

Swallowcourt Limited

Poldhu

Inspection report

Poldhu Cove
Mullion
Helston
Cornwall
TR12 7JB

Tel: 01326240977

Website: www.swallowcourt.com

Date of inspection visit:
19 December 2016

Date of publication:
03 January 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 3 March 2015. After that inspection we received concerns in relation to moving and handling practices. As a result we undertook an announced focused inspection on 19 December 2016, to look into those concerns. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk

Poldhu is a care home with nursing for up to a maximum of 63 older people. At the time of the inspection there were 53 people living at the service. Some of these people were living with dementia. The accommodation is spread over three floors.

The service is required to have a registered manager. 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. There was a registered manager in place.

Care plans contained risk assessments for a range of circumstances including moving and handling. These were updated regularly to reflect any changes in people's needs. There was clear guidance for staff on how to support anyone who had been identified as at risk.

All staff received training in moving and handling and this was also part of the induction process. Training was refreshed every two years. Following concerns about poor practice the senior management team were considering increasing this refresher training to yearly intervals. Staff told us they felt confident when assisting people to move and thought the training gave them the necessary skills to carry out their roles safely. People told us they felt safe when being supported to mobilise. One commented; "They always use the hoist, it's safer that way."

The registered manager told us supervisions had lapsed recently but this had been addressed and all staff would be receiving regular supervision every six to eight weeks. Staff said they felt well supported and able to approach the management team or nursing staff for any advice or if they felt unsure about anything.

We observed people being supported to move from standing to sitting positions and being assisted to move using a hoist and sling. Staff appeared confident and competent in their approach and we did not witness any examples of poor moving and handling practices.

There were sufficient staff to meet people's needs. Staff were quick to respond to any requests for support and were patient and unrushed in their approach.

All staff had received training in safeguarding. There was information available on noticeboards regarding

the local authorities safeguarding processes.

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.

Risk assessments were informative and guided staff as to how to support people safely when assisting them to move.

Staff received training in moving and handling. This was regularly refreshed.

There were enough staff to meet people's needs.

We did not improve the rating for safe from requires improvement because the inspection only considered one area of concern. We will look at all areas of the 'safe' question during our next planned comprehensive inspection.

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.

We undertook an announced focused inspection of Poldhu on 19 December 2016. This inspection was carried out following concerns received after our comprehensive inspection in March 2015. We inspected the service against one of the five questions we ask about services: Is the service safe? This is because this was the area we had received concerns about.

The inspection was carried out by one inspector and was announced because we needed to speak with the registered manager and wanted to be sure they would be available. Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with the registered manager, three care workers and two people who lived at Poldhu. We also observed care workers assisting people to move around the service and transfer from sitting to standing and vice versa. Following the inspection we spoke with a relative.

We looked at one person's care plan, training records and other records relating to the management of the service. Following the inspection we were provided with the organisation's moving and handling policy and records relating to staff training and induction.

Is the service safe?

Our findings

Before this focused inspection we received concerns relating to moving and handling practices being used at the service. This meant people might have been at risk of harm. We wanted to check that staff had received appropriate training and support and were skilled and competent when supporting people to move.

Care plans contained risk assessments for a range of circumstances including moving and handling. The risk assessments were updated regularly to reflect people's changing needs. There was guidance in place for staff on how to care for someone who had been identified as at risk. The assessments indicated how many members of staff should support people to move around or transfer from their bed to a chair or vice versa. There was also information on the equipment which should be used to support people. Some people required specialist equipment and this was kept in their room and clearly marked as being for their sole use. The risk assessments indicated when this was the case. For example; "Must have and use only her own named slings as they are specific [for the persons needs]." The risk assessments were regularly reviewed and updated to help ensure they accurately reflected people's needs at any one time. Staff confirmed to us they were aware of what equipment people needed to meet their specific needs.

All staff received training in moving and handling and this was also part of the induction process. Every new member of staff was required to complete the induction irrespective of any previous experience. Staff told us the training was; "thorough." The training took place over the course of one day and was split into two sessions covering theory and practice. There was an in-house moving and handling trainer based at Poldhu who delivered the training at the service. Practical training was experiential with staff taking turns to be moved with the aid of equipment such as hoists. Staff told us the training covered a lot of different types of equipment. The training was refreshed every two years. Following concerns about poor practice the senior management team were considering increasing this refresher training to yearly intervals. In addition they were planning to introduce more specialised training for supporting people with specific physical needs and a system for regularly reassessing staff competencies. This demonstrated the provider took action to learn from any events and improve the way in which care was delivered.

Records showed 11 of the 93 staff were due to have refresher training and eight of these had dates booked to attend. The remaining three were waiting for a date to be confirmed. Staff told us they felt confident when assisting people to move and thought the training gave them the necessary skills to carry out their roles safely. People told us they felt safe when being supported to mobilise. One commented; "They always use the hoist, it's safer that way." A relative commented; "I consider it to be safe." There was a comprehensive and up to date moving and handling policy in place.

The registered manager told us they did not carry out any formal observations or 'spot checks' of staff working practices. However, they worked alongside care staff on a regular basis supporting them to deliver care. They had relocated their office, which they shared with the deputy manager, so it was situated close to the lounge area and told us they had a good understanding of the day to day running of the service. They commented; "We're in and out all day." The moving and handling trainer carried out observations of staff

supporting people to move when people's needs changed to help ensure the correct techniques were being used.

The registered manager told us supervisions had lapsed recently but this had been addressed and all staff would be receiving regular supervision every six to eight weeks. Records showed this programme had been started. Staff meetings were held every two months although these were poorly attended. The registered manager told us they were exploring ways of helping to ensure more staff members attended these. Staff said they felt well supported and able to approach the management team or nursing staff for any advice or if they felt unsure about anything. They told us they had plenty of opportunities to raise any issues.

We observed people being supported to move from standing to sitting positions and being assisted to move using a hoist and sling. Staff appeared confident and competent in their approach and we did not witness any examples of poor moving and handling practices.

The staff team had an appropriate mix of skills and experience. There was always one nurse on shift who was supported by a team of care assistants. The care assistants were deployed across the service with four covering the first and second floors, two on the ground floor and one 'float.' There were an additional two members of staff on duty during the breakfast period. On the day of the inspection people's needs were met quickly. Staff were unrushed in their approach and quick to respond to any requests for assistance. Although three members of staff were unexpectedly absent from work their shifts had been covered. This meant staff were not under undue pressure to complete care tasks quickly. A relative told us; "They are busy but there seem to be enough, and they're always friendly."

All staff had received training in safeguarding. There was information available on noticeboards regarding the local authorities safeguarding processes.

Following any incident occurring while care is being delivered which results in a person sustaining severe or moderate harm the registered person is required by law to supply the person with a written apology and details of any resulting enquiries. This is known as the Duty of Candour. The registered manager was following the legislation appropriately.