Mr & Mrs L Difford

Penmount Grange

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on 5 and 7 January 2016 and was unannounced.

Penmount Grange provides care and accommodation for up to 27 people who are living with dementia or who may have physical disabilities. The provider also owns and operates three other residential care homes and a domiciliary care agency in Cornwall.

On the day of the inspection 25 people were living at the care home. The home is on two floors, with access to floors via a stair lift. Some bedrooms have ensuite facilities. There are shared bathrooms, shower facilities and toilets. Other areas include one lounge, a lounge/dining area, a dining room, and a patio area.
The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care and support from staff who were kind and caring, treated them with respect and promoted their privacy and dignity. People, staff and visitors described the atmosphere as "a family", "welcoming" and "warm". People were supported by sufficient numbers of staff who had the knowledge, skills and experience to carry out their role. The registered manager provided support and training for staff, and staff told us they felt the service was well managed and they felt supported.
People felt safe. People were protected from avoidable harm and abuse that may breach their human rights. The registered manager and staff understood how the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) protected people to ensure their freedom was supported and respected. This meant decisions were being made for people with proper consultation. People's consent to care and treatment was reflected in their care plans and staff asked people for their consent prior to supporting them.

The registered manager and staff understood their safeguarding responsibilities. People were protected by safe recruitment procedures as the registered manager ensured new employees were subject to necessary checks which determined they were suitable to work with vulnerable people.

People did not always have risk assessments in place. People's risk assessments had not always been effectively reviewed to ensure they were reflective of people's needs, and provided guidance and direction to staff to follow. People had personal evacuation plans in place, which meant people could be effectively supported in an emergency. The environment was assessed and monitored to ensure it was safe at all times.

People's medicines were managed safely. People were cared for at the end of their life. People, had access to health professionals, such as district nurses and GPs and staff had undertaken related training. People's wishes for their end of their life had not always been recorded so staff would know how people wanted to be cared for. The registered manager told us immediate action would be taken to ensure this was rectified.

People's care plans did not always provide direction and guidance for staff about how to meet people's individual needs. People's care plans were not effectively reviewed which meant care may not always be provided consistently, or in line with people's wishes and preferences. The registered manager was receptive to our feedback. People were able to continue with their own interests and participate in arranged social activities.

People told us the meals were nice, and staff supported them with their individual nutritional needs and took appropriate action when concerns were identified. People could access health care services. The registered manager had systems in place to ensure staff shared information about people's health care to help ensure prompt action was taken when required. Health and social care professionals spoke positively about their working relationship with the service and felt the service was responsive and met people's needs.

People and those who mattered to them were encouraged to provide feedback about the service they received. People told us if they had any concerns or complaints they felt confident to speak with the staff or registered manager.

The provider had some systems and processes in place to help ensure people received a high quality of care. The provider was also currently making improvements to make these more effective. The Commission was notified of all significant events which had occurred in line with their legal obligations. For example, in the event of someone passing away unexpectedly.

The registered manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People did not always have risk assessments in place to provide guidance and direction to staff about how to minimise risks associated with people's care.

People told us they felt safe. Staff knew what action they would take if they suspected abuse was taking place. Safe recruitment practices were in place.

People were protected from risks associated with the environment.

People received their medicines safely.

People told us there were enough staff to meet their needs.

Is the service effective?

Good

The service was effective.

People were supported to maintain a healthy balanced diet.

People were cared for by skilled and experienced staff who received regular training and support.

People had access to health care services which meant their health care needs were met.

People's consent to care and support was sought in line with legislation and guidance. Staff understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People were cared for at the end of their life by staff who had received training. People did not always have care plans in place so staff would know what people's wishes were at the end of their life. However, action was being taken to rectify this.

People told us staff were kind.

People were treated with respect and compassion.

People's privacy and dignity was respected by staff.

Staff knew people well and what was important to them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans were not effectively reviewed, and did not always give guidance and direction to staff about how to meet people's care needs.

