

Able Care (Menwinnion) Limited

# Menwinnion Country House

## Inspection report

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Date of inspection visit:

12 November 2021

16 November 2021

17 November 2021

Date of publication:

13 December 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Menwinnion Country House is a residential care home providing personal care for up to 40 people in one adapted building. At the time of the inspection there were 35 people being supported.

People's experience of using this service and what we found

The service has had a history of non-compliance in regulatory requirements since 2016. We last inspected the service in December 2020. At that time, we had concerns regarding the management and oversight of the service. The well led domain was judged inadequate. The service was judged requires improvement in the management of medicines, assessing people's capacity, staff training and managing behaviours which may challenge. The service was rated overall requires improvement.

At this inspection we found the provider had taken action to improve all these areas.

Since the inspection in December 2020 the service had a registered manager in post. The provider had reviewed how the service was managed and increased senior roles. This included creating additional roles. For example, deputy manager and leadership roles. This had enabled the management team to focus on developing the service and meeting legal requirements. The operation of the service was overseen by the nominated individual who was responsible for supervising the management of the regulated activity.

The way people's medicines were managed had improved. Systems and oversight had been developed in order to ensure medicines were managed safely. We made a recommendation at this inspection for further information to be included in records where medicines were required as needed. This would support staff to understand why the medicines were being administered.

At the last inspection we found staff had not received training to support their knowledge and skills in managing behaviours which might challenge, understanding consent and how to safeguard people. At this inspection we found training had been reviewed and a system was now in place which showed all staff received the relevant training. This had helped to develop staff skills and knowledge to support people safely and recognise triggers which might affect people's behaviour. Our observations on inspection confirmed this.

At the last inspection people's capacity assessments had not been appropriately assessed under the principles of the Mental Capacity Act 2005 (MCA). At this inspection managers and staff had received training in the MCA and understood how to respond to issues around capacity and consent. At this inspection we found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Previously we found care plans were not written in a way which supported staff to recognise some people's level of need and risks. They were not person centred. At this inspection we found the registered manager

had reviewed all care plans. They were person centred and included information to support staff to recognise and respond to individual needs and risks.

People were supported to eat balanced diet and drink enough to keep hydrated. Staff had an induction when they started their jobs; and they were supported through regular training and supervision to deliver their roles effectively.

People told us staff were kind and compassionate to them. People were treated with respect and dignity. People received care and support that met their individual needs. People's end-of-life wishes were documented in their care plans and followed. People were engaged in activities to occupy them.

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals.

The systems in place to monitor the quality of care within the service were effective. The registered manager promoted a positive person-centred culture and fully understood their responsibilities. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 26 May 2021) and there was a breach of regulation. We issued conditions of registration which included a requirement for the provider to complete a monthly action plan. The provider met that condition which showed action was being taken to meet the regulatory requirements.

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well led.

Details are in our well led findings below

Good 

# Menwinnion Country House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and a pharmacy inspector.

#### Service and service type

Menwinnion Country House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced on day one when the pharmacy inspector visited. Day two and day three were unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the registered manager, deputy manager and team leader. During the inspection we spoke with nine people who lived at the service, six staff and a visiting relative. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us.

We reviewed a range of records. This included four people's care records and several medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and audits were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at end of life care and activity records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- At the previous inspection we found that staff did not understand the processes to report safeguarding, and training in safeguarding people had either not been delivered or updated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found all staff had received training in safeguarding processes and how to report concerns externally.

We found the service had made improvements and was no longer in breach of this regulation.

- People were protected by staff who had an awareness and understanding of the signs of possible abuse. Staff felt any concerns they reported would be taken seriously.
- People were safeguarded from abuse as systems and processes in place were effective. People told us they felt safe. A staff member told us, "Yes, had the training and we get reminders and updates at supervision and team meetings."

Assessing risk, safety monitoring and management

- At the previous two inspections there were concerns the service did not have effective systems in place to ensure people's risks were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found action had been taken and the service was no longer in breach of this regulation.

- People's individual risks had been appropriately identified, assessed, monitored and reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence as much as was possible.
- People's risk assessments included areas such as mobility, falls, choking, pressure care and specific health conditions. Staff were familiar with and followed people's risk management plans and appropriate action had been taken where necessary. A staff member told us, "People are safe, and we always make sure they are well cared for. It's a good team".
- Individual risk assessments guided staff in providing safe care. Risk assessments for weight management and nutrition had been undertaken.

Using medicines safely

- At the previous two inspections we found medicine systems were not always safe and audits were not effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

We found action had been taken and the service was no longer in breach of this regulation.

