

Cumbria County Council

Powbeck House

Inspection report

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Tel: 01946313110

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on the 20 July 2016. The service was last inspected in June 2013 when the provider met all the standards inspected on that date.

Powbeck House is operated by Cumbria County Council. The home is purpose built to accommodate up to 38 older people. The home is situated in a residential area and is near to local amenities.

The house has four units with living/ dining areas and single bedrooms, some of which have en-suite toilet facilities. The ground floor units accommodate people who may be living with dementia.

There is a secure well maintained garden.

There was a registered manager in post on the day of our inspection visit.

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.

People who lived in Powbeck House told us they felt safe living in the home. Relatives said they were pleased with the support and caring attitude of all the staff.

People were fully assessed prior to moving in to the home. This ensured that appropriate and suitable care and support could be provided at all times.

We found that staff were aware of their roles and responsibilities to keep people safe at all times. There were procedures to follow if staff had any concerns about the safety of people they supported.

Staff were recruited appropriately which ensured people were supported by a staff team that were suitable to care for vulnerable people.

The registered manager provided details that evidenced staff training was up to date. Staff confirmed they received training appropriate to their roles within the staff team.

Medicines were being safely administered and stored and we saw that accurate records were being kept of medicines received and disposed of so all medicines could be accounted for.

The registered manager was aware of her responsibilities under the Mental Capacity Act 2005. Where any person was being deprived of their liberty a Deprivation of Liberty Authority was sought.

We spent time with people in all areas of the home. We saw that the staff offered people assistance and

found the time to speak to people and took up the opportunities they had to interact with them and offer reassurance if needed. People living in the home told us that care staff were mindful of their privacy and treated them with respect. We saw that the staff approached people in a friendly and respectful way and people told us that it was a "friendly" and "comfortable" place to live.

Health care needs were met through good working relationships with external health care professionals. Dietary needs and nutrition were well managed.

Health and social care professionals were positive about the care and services delivered. We had evidence to show that the staff team worked well with other professionals.

There was an appropriate internal quality audit system in place to monitor the quality of the service provided.

People knew how they could complain about the service they received and information about how to do this was displayed in the home. People were confident that action would be taken in response to any concerns they raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There was enough staff, with the appropriate skills and qualifications, to provide people with the support they required.

Medicines were managed appropriately and the records were up to date. .

Staff were knowledgeable about how to identify and report abuse.

Is the service effective?

Good ●

The service was effective.

Staff had access to ongoing training to meet the individual and diverse needs of the people they supported. This ensured staff had the appropriate skills and knowledge to carry out their role effectively.

Records showed that all people who lived at the home were assessed to identify the risks associated with poor nutrition and hydration. We saw that people's needs were monitored and advice had been sought from other health professionals where appropriate.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of Practice and Deprivation of Liberty Safeguards were understood and followed.

Is the service caring?

Good ●

The service was caring.

All the people we spoke to expressed satisfaction with the service and felt they were well cared for. We saw meaningful interactions between people and the staff and noted that people's privacy and dignity was respected.

We saw evidence that people had been involved in deciding how they wanted their care to be given.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

Is the service responsive?

Good ●

The service was responsive.

People's needs were reviewed regularly and any changes were responded to quickly.

The management and staff at the home worked well with other agencies and services to make sure people received care in a consistent way.

There was a system in place to receive and handle complaints or concerns raised.

Is the service well-led?

Good ●

The service was well led.

The registered manager had developed good working relationships with the staff team and external agencies.

Notifications of accidents and incidents required by the regulations had been submitted to the Care Quality Commission (CQC) promptly by the registered manager.

There was an appropriate internal quality audit system in place to monitor the level of care provided.

Powbeck 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.

This inspection took place on 20 July 2016 and was unannounced. The inspection was conducted by adult social care inspector.

Before the inspection we gathered and reviewed information about the service. A Provider Information Return (PIR) was sent to the registered manager for completion. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned in a timely fashion and contained detailed information.

During our visit we met with eight people who lived in the home and spoke to five of them in depth. We spoke to four people who were visiting their relatives on the day of our inspection.

We looked at six care plans and checked on the administration and storage of medicines.

We spoke to five members of the care staff team, one domestic, the cook and two supervisors. We also spoke to one nurse practitioner and one member of the Care Home Educational Support Services (CHESS) team who was also in the home during our visit.

We were able to speak to a fire officer from Cumbria Fire and Rescue service who had come to conduct an audit of the fire risk assessment and fire safety practices and procedures.