People's independence and social life was promoted.

People could raise concerns and complaints, and they were listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

There were some systems and processes in place to help monitor the quality and safety of the service. The provider was taking steps to make these systems better.

The registered manager and provider promoted a positive culture.

The registered manager notified the Commission of significant events which had occurred, in line with their legal obligations.

The registered manager worked in partnership with external professionals to help ensure people's health care needs were met and a co-ordinated approach was taken.

Penmount Grange

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 visited the care home unannounced on 5 and 7 January 2016. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 also reviewed the information we held about the service and contacted the local authority. We reviewed notifications of incidents that the provider had sent us since the last inspection and previous inspection reports. A notification is information about important events, which the service is required to send us by law.

During our inspection we met and spoke with 13 people who used the service as well as two relatives, a social worker and a district nurse. We spoke with people in private and observed people's care and support in communal areas. We observed how people spent their day, as well as people's lunch time experiences. We met and spoke with two senior care staff, eight members of care staff, a housekeeper, two chefs, the registered manager, and the nominated individual. The nominated individual is responsible for ensuring the services provided by the organisation are properly managed.

We looked at five records which related to people's individual care needs. We also looked at records that related to people's medicines as well as documentation relating to the management of the service. These included five staff recruitment files, policies and procedures, accident and incident reports, internal audits, quality questionnaires, and training records.

After our inspection we reviewed four CQC comment cards; "Tell us about your care" which had been completed by a psychiatric nurse and three members of care staff.

Requires Improvement

Is the service safe?

Our findings

People did not always have risk assessments in place to provide guidance and direction to staff about how to minimise risks associated with people's care. For example, one person who had a diagnosis of diabetes chose not to follow a particular diet. The person did not have a risk assessment in place to provide guidance and direction to staff should this person become unwell. When risk assessments were in place, staff did not always follow the guidance provided. For example, one person's risk assessment stated they required a mobility aid to assist them to stand, however, staff were observed to assist the person without the aid. The registered manager told us she would speak with staff, and improvements to documentation would be made.

People did not always have risk assessments in place. People's risk assessments were not effectively reviewed to ensure they were reflective of people's needs and provide guidance and direction for staff to follow. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's accidents and incidents were reported, recorded and investigated to help identify themes and take any necessary action for improvement. For example, if a person was falling a review of their care was undertaken and professional advice sought. However, the registered manager's accident and incident audit was not always reflective of what was written in people's care plans. For example, one person had fallen, had been admitted to hospital and had sustained an injury to their forehead; however, this had not been recorded on an accident form. The registered manager assured us that paperwork had been completed but it had been mislaid.

People felt safe living at the service, one person told us, "I was one of the first to come here with my husband and when he passed away I always wanted to stay here because I feel so safe". A relative expressed, "I feel my relative is safer here than a recent stay she had in hospital."

People were protected from harm and abuse because the registered manager and staff had received training in respect of safeguarding and were confident about what actions to take.

People's personal money was kept safe and records showed a clear audit trail of all transactions to ensure people were protected from financial abuse.

People were protected from risks associated with the environment. Equipment used by people, such as hoists and chair lifts were serviced annually to help ensure they were safe for people to use.

People were protected in the event of a fire. People had personal evacuation plans in place to help ensure they were supported in the correct way by emergency services. People had signage displayed in their bedrooms which gave clear instructions about what to do. The registered manager had an emergency file, which contained important information, such as the fire evacuation and contingency plan in the event people had to leave the service. The fire alarm was tested regularly, and staff participated in fire drills to help

ensure they responded in the correct way.

People had their needs met by sufficient numbers of staff who had been recruited safely. Records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. The provider used a staffing tool which assessed the level of care of people, to determine the correct staffing numbers required and staff confirmed extra staff were on duty if the occupancy of the service increased, or if people's care needs increased. One person told us, "If I can't do anything myself there is always a member of staff to help me. They come in a flash".