- Medicines were ordered, stored and disposed of safely and securely. Care staff were trained to support people to take their medicines safely and were regularly assessed to make sure they were competent. Medicines administration records were completed following administration and were regularly checked to make sure they were accurate.
- People's medicine support needs had been assessed and were recorded in care plans. People were supported to safely self-administer their medicines if they chose to. However, care plans did not always identify risks related to medicines.
- People we spoke to told us they were happy about how they took their medicines. They said, "Meds always on time" and "Had all my C19 vaccine". Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner. However, additional guidance was not always available to help them make consistent decisions.

We recommend the service continues to improve their medicines processes to make sure that information around medicines, including when required medicines, is recorded in people's care plans.

#### Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People's needs were responded to. Staff told us they thought there were enough staff to support people. They said when staffing levels fell short they supported each other by doing additional shifts. The service did not use agency staff. Comments included, "To say where we are in a rural location, we don't really have staff problems" and "We are a very close staff team and we support each other."
- People told us they felt there were enough staff. People told us, "Staff always come in to see me when I stay in my room," "Staff are very kind and are always there when I need them," "Feel safe and well looked after." A staff member told us, "Good place to work- always made to feel welcome".
- Staff were recruited safely. Staff files showed a range of checks including references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if an applicant had a criminal background or had been judged as unfit to work with vulnerable adults.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Lessons were learnt from incidents and accidents. Records of incidents and accidents were maintained, and the manager reviewed them; analysed them to identify patterns and trends; and took actions to ensure



learning from them.

- Where people had regular falls, they were referred to the falls clinic in order to better manage the level of risk.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- At the previous two inspections we found the service was not working within the principles of the Mental Capacity Act 2005 (MCA). Staff did not understand the principles of MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had improved their processes and systems and staff had received training to support their understanding.

We found the service had taken action and was no longer in breach of this regulation.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

Staff support: induction, training, skills and experience

- At the previous inspection the service had not ensured staff received suitable training and updates in relation to safeguarding adults and medication management. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection staff training and updates had been improved.

We found the service had taken action and was no longer in breach of this regulation.

- People were supported by staff who had appropriate skills and experience. Staff told us and records confirmed that they had received regular training and updates and new staff received an induction before commencing employment.
- Staff told us, "Training has really improved. The managers keep a check and remind us when training is due" and "We're encouraged to do the e-learning".
- Staff told us they felt supported in their roles and could approach the management team if they had any concerns or queries. Formal staff supervisions were taking place and a staff member said, "I feel well supported".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service, to help ensure their needs were understood and could be met. A person told me, "I like it here, its lovely. No faults at all".
- Care plans were regularly reviewed and updated to ensure care provision was current and in line with the person's needs and preferences.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink well. People's care plans documented people's likes and dislikes and any support they required around food and drink.
- We observed lunchtime service. People were given choices of what to eat and drink. The food provided was well presented and kept warm. Staff assisted people who required support with their meal.
- People told us they were offered choice around what meals they would like, and any specific requests were catered for. One person told us, "I'm a bit picky when it comes to food but they (staff) are very good if I don't want a big meal I can have a sandwich."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked jointly with other services and professionals to ensure people received effective and timely care. People took details of important information which was used to inform other health professionals should the person require hospital admission.
- People's health needs were well met by the service. Care records showed the involvement of other health professionals, and the service worked with local health professionals to support people's health and well-being.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being.

Adapting service, design, decoration to meet people's needs

- The premises were suitable for people's needs and provided people with choices about where they could spend their time. The provider told us there were plans to change the use of the dining room to a more suitable lounge area. The lounge area being changed was at times cluttered with mobility equipment. The change would improve the space available for mobility aids.
- Access to the building was suitable for people with reduced mobility and wheelchairs. The service was divided into various levels. There was choice of access to the upper floor through stair lifts and a passenger lift.
- The service had adapted toilets and bathrooms with fitted equipment such as grab rails for people to use

in support of their independence.

- People's rooms were personalised to their individual requirements. One person told us, "I like to stay in my room most of the time and it's nice to have all my personal things like the photos. Happy memories".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the inspection in September 2019 we found the service was not consistently recording how people liked their care being provided. Changes to people's needs were not promptly updated. Relatives did not have the opportunity to be involved in their family members reviews. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach of the regulation.

Care plans had been reviewed and changes made to include, how people liked care provided. Changes in people's needs were reviewed and responded to regularly and when any urgent changes were required. During COVID-19 there had been disruption in relative's involvement in reviews. However, a relative told us they were kept informed of any changes and invited to discuss issues. The provider had also looked at other options for communication during this time including the use of technology.

