported by the management team and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. One member of staff told us; "There's always someone willing to help." Not all staff had received yearly appraisals. These are important as they give staff an opportunity to discuss any personal development goals and reflect on their performance over the year.

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. Applications for DoLS authorisations had been made to the local authority appropriately. At the time of the inspection no authorisations had been granted.

Where appropriate mental capacity assessments had been carried out. Best interest meetings were held when people were found to be lacking capacity to make certain decisions. Care files contained consent forms for people, or their representatives, to indicate they were in agreement with their plan of care. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support.

The premises had been arranged to meet people's needs. Bedrooms were situated on the first and second floors and there was a working lift in place. Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises. There were ramps by external doors to provide wheelchair access to the garden. We observed some equipment such as wheelchairs and hoists were being stored in corridors.

We discussed this with the registered manager who told us they were short of storage areas. It is important corridors are kept free of clutter to allow people with mobility and/or visual problems to move around safely and independently where possible.

We observed the support people received during the lunchtime period. Some people required support and encouragement to eat. We observed people being assisted by care staff and noted this was done respectfully and at a pace that suited people. Staff asked people if they wanted to wear clothes protectors or use plate guards and their decisions were respected. Some people required a soft diet and the components of the meal had been pureed separately to help make the food look appetising. People told us they enjoyed the food and were offered a choice of meals. One person decided they did not want anything off the menu and was provided with sandwiches instead. Comments included; "Food is perfect, I have what they give me" and ""There is a good choice of food and I am always offered tea or coffee." Some people had specific dietary requirements and kitchen staff had a good knowledge of people's needs. Staff were able to access light snacks and drinks at all times of the day.

People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Care records contained records of any multi-disciplinary notes.

## Is the service caring?

### Our findings

On the day of the inspection there was a calm and friendly atmosphere in the service. The environment was clean, well decorated, warm and homely. The seating was arranged to allow people to sit in small groups or on their own as they preferred. There was a television at one end of the large lounge area which several people were watching. In other areas of the lounge people were relaxing in comfortable arm chairs, looking out at the spectacular sea views. To the front of the building was a separate seating area where people could watch television or sit quietly. The dining area overlooked the sea and was light, and well decorated. Tables were laid with yellow table cloths, vases of daffodils, cruets and napkins and music was playing quietly in the background.

A relative told us; "When I drive away from the home, I feel confident, knowing that my husband is well cared for." We observed staff chatting with people saw they were compassionate and gentle in their approach. For example, we saw a member of staff knelt beside the chair of one person gently talking with them and stroking their hand to give reassurance. The person responded positively to the contact and the exchange was friendly and affirmative.

People's privacy and dignity was respected. Bedroom, bathroom and toilet doors were kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering. We observed staff offering support discreetly and in a way which ensured their dignity was protected. A relative told us; "They [staff] are very caring people." Confidential information was protected. Care plans were kept securely in an office. Any monitoring records which staff needed ready access to throughout the day were kept in a cupboard and marked only with room numbers to protect people's private information.

People's diverse cultural, gender and spiritual needs were recognised and respected. Staff were aware of people's individual needs and life choices and supported them as they wished to be supported. During conversations with us they demonstrated a compassion and understanding of people's needs. One commented; "All the residents are lovely." Regular religious services were held and care plans recorded if people wished to attend these.

Staff worked to help ensure care was delivered in a person centred way which protected people's individual needs and dignity. For example, care was taken to ensure people's personal clothing was returned to them and people were asked daily if they wished to have a shower or bath. People confirmed to us they were able to have a bath or shower when they wanted. Some people had 'bum bags' with them which were attached to their wheel chairs. These contained any ointments or creams they might need during the day as well as their own continence pads and slings. This meant staff had quick access to any products or equipment the person might need which were suitable for their needs.

Care plans contained details about people's life histories and family background. This is important as it helps staff to understand who people are and supports meaningful engagement and conversations with people.

## Is the service responsive?

### Our findings

Some people's care plans showed they needed regular interventions and monitoring in order to help maintain their health and well-being. Records to show this was being carried out as stipulated in the care plan were incomplete. For example, one person required repositioning every two hours during the night. The records showed on the 16 February this had occurred. On the 17 February it was recorded that the person had been checked but there was no record to state they had been repositioned. There were no records for the 18 February. On the 19 February they had been repositioned at 1:30 but not checked again until 4:32 when it was noted they had "self-repositioned." On the 20 February there was no record of the person being repositioned. This meant we could not be assured the person had received the care and treatment they needed to maintain their health.

We looked at people's food and fluid charts and found these were not consistently completed. For example, one person was having their fluid intake monitored. On the 17 February the records showed they had consumed tea, apple juice and a second drink of tea, only the first two drinks had a specific amount recorded. On the 18 February no records of fluids taken had been made. On the 19 February four drinks were recorded but only two stated the amount the person had drank. On the 20 February there were no records of drinks taken. The charts did not indicate how much fluid the person should be having to maintain their well-being. Amounts taken were not totalled at the end of each record. This meant staff may not have known how much fluids the person should have and may not have been alerted when they were not taking enough. The records were too inconsistent in detail to establish whether the person was getting the care and treatment they required.

We saw from correspondence between a relative and the service that one person had suffered from gum disease. Information regarding how this was to be treated was in the letter and on the MAR sheet. However there was no care plan in place associated with the person's oral health. This meant the information could be overlooked.