We spent time with the registered manager and also the operations manager who has direct responsibility for this service.

Is the service safe?

Our findings

People told us they felt safe living in Powbeck House. Comments included, "I have always felt safe. These girls are very good at making you feel safe" and "I am safe here and it is good having someone around at night".

Visitors we spoke to had no concerns at all about their relative's safety. They told us, "Absolutely safe" and "That is one thing I have never worried about, day or night. My relative is completely relaxed so I know they are safe living here".

Powbeck House had policies and procedures in place with regards to safeguarding vulnerable people. Staff were confident about their responsibility to keep people safe and one of them told us, "I would not hesitate to speak to either the supervisor or the registered manager if I saw anything I was not happy about. I know the matter would be dealt with immediately".

The staff we spoke to said that they had completed safeguarding training and the training records we looked at confirmed all staff had completed the course. They were able to describe the different forms of abuse and were confident about reporting anything they saw that gave them cause for concern.

During our inspection we spent time in all the areas of the building including people's rooms, with their permission. We saw that people were relaxed in the company of the staff and other people who lived there. We saw people sitting in groups chatting with the care staff and we spoke to people in the communal areas and in the privacy of their own rooms. We saw meaningful and relaxed interactions between the staff and people and there was a stress-free atmosphere throughout the home.

We asked people if they thought there was sufficient staff on duty to care and support them and also keep them safe. One person said, "O yes I think so there always seems to be plenty of staff around". One relative said, "There is normally enough staff about but on the odd occasion there have been some afternoons when they seem to be short".

We discussed this with the registered manager and she said that she did sometimes have problems covering sickness or annual leave. At the time of our inspection the home had 3 members of night staff on duty for five nights a week as the registered manager was waiting for a reply to her request for extra staff cover both day and night hours. We did discuss this with the operations manager and the request had been actioned before we had completed our inspection. The registered manager had covered most of the extra night duty hours with staff from another service within the group but welcomed the approval to appoint more staff to cover the vacant hours.

The provider had procedures in place to make sure only suitable people were employed to work in their services and provide a safe environment. There was a fairly low turnover of staff in Powbeck House with many of the care staff having worked in the home for a number of years. We looked at the personnel files for four members of staff and saw that the required employment background checks and security checks had

been completed. Application forms had been received and references taken up before they were offered a position in the organisation.

We saw that risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans unless there was a change to a person's needs, when they were reviewed and updated immediately. We saw that the care plans had tools to monitor mental health needs and directions for staff to support people whose behaviour may challenge the service. That all demonstrated all aspects of people's needs were recognised, understood and met in the most appropriate and safe way.

As part of our inspection we observed how medicines were handled and found people were asked for their consent to take their medicines. We looked at the records and found these were all in order and up to date. We saw that medicines were ordered, stored, administered and disposed of appropriately. The supervisor on duty confirmed that, currently, there were prescribed drugs that were liable to misuse kept in the home. These 'controlled drugs' were securely stored and were dispensed by two members of staff and the register signed by the two people administering the medication.

We discussed evacuation arrangements in case of fire or any other emergency and found there was an up to date fire risk assessment in place. All the fire safety equipment was serviced as part of an annual service level agreement. A full fire drill with evacuation had recently been organised and the registered manager confirmed it had gone well.

During our visit we met with the fire safety officer from Cumbria Fire and Rescue Service who was in the home conducting an audit of the fire risk assessment and procedures. He told us he was more than happy with both the fire risk assessment and the procedures that were in place.

The home had a policy on infection control and two infection control leads within the staff team. On the day of our visit the home was extremely clean and tidy with no unpleasant smells at all. Domestic staff had completed training up to level two that was appropriate to their role in the staff team. We spoke to one of the domestic staff and asked if there was cleaning materials readily available for the domestic staff to use. She told us, "Yes we always have plenty of materials as I am responsible for the ordering. There is never a problem getting suitable cleaning materials and there are always plenty of gloves and aprons for all the staff to use".

Is the service effective?

Our findings

We found throughout, our visit, people were given choices about how they wanted to spend their time during the day. People told us they were always asked where they wanted to sit or if they preferred to stay in their own room. One person told us, "It was my choice I moved in here and have not regretted it since". Another person said, "I do stay in my room as that is what I prefer to do. I am not so good on my feet and I like my own company as I am used to that".