People were protected from poor practice and care, because the provider had a whistleblowing policy and a disciplinary procedure. Staff had confidence in the registered manager, to take action if concerns were raised, and gave an example of when she had taken prompt action in the past.

People's medicines were managed safely, and given to people as prescribed. Medicines were stored and disposed of safely. The registered manager had an audit to quickly identify areas which required improving. The audit had recently helped to identify poor recording practices, and as a result of this staff had been requested to complete refresher training in respect of medicine administration. People's care plans were not always descriptive of the medicines they took, specifically pain medicines. The registered manager told us she would make improvements.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills they needed to carry out their role. One person told us, "The staff certainly know what they are doing." A relative confirmed, "The staff certainly have the correct skills to look after my relative, they couldn't be better." Newly appointed staff completed an induction to introduce them to the philosophy of the service, people, policy and procedures and the environment. The registered manager had introduced the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care. Staff attended training that met the needs of people. For example, dementia care, end of life care, safeguarding and epilepsy. One member of staff told us, "We do receive a lot of training." The service was linked to a local college, so the registered manager could access and provide accredited training to staff. Staff received ongoing support in the form of supervision/coaching sessions and an annual appraisal. Staff confirmed staff meetings took place and told us they felt "well supported".

People's consent to care and support was sought in line with legislation and guidance. 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's records recorded best interests meetings to determine if they had the capacity to agree to their care and support needs being meet. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff had a good understanding of the legislative frameworks of the MCA and associated DoLS. People when appropriate, were assessed in line with the DoLS as set out in the MCA. Applications had been made for people to ensure their right to not being unduly restricted were assessed. These were awaiting authorisation by the local authority.

People were asked for their consent prior to staff supporting them. For example, whether they would like their food cut up, or help to put on a napkin. Where appropriate, people had consented to a do not resuscitation order to be in place, so staff knew what the person's wishes were in the event of a cardiac arrest. These had been appropriately signed by a GP.

People were supported to eat and drink, and to maintain a balanced diet. People had access to drinks and snacks through-out the day. People were encouraged and when necessary assisted to eat and drink. One person commented, "The staff always make sure I have a drink on hand." A fridge with a glass front also prompted people independently to help themselves to snacks.

People were able to choose a variety of options, from a menu which had been designed in line with people's likes and dislikes. People told us, "The food is basic, but by gum do I enjoy it", "It's that good I think I've put

weight on" and "We have an absolutely fabulous cook, the gravy they make is excellent". The chefs were knowledgeable about people's specialist diets and told us staff effectively communicated any changes.

People's care plans provided information and guidance to staff about their nutritional needs. People who were at risk of losing weight were monitored to ensure prompt advice and intervention was sought from the persons GP. The registered manager was in the process of seeking advice from the district nursing team about the Malnutrition Universal Screening Tool (MUST), a tool used to measure a person's weight by a calculation of a person's body mass index (BMI) for people who were unable to stand or sit on scales.

People were supported to maintain good health and had access to health care services. External health and social care professionals told us they were contacted promptly, appropriately and when advice was given, it was implemented. For example, a chiropodist had requested one person purchased a new pair of slippers to help with their foot care. The following day this had been actioned. People's care plans showed professionals such as GPs, district nurses and psychiatric nurses were contacted as necessary, and on the days of our inspection we saw a number of these professionals visit the service.

Good

Is the service caring?

Our findings

People, those who mattered to them, staff and professionals described the atmosphere of the service as "homely" and "welcoming". People told us staff were kind and caring, their comments included, "The staff are very considerate, they always listen to me", "I have a good laugh with the staff and sometimes kid them along. There's never a dull moment here", and "The staff are very sweet, very kind and very helpful". Relatives and health and social care professionals felt staff were considerate, and showed respect towards people.

