

# Cumbria Care Petteril House

## Inspection report

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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?

Requires improvement 

### Overall summary

This unannounced inspection took place on the 9th & 12th March 2015. During our previous inspection on the 17 July 2013 we found the provider met all the standards we inspected.

Petteril House is a care home registered to provide accommodation for 37 older people requiring personal care. The home is located on the outskirts of Carlisle and is close to local shops and public transport routes.

The property is a two storey building with a passenger lift to assist people to access the accommodation on the first floor. People live in small units, each with its own sitting and dining area. One unit specialises in providing care for people living with dementia and other complex needs.

The registered manager had been absent for six months and the home had been managed on a part time basis by a registered manager from another service within Cumbria Care. A new full time manager was recently appointed and was in post on the second day of our inspection. She is already employed the provider as she has been managing another service within the organisation.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

We have made a recommendation about ensuring staff training is kept up to date and staff receive updates in a timely way.

The service was not being well managed in respect of effectiveness of the quality monitoring systems used to assess practices and improve aspects of the service where needed.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to effectively monitoring and improving the quality of the service people received.

You can see what action we told the provider to take at the back of the full version of the report

All the people we spoke to during our inspection visit told us they felt safe living in Petteril House. They told us there was enough staff to help them when they needed assistance of any kind.

We found that people's needs were assessed prior to their admission to the home. Records showed people and their family members had been involved in making decisions about what was important to them.

Nutritional assessments were in place and people were encouraged to eat a healthy diet. Special dietary needs were catered for.

Each person had a care and support plan in place giving the staff team sufficient information to provide the appropriate level of care.

The service worked well with external agencies such as social services and mental health professionals to provide appropriate care to meet people's physical and emotional needs.

Procedures for the recruitment of staff were robust which ensured only suitable people were employed to care and support vulnerable adults with a variety of needs.

The receipt, administration and disposal of medicines was handled well and all records were up to date.

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

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions

# Summary of findings

## 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.

Staff had been recruited safely with appropriate pre-employment checks.  
There were sufficient staff to provide the support people needed, at the time they required it.

Medicines were stored safely and records were kept of medicines received and disposed of so all could be accounted for.

Infection control measures were in place to ensure the environment was suitable to meet all the assessed needs.

Good



### Is the service effective?

The service was effective.

Staff training and supervision were being brought up to date to ensure staff had the knowledge to provide appropriate care.

People had a choice of meals and drinks. People who needed additional support to eat and drink received help in an appropriate way.

People's rights were being protected because the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were being followed and applied in practice.

Good



### Is the service caring?

The service was caring.

The people we spoke to said they felt well cared for. We saw meaningful interactions between people and the staff and noted that people's privacy and dignity was respected.

The staff took time to speak to people and gave them the time to express themselves.

Staff demonstrated good knowledge about the people they were supporting and their likes and dislikes.

Good



### Is the service responsive?

The service was responsive.

People's care needs were thoroughly assessed and care plans were based on the information gathered during the assessment process.

Advice was sought from external health and social care agencies that ensured all assessed needs were met appropriately.

Good



# Summary of findings

Complaints and concerns were dealt with through the provider's policy and procedure with any outcomes used as lessons learnt.

## Is the service well-led?

The service was not well led.

The systems used to monitor the quality of the service people received had not operated effectively to record, evaluate and improve aspects of service provision.

The registered manager for this service had been absent from the home for six months but there was an acting manager employed in the home. There were systems in place for staff to discuss their practice and to report concerns.

Team meetings took place that gave staff the opportunity to discuss the provision of care and support provided.

**Requires improvement**



# Petteril 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 checked 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 9th March 2015 and was unannounced. The inspection was carried out by an adult social care lead inspector.

We did not receive a Provider Information Form (PIR) as one had not been sent to the provider for completion. This 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. We reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We looked at the

information we held on safeguarding referrals, concerns raised with us and applications the manager had made under Deprivation of Liberty Safeguards (DoLS). We planned the inspection using this information.

During our inspection we spoke to five people who lived in the home, a small group of people in the ground floor lounge, two relatives who were visiting on the day of our inspection visit. We also spoke to four support workers one supervisor, one domestic and spent time with the acting manager.