We asked staff if they felt well supported by the management team and they said that they did. They told us their training was up to date and the registered manager organised training in all the subjects relevant to their role within the home. Staff supervision was ongoing and up to date and all staff received an annual appraisal. This was evidenced by the records we looked at during our visit. This meant that people received effective care and support from staff who had the knowledge and skills needed to carry out their roles and responsibilities within the service.

Staff development in a recognised health and social care qualification up to levels two and three was in place and all staff were fully trained appropriately to the role they held. This included cleaning and domestic staff.

We saw that, wherever possible, people had signed their care plan to confirm their consent to their care and treatment. We asked people if staff consulted them about the care they received. One person said, "O yes. The staff always ask me what I want to do and where I would like to spend my day. Sometimes I want to stay in my room and the girls respect my decision".

The registered manager was fully aware of her responsibilities under the Mental Capacity Act 2005 (MCA). The 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.

We saw records that showed that, where people lacked capacity, best interest reviews were held. The team were aware that sometimes some people might be deprived of their liberty and Deprivation of Liberty Authorities had been put in place.

The registered manager confirmed that some people who lived in Powbeck House were currently living under a Deprivation of Liberty Safeguards (DoLS) order and more had been applied for. The appropriate notifications had been sent to CQC with regards to all the applications.

All the care plans we looked at contained a nutritional assessment and we saw that a regular check was being kept on people's weight for any changes. Where the care staff had concerns about a person's nutrition their records showed they had involved appropriate professionals to help make sure people received the correct type of diet. This included the services of a dietician or a speech and language therapist (SALT).

We checked on the kitchen. This service had been awarded a five star rating by the local authority. The kitchen was clean and orderly. Food hygiene standards were very high and there was a wide range of food available for meals and snacks. Fresh fruit was available and we saw that people were given drinks throughout the day. Nutritional plans were in place. Catering and care staff were aware of how to fortify meals for people who were underweight. Healthy eating was encouraged and people told us they really enjoyed their meals. We observed lunch being served on one of the units and saw that it was a relaxed experience with everyone enjoying their meal.

Health care needs were met through good working relationships with the GPs and other external health and social care professionals. We spoke to a member of the Care Home Educational Support Services (CHESS) who told us, "This home is one of the nice ones with very attentive staff. Communications are very good and the staff take on board any advice we give them". We also spoke to a nurse practitioner who was in the home on the day of our visit. She said, "The staff here are very helpful and receptive to any suggestions we may make".

We looked at the environmental standards within the home and saw that some re-decoration upgrading had already been completed. The decorators were working on the second phase of a refurbishment programme during our visit. Corridors were much lighter and brighter and visitors remarked how much better the home was looking with the re-decoration that had already been completed.

Is the service caring?

Our findings

Everyone we spoke to during our visit told us they thought the care and support provided was extremely good. People said, "These girls are wonderful, they make me feel special and not a bother" and "I think the care here is second to none. I wouldn't live anywhere else". People said, "These girls are wonderful, they make me feel special and not a bother" and "I think the care here is second to none. I wouldn't live anywhere else".

Relatives all agreed that the care provided was excellent. One relative said, "The care here is absolutely wonderful. These girls do a marvellous job". Another relative said, "It is a lovely place and the girls are really very good. I also know they get lovely meals too".

We saw that the staff knew the people who lived in the home very well. Many of the staff had worked at Powbeck House a long time and told us that when they knew people well they were able to give them more personalised care.

The registered manager told us she was planning to introduce an activity that staff could do with people, with their permission, on a one to one basis. This was in respect of life histories and backgrounds of the people who lived in the home. She said, "I know everyone may not wish to talk about their past but if they do I know we will learn very interesting things about what people did before they moved in to the home".

The provider had policies and procedures in place outlining what was expected of staff in relation to privacy and dignity. We saw evidence to show staff had completed training in this subject. Staff we spoke to told us they were aware of the need to respect the privacy and dignity of the people they cared for. We saw them knocking on doors and waiting for an answer before they went in. We noted the way the staff spoke to the people during the day in particular when they were assisting people with their mobility around the home. There were no raised voices but warm, friendly assurances when people needed help in any way.

All the people we spoke to told us their privacy and dignity was respected. They said, "They always knock before coming into the bedroom" and "They always knock and are very good at respecting my dignity when helping with a bath or shower."

We discussed, with the registered manager how the service supported people who were nearing the end of their life. The registered manager confirmed that when people wished to remain at home local healthcare providers were consulted and appropriate plans were put in place to involve family members where necessary.