- Care records covered areas such as personal care, eating and drinking, skin care, memory and understanding and behaviours that can challenge. They were regularly updated, which was particularly important as some people could not communicate verbally. which meant staff had to closely monitor their weight, behaviours and condition of their skin.
- Care plans were person centred and detailed people's likes and dislikes and how they wanted to receive support. People's faith and any specific needs were documented, and guidance was given to staff on how to meet these needs.
- Care records detailed information about people's backgrounds, history, social, physical and mental health needs. Care plans provided information for staff on how to meet people's identified needs including, support people needed to maintain their physical health and well-being, nutrition and personal hygiene.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the inspection in September 2019 we found where some people could not take part in activities their care plans had not taken this into account. Care records did not detail alternatives or if people or their relatives had been consulted. Records did not show how people had engaged in meaningful activities. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had acted on this and were no longer in breach of the regulation.

There was a system in place to identify people's choices for activities, records of activities they took part in and people had been consulted. A relative told us they frequently discussed their family members outings with the manager.

- The service had a range of activities taking place from music, art and involvement with local community organisations.
- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the COVID-19 pandemic. A relative said, "(Name of person) loves living here and I love taking (Name of person) out. The staff are so supportive".

#### End of life care and support

- At the inspection in September 2019 we found end of life care plans did not include evidence of people's individual wishes. Staff had not received training in end of life care. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had improved the end of life planning and were no longer in breach of the regulation.

There was a comprehensive plan in place which included people's personal preferences. For example, if the person might want to wear a specific item, have a preference to personal photos or other items. The staff training matrix showed staff were undertaking training to support people at the end of their lives.

- The service had an end of life policy and worked to support people to remain at the service for as long as possible with the support of community health professionals.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, family and GP.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the inspection in September 2019 we made a recommendation to ensure managers and staff understood what the accessible information standard was. At this inspection we found the registered manager and staff understood what the AIS was and how they could support people to communicate and understand in a way which supported them. For example, where people had communication issues they were using pictorial communication cards. Staff were seen supporting a person to communicate what they wanted to do by using the cards. A staff member told us, "It's made such a difference to (Persons name). They have opened up a lot since using the cards."

#### Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures in place. The provider kept a log of all complaints they received. Complaints were investigated thoroughly and responded to.
- A relative told us they had no concerns and if they had, they would raise these with the management team.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- At the two previous inspections we found the providers systems and processes had not been effective in identifying and making required improvements to the quality of the service. The provider had failed to resolve the breaches of regulations 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.. The inspection in December 2020 also found the service was in breach of regulation 18 (Training) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the inspection in September 2019 we found breaches of regulations in the responsive domain. They were regulation 17 (Activity recordings) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. and regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made for the service to meet the regulations identified in this domain. Due to the impact of the COVID-19 pandemic we had been unable to inspect the service sooner to measure the actions the provider had taken. During this time period the provider had sent the commission a monthly action plan to demonstrate what they had done to meet the breaches of regulations. This inspection assured us the provider had embedded the new practices into the day to day operation of the service.

- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.
- Any learning identified following incidents or complaints was shared with the staff team through regular team meetings and supervision sessions.
- We found the management team open and responsive during the inspection. The management team worked with us during the inspection and responded positively to any suggestions. A staff member told us, "Things have improved. Seems a better atmosphere and can always go to management for support".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the previous two inspections the service lacked consistent leadership, which had negatively impacted on the services performance. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the leadership of the service had improved and were no longer in breach of the regulation. Since the previous inspection in December 2020 the manager had registered with the commission. The provider now met the condition of registration for a manager to be in post, who was registered with the commission. The provider had extended the management team to include a deputy manager and senior roles had been developed. This had enabled the management team to implement effective systems and improve the overall operation of the service.

- Despite the challenges brought about by the COVID-19 pandemic, the service had implemented improvements which is outlined throughout this inspection report.
- There was a clear management structure in place which staff understood.
- The registered manger understood their responsibility to be open and honest with people and relatives if something went wrong. The registered manager was aware of their legal responsibilities to notify CQC of any concerns or incidents.
- The improvements noted throughout this report supported a culture of learning and improving.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being. Staff told us, "Lots of changes, but it has got better" and "We have a really strong staff team and we get lots of support from the managers."
- We observed the staff team to be dedicated, friendly and approachable during the inspection. Staff engaged well with people. People had a good rapport with staff, and we saw some friendly and jovial interactions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Regular audits took place, and these were completed by the management team and overseen by the operations manager. These included checks on people's health, social needs and staffing.
- The management team promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were observed to be involved with day to day decisions about the care and support they received.
- A relative confirmed that they were kept updated about their family member and any changes on a regular basis. They said, "It's a great home. I am very happy with every aspect of (Persons name) care and support".
- Staff morale was good, and they told us that they were involved in the development of the service, through discussions at staff meetings and individual meetings with the manager.
- People and their relatives had opportunities to provide feedback through surveys and raise any comments via an open-door policy at any time.
- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.