Care plans contained information on a range of aspects of people's support needs including mobility, communication, skin integrity and nutrition and hydration. We looked at one person's care plan and saw the information in respect of their interests was sparse. The record stated; "Enjoys reading. Used to enjoy walking." Information in their personal history was also lacking in detail. This information is important as it can help staff to build a relationship with people.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

There was a complaints policy in place. The complaints log showed three complaints had been made in 2016 and these had been addressed by the registered manager. The last recorded complaint according to this record was made in May 2016. However, a relative told us of a recent occasion when their family member had been supported to go to the bathroom and was left there for some time after the member of staff responsible had forgotten about them. They had raised this concern with the registered manager who

confirmed to us they had been informed of the event. There was no record of this having taken place. There was no evidence any action had been taken to help ensure there was no reoccurrence of the event.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Daily handovers took place to help keep staff informed if people's needs changed. Staff told us they were aware of any changes in people's care plans and communication within the staff team was good.

There were two activity co-ordinators in post. We spoke with one who told us this was a role they very much enjoyed and were clearly enthusiastic about the challenges and opportunities the role offered. We observed the activities co-ordinator moving around the lounge, stopping with each person to talk to them and show them old newspaper articles about various members of the royal family. People were smiling and happily chatting with her.

The activities co-ordinator demonstrated creativity and imagination in their approach to the role. For example, we saw a full size pirate, a large ship, palm trees and sea scenery that they had made for St Piran's Day. They also worked to ensure people who chose to stay in their rooms, or were unable to leave their rooms due to their health needs, did not become socially isolated. They told us; "For people who are bed bound, I play them music and talking books and visit them as often as I can." People had scrap books in their rooms with photos of activities they had taken part in. People, relatives and staff were complimentary about the activities available. Comments included; "The present activities organiser has transformed the place since she took over, it's like going from black to white, everyone is included, there is always something going on, she gets stuck into it and puts herself whole heartedly into it", "Everyone is included with what goes on in the home, whatever their physical condition. Two llamas were brought to the home, people loved it, one service user was bed bound so the llamas were taken to her room, it really cheered her up" and "The activities here are brilliant, absolutely brilliant."

## Is the service well-led?

### Our findings

Systems for gathering the views of people living at Poldhu were not robust or well established. The registered manager told us they had organised residents meetings in the past but these were not well attended. They were planning a relative's and resident's cream tea afternoon and hoped this would give them an opportunity to hear people's views. People told us they were not regularly asked what they thought of the care they received or their views on the service. A relative commented; "I have not been invited to any relative meetings, I'm not sure if there are any." Some people told us they would not raise concerns independently as; "I don't like making a fuss." One person said; "I am at an age where I can no longer fight for these things. I accept what I get." This illustrated the importance of the management team proactively seeking out people's views on a regular basis.

This contributed to the breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Quality feedback questionnaires were circulated to people and their families annually. The last questionnaire was completed in September 2016 when the results had been positive over all areas.

There were gaps in the auditing processes. For example, there were no infection control audits taking place. We asked about medicines audits, and were told that these had not been completed recently and needed updating. We were told that this was going to be addressed with the help of the clinical lead who was visiting on the day of our inspection. The auditing processes which were in place had not identified the gaps in monitoring systems highlighted in this report. Although a new auditing system had been introduced to monitor call bell response rates, this had not been effective in addressing the issues identified.

This contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service required a registered manager and at the time of the inspection there was one in post. However, following the inspection the nominated individual contacted us to inform us the registered manager had resigned. The service was being overseen by the deputy manager with the support of the clinical lead until a new manager could be appointed. We were assured the arrangements for the on-going running of the service were robust.

The provider had recently employed a clinical lead for the Swallowcourt group. One of the clinical leads roles would be to ensure examples of best practice were shared across the organisation. Their responsibilities would include weekly visits to Poldhu and weekly audits of various aspects of the service. In addition, a fortnight after any new admission they would visit the service to review the care plan and check it was appropriate. The clinical lead told us they were working to improve the systems and processes in place.

At the time of the inspection the registered manager was supported by a deputy manager. Senior carers had received additional training to enable them to become 'specialists' and support the nursing staff with the

administration and management of medicines. Specialists also had responsibility for leading shifts. The registered manager was introducing a key worker system where specialists would have oversight of the care and support of named individuals.

Staff meetings took place and were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. As well as full staff meetings there were also meetings for each group of staff such as care staff or domestic staff. This meant meetings were relevant to the staff team. A meeting for night staff had been organised by the registered manager so they could discuss the importance of answering call bells quickly.

Most staff told us they felt well supported by the management team and nurse staff. Comments included; "It's all well organised, and there's always someone willing to help if you're not sure of something" and "We pull together, we're a good team and get behind each other when we need to."

A relative told us the provider and senior management had communicated well and openly with them following their family members recent accident. They told us they were reassured that the provider was committed to delivering a good and safe service to people. They commented; "They [the provider and nominated individual] are determined for it to work properly. They have a vision." The provider was aware of their legal responsibilities under the Duty of Candour.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not provided in a safe way. Regulation 12 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	Complaints were not consistently investigated and necessary and proportionate action taken. An accessible system for identifying, receiving, recording, handling and responding to complaints was not established or operated effectively. Regulation 16 (1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems or processes were not established or operated effectively to enable the registered person to assess, monitor and improve the quality and safety of services provided or maintain accurate, complete and contemporaneous records in respect of each service user including records of the care and treatment provided. Systems were not in place to seek out feedback from relevant persons for the purposes of continually evaluating and improving the service. Regulation 17 (1)(2)(b)(c)(e)