Information was available about a local advocacy service called 'People First' that was offered to people who had no relatives or friends to act on their behalf and assist with difficult decisions they may have to make. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes.

Is the service responsive?

Our findings

People who used this service and their families told us the home was very responsive to people's needs. One visitor told us, "From the manager down they all respond very quickly to whatever happens in the home. If there is anything I should know I get to know as soon as they are able to contact me".

Prior to their admission to Powbeck House people's health and social care needs were comprehensively assessed. These assessments were completed by the registered manager or one of the supervisors and ensured the service was suitable and could meet their needs.

Some people who lived in Powbeck House had previously stayed in the home for a period of respite care. They told us this had enabled them to settle down much more quickly when they moved in on a permanent basis.

Following the initial assessment staff developed a plan of care showing the level of care and support required to meet the assessed needs. We looked at a total of six care plans in depth and found people's individual needs were regularly reviewed and any changes in people's needs were recorded. We saw, from the care plans we looked at, that the changes were written by hand so that the information for the staff team was always up to date. At the monthly review the changes were then detailed on the computer system and that became a new, revised plan of care.

Care plans were personalised and it was evident people's specific needs, choices and preferences had been discussed with them and their family members.

Changes in health care needs were responded to and GP visits were requested. One person told us, "I see my own doctor when I am not well and the staff organise the visit for me". People's weight and general health were monitored and referrals to a dietician or speech and language therapist were made if there were any concerns.

We reviewed the care records of six people and found information from a variety of sources including family members and health and social care professionals. Each person had an individual care plan which was underpinned with a series of risk assessments. Care plans were personalised and it was evident people's specific needs, choices and preferences had been discussed with them and their family members.

We observed throughout our visit that the staff in the home responded promptly when people required assistance. The staff knew how people communicated their wishes and needs and provided support as people required.

The provider had a procedure for receiving and managing complaints. We saw that the complaints procedure was displayed in the home. This meant information was available to people if they wished to make a complaint.

People told us they had never needed to make a complaint about the service provided. They told us that, if they had any concerns, they would speak to the registered manager or any of the staff. They also told us were confident she would take action in response to their concerns. One person said, "I have no complaints at all and I have never regretted moving in".

There had been no complaints about this service received by the Care Quality Commission.

Is the service well-led?

Our findings

Powbeck House had a registered manager who was suitably experienced and qualified to manage the home. She had worked for Cumbria County Council for some time and was familiar with the role and responsibilities of a registered manager within the organisation.

Observations of how she interacted with staff members and comments from staff showed us the service had a positive culture that was centred on the individual people they supported. We found the service was well managed, with clear lines of responsibility and accountability.

People who lived in Powbeck House, their visitors and the health and social care professionals all told us that this was a good home and said that it was well managed. People told us that they knew the registered manager and said she was "always available" if they needed to speak to her.

The provider had corporate policies and procedures in place with regards to core values, privacy and dignity; a person centred approach, quality of life and the aims and objectives of the service. All policies and procedures were reviewed annually and updated in line with current legislation. Staff were expected to become familiar with any updates to the policy file and it was practice for staff to discuss at least one nominated policy during their one to one supervision meetings with their line manager.

There was a whistle blowing policy in place and staff told us they would not hesitate to report any aspect of the care and support they thought was unacceptable. The manager was aware of her responsibility to report any safeguarding issues to the local safeguarding team and the Care Quality Commission.

Staff meetings were held regularly and meeting minutes were made available for people who were unable to attend to read. Copies of the minutes were made available for us to read. The registered manager also held senior team meetings to discuss all aspects of the care and support provided.

Part of the role of the registered manager was to take responsibility for the monthly audits required by the provider. These included people's personal finances, infection control, health and safety, care plans and staff supervisions. She also did random audits on medicines management within the home. Supervisors also completed a weekly stock check of medicines and a daily check of the medicines administration records at the end of each shift. This helped to make sure people received the right treatment and support and that any errors or omissions were noticed and dealt with.

The registered manager had a high profile within the home and told us she made sure she spoke to every person who lived in the home at least once a day. She also made herself available to speak to relatives and other visitors if they wanted to meet with her. She said, "This is another way I can check on the quality of the service we in Powbeck House provide. If people choose to come and live here it is up to us to give them the best quality of life possible".

There were systems in place for reporting incidents and accidents in the home that affected the people

living there. We saw that these were being followed and if required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.