We also spent time looking at records, which included looking at six people's care plans and risk assessments to help us see how their care was being planned and delivered. We also looked at the staff rotas for the previous month, staff training records and records relating to the maintenance and the management of the service and records. We also looked at the system in place to monitor the level of care and support provided.

As part of the inspection we also looked at records and care plans relating to the use of medicines.

# Is the service safe?

## Our findings

Everyone we spoke to during our inspection visit told us they felt safe living in Petteril house. People said, “I have always felt safe living here...much better than living alone” and “There is always someone about to give you a helping hand when you need it”. Relatives told us, “I have no concerns at all about my relative’s safety and this makes me more relaxed”.

We checked the number of staff on duty and found there were eight support workers and one supervisor covering the three units on the day of our inspection visit. We looked at the staff rosters and saw there were days when there were fewer than eight and the acting manager confirmed that wherever possible there was a minimum of 5 support workers plus a ‘floater’, a supervisor and a manager on duty during the day. A ‘floater’ is a support worker who helps out where needed.

There were sufficient domestic staff in the home to keep it clean and enough catering staff employed to provide a good range of meals.

The registered provider, Cumbria Care, had systems in place to ensure staff were only employed if they were suitable and safe to work in a care environment. There had been no new staff appointed to work in the home since November 2014 and the staff files we checked evidenced there was a robust recruitment in place. We saw that the checks and information required by law had been obtained before the staff were offered employment in the home.

The registered provider had systems in place to help make sure people living there were protected from abuse and avoidable harm. The staff we spoke to told us that they had completed training in recognising and reporting abuse. They also told us they were confident that concerns they reported would be dealt with in accordance with Cumbria’s multi-agency policy and procedures. All staff had a competency document called a safeguarding adults passport to complete so that senior staff could check on their competency.

Training records indicated that some staff were ready for updates in safeguarding vulnerable adults were not up to date.

During our visit we looked at the training records and noted that support staff had completed training in safeguarding vulnerable adults. However we saw that updates for some of the staff were due to be updated but there was no indication that refresher training had been arranged.

**We recommend that the service consider introducing systems to make sure training updates are put in place for all staff.**

As part of our inspection we looked at the receipt, administration and disposal of medicines. We saw they were stored correctly and safely in a locked trolley within a locked cupboard. We looked at the medicines administration records (MAR) and found these were correctly completed.

We saw there were protocols in place to record when ‘as and when’ required, medicines were administered. These records were up to date. We saw there was a stock control book in place. The supervisor explained this avoided the possibility of overstocking on medicines particularly those prescribed to be given ‘as and when’

We looked at the handling of medicines liable to misuse, called controlled drugs. These were being stored, administered and recorded correctly. We saw that the staff administering the medicines had received appropriate training to do so and that they gave people the time and the appropriate support needed to take their medicines.

There were contingency plans in place to manage any foreseeable emergencies and people had individual emergency plans in place. This was to help make sure that there was information on how to support people if the home needed to be evacuated.

We saw that risk assessments were in place in order to minimise risks associated with daily living. These were reviewed when people’s care plans were updated and ensured people were kept safe from any potential harm.

We saw that equipment used to assist people with mobility needs was serviced under annual service contracts. There were handrails on corridors and a lift to the upper floor if people felt unsafe using the stairs.

There was a member of the support staff who had delegated responsibility and was the lead for infection control. The home was clean and fresh smelling on the day of our inspection visit. This was remarked on by visitors we spoke to.

# Is the service effective?

## Our findings

When we spoke to members of the support staff team it was obvious they knew people who lived in Petteril House very well. They were able to tell us how they provided care and support in the way that people wanted. People told us, “The staff are so good and are always asking me if I am OK. They give me time to do things without rushing me. They give me any help I ask for when I need it”.

Relatives were happy with the effectiveness of the support provided. Comments included, “The staff are very good and do their best to meet my [relative] needs although they are becoming more acute. I know all their health care needs are met”.

We spent part of our time in the dining areas of the home and observed how the breakfast and lunch was served. We saw that people had chosen what they wanted for their meals and staff served the meals on each of the units. People that needed assistance were given it in a caring and supportive manner. People were given the time to enjoy their meal. People we spoke to all told us they enjoyed their meals.