People were treated with kindness and compassion by staff who spoke fondly of the people they cared for. Staff were observed to be vigilant when people required assistance and took time to comfort people who were distressed or anxious. For example, staff used the pet dog to help alleviate people's anxieties. One person, who stroked and hugged the dog, immediately became calmer. One member of staff told us, "Clients (people) are looked after and genuinely loved by all the staff".

People's family and friends were welcome to visit at any time of the day. Resident meetings were held with people to obtain their views about the care and service they received. People's care plans contained a "life story" section, which enabled staff to be aware of what a person had achieved prior to moving into the service, to assist in meaningful conversation.

People were supported by staff who knew them well. One person, who liked a particular animal, had been helped to decorate their room to include images of the animal on their bedroom walls. A member of staff had come in on their day off because they wanted to take a person to the local super market, the person took the time to tell us how grateful they had been and the kindness the staff had shown.

People were supported in a discreet manner with continence difficulties which maintained the person's privacy and dignity. Staff were seen supporting one person who was sat with others in a lounge, and who had not reached the toilet in time, in a kind and compassionate way.

Some people had personal histories in their care plans which enabled staff to understand what a person had achieved prior to living at the service. This helped staff have meaningful conversations with people. The registered manager told us, some histories had not been completed because information was not always able to be obtained, however the registered manager told us she would look at other ways of trying to obtain the information. Some people had scrap books to record past memories and photographs and these were used to help staff reminisce with people.

People were able to attend residents meetings to discuss aspects of the service, some of which included talking about staffing, social activities, the environment and the meals. People and their relatives told us they were involved in care planning and kept updated of any changes in their loved ones health.

People were cared for at the end of their life by staff who had received training, and had access to health professionals, such as GPs and district nurses. People had care plans in place to inform staff of their wishes

at the end of their life. Some people's care plans had not always been completed; however, the registered manager told us she would take action to rectify this. The service had received cards of thanks from relatives regarding the care staff had provided in the last days of a person's life, one card stated "Thank you for the love and affection he received from you all in the last three weeks of his life".

Requires Improvement

Is the service responsive?

Our findings

People's care plans were not effectively reviewed to ensure they gave guidance and direction to staff about how to meet people's individual care needs. For example, one person had a diagnosis of diabetes; however, their care plan did not provide staff with information about how to fully meet the person's needs or what to do in the event the person became unwell. Another person had recently fallen and had been admitted to hospital. Following this incident, their care plan had been reviewed; but it did not contain the most up to date information about how the person was to be supported with their mobility needs. The registered manager was receptive to our feedback and told us improvements would be made.

People's care plans did not always provide direction and guidance for staff about how to meet people's individual needs. People's care plans were not effectively reviewed. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, prior to moving into the service had a pre-assessment which enabled staff to know what people's individual care needs were going to be and how they needed to be supported. This assessment helped ensure people's needs could be met. It determined if any changes to environment needed to take place or if specialist training was required for staff. Health and social care professionals were complimentary about the registered manager's approach. They told us they had confidence in the assessment process and explained the registered manager was realistic and honest if they felt the service was not going to be suitable for a person.

The registered manager attended joint care reviews with people, their relatives and health and social care commissioners, to help ensure people were happy with their care and their needs were being met. Health and social care professionals told us any adjustments to people's care plans following these reviews were always implemented.

Health and social care professionals felt the service was responsive to people's needs and staff were pro-active in their approach. One professional described the service as "holistic". Professionals explained they were not contacted unnecessarily and had confidence people's needs were being met by staff.

People were supported to follow their interests, and take part in social activities. Comments included, "I love my trains; I have quite a few books in my room", "It's lovely when the singer comes in and we all join in", and "It's nice to sit in the lounge and talk with other residents, but then it's also nice just to go to my room and read". One person attended a work placement three days a week, and told us how much they enjoyed it.

People could raise concerns and complaints. People told us they would speak with the registered manager or staff, and felt confident action would be taken. One person told us, "We certainly have no complaints living here, it really feels like home. I've been here eight years." The registered manager