All of the care plans we looked at contained a nutritional assessment with weekly or monthly checks on people's weight. People who were at risk of losing weight and becoming malnourished had management plans in place. We could see these were being given meals with a higher calorific value and also fortified drinks prescribed by their doctors. If people found it difficult to eat or swallow the dietician or the speech and language therapist (SALT) were contacted for advice. There was also information on specific dietary needs such as diabetic diets and soft and pureed meals. This information was recorded in individual assessments and in the care management plans.

We saw, from the care and support plans that people had access to external health care professionals to meet their individual health needs. Visits from doctors and the district

nurses were recorded in each support plan. We spoke to one of the district nurses who was visiting on the day of our inspection. They said, “We visit daily to do dressings. We find the staff ask for advice and always listen when we give it. Members of the district nursing team do come in to do training in things like catheter and wound care when we have the time. I think the staff appreciate this”.

The training records showed that not all the staff had completed training in the Mental Capacity Act 2005 (MCA2005) or Deprivation of Liberty Safeguards (DoLS) although the supervisor we spoke had completed the training and was aware of the implications of the legislation. Arrangements were in place for training in this subject will be cascaded down to all the staff team. Other mandatory training was up to date.

On our second day of the inspection the newly appointed manager confirmed that three members of staff had started a 10 week medicines course and arrangements had been made for staff to complete training in supporting people whose behaviour could challenge the service or other people who lived in Petteril House.

Further training with Stirling University with regards to supporting people living with dementia had been organised for those newer staff who had not yet completed the course.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We saw that people who had capacity to make decisions about their care and treatment had been supported to do so.

When we returned on the second day of our inspection we spoke to the newly appointed manager. We asked if there were any people who lived in the home subject to a DoLS. She confirmed that there was no one who was currently subject to such an order.

# Is the service caring?

## Our findings

We spoke to a group of people in the communal areas of the home and four in the privacy of their own room. They were all very complimentary and spoke highly of the care and support they received from the staff. People said, “I have lived here for two years and I am very happy. The staff are really caring and help me with personal things and bathing” and “These girls are the best and so very kind. Nothing is a bother for them”.

Relatives said, “The staff are really kind and caring. It can’t be easy but they are always bright and cheerful”. Another visitor said, “They always make me very welcome and offer tea or coffee”.

During our inspection visit we observed the staff supporting people in a kind and caring way. They showed patience and gave people time to move around the home or eat their meals. We saw that people’s dignity and privacy were maintained throughout the day. People were suitably dressed and ladies wore make up and had their nails manicured if they wanted.

We saw staff knocking on bedroom doors and waiting for a reply before going in and all personal care was delivered behind closed doors. People told us they could see their doctor or the district nurse in their own room to maintain their privacy.

We observed people being assisted with their meals in the most appropriate and caring manner. No one was hurried but were allowed the time to do whatever it was they were doing. Staff took time to speak to people during the day even as they were passing through the communal areas.

We spent some time in the unit that provided care and support to people who were living with dementia or other complex needs. We observed warm and friendly interaction between the staff and the people they supported. Some people had limited verbal communication and we observed the support staff communicating through body language and facial expressions. We saw people were relaxed in the company of the staff.

We saw, from the care and support plans people were encouraged to remain as independent as possible. People said, “The staff are very good and encourage me to do as much as I can for myself and allow me the time to do it. They really are all very caring”.

Cumbria Care, the registered provider, provided lots of information for people who used their services. This included details of advocacy services that were available if people needed assistance making decisions about their lifestyle.



# Is the service responsive?

## Our findings

We looked at a total of six care plans and saw that new people who wanted to live in Petteril House were fully assessed prior to an offer of accommodation being made. The care plans we looked at during our inspection visit gave staff information about how people wanted to be supported. Preferences, likes and dislikes were clear and included details about preferences for personal care, interests and hobbies, health care needs and their religion.

Most of the care plans had life stories that give a full picture of the person, their likes and dislikes and their interests and employment prior to coming into the home. Some people had indicated they wished to give little or no information about their life before they moved in and this decision was respected. We asked people if the staff knew about their likes and dislikes and they said, "The girls know me very well, that I prefer a bath to a shower and that I like a lie down after lunch". One person told us they had a relative living in Petteril House and they visited each other every day.

People's weight was monitored and referrals to a dietician or speech and language therapist were made if necessary. Emotional needs were recorded as well as physical needs and advice from the mental health team was accessed when required. We asked visitors if they felt the home was responsive to their relative's needs and were told, "The staff respond immediately if anything goes wrong. My relative's doctor visits and if they need to see a consultant that is organised too".

The care plans we looked at had been signed by the individual or, where appropriate, a member of their family.

The supervisor on duty told us that, wherever possible, people were involved in the care planning review process. We looked at six care and support plans in depth and saw that information gathered from the initial assessment of needs was used as a basis of the personalised plan. Care plans were reviewed each month but one of those we looked at during our inspection had not been reviewed the previous month. When we visited on the second day of the inspection we saw that the newly appointed manager had already made arrangements to ensure all the care plans were looked at and brought up to date if this was necessary.

We saw a number of people sitting in their own rooms and asked them if they preferred this. They said, "It is my choice and the staff respect this but they do pop their heads round the door to check I am not lonely. I never am as I like my own company, my books and my own television programmes".

The home had a complaints procedure that was available and on display in the home for people living there, relatives and other visitors. Any complaints or concerns raised with the manager or through staff were recorded and dealt with under Cumbria Care's complaints procedure. We asked people and visiting relatives if they had felt the need to complain. People who lived in the home said, "No I have never needed to really complain about anything. If I feel unhappy about anything I speak to the staff or supervisor and it is sorted out right away". A visiting relative said, "There were some issues at first but communication is very good. When I mentioned things I was not too happy about they were put right immediately".

# Is the service well-led?

## Our findings

Petteril House had been without a registered manager in post for six months but had been managed by a registered manager from another service within Cumbria Care on a part time basis. When we returned to the home to complete our inspection a new manager, already registered with CQC for the service she previously worked at, had been appointed as a full time manager.

Family members we spoke to told us they were able to speak to the manager on the days they were in Petteril House. If it was anything urgent they would speak to the supervisors who were always available to help.

Staff told us they had felt supported by the acting manager when he was in the home. Visitors to the home on the day of our visit told us, “We can approach any of the senior team at any time and have been able to speak to the manager when he was in the home”.

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. Staff supervision included time spent discussing different policies to ensure staff understood their roles and responsibilities with regards to the care and support of older people with a variety of needs.

Cumbria Care, the registered provider, had systems in place to monitor the safety and quality of care provided by this service. At the time of our inspection many internal audits or checks had been completed but all were not fully up to date. Monthly visits by the operations manager to support the registered manager took place and there was an annual internal quality audit visit by internal auditors covering every aspect of the service provided. The registered manager confirmed they were working through the recommendations and requirements made during the latest audit.

There was a member of the support staff team who had delegated responsibility for infection control. They had completed training in this subject and had recently

completed a full audit of infection control practice and procedures. A report had been prepared for the registered manager and work had already started in improving infection control procedures throughout the home.

There was also an annual financial audit and health and safety audit undertaken by the provider. We could see from records that the home's Operations Manager checked any financial records where the home held people's personal money. Records of monies spent on behalf of people who lived in Petteril House evidenced that receipts were held on file and entries in the records were signed by two people.

We spoke to the supervisor on duty who confirmed that regular audits on the Medication Administration Records (MAR) were completed at the end of the shift. We saw these were noted in red on the MAR sheets as a visible check the audit had been completed.

We saw that care plans had been reviewed by supervisors monthly although one of those we looked at in detail had not been reviewed the previous month. This had not been highlighted by the registered manager's audits. The newly appointed manager told us that arrangements were now in place to ensure monthly checks and audits of every care plan would take place. Any identified omissions would be followed up with the supervisors at their next supervision meetings.

This demonstrated a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems used to monitor the quality of the service people received had not operated effectively to record, evaluate and improve aspects of service provision.

We found during our visit there was an open and welcoming atmosphere in the home. Support staff and supervisors told us the team worked closely together and had supported each other during recent months. Staff meetings were held and we were given a copy of the minutes of the last meeting held in February this year. These evidenced that a wide variety of subjects had been discussed such as medication audits, the use of food and fluid charts, daily record sheets and the new roster showing the increase in staff numbers.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>This was because the systems used to monitor the quality of the service people received had not operated effectively to record, evaluate and improve aspects of service provision.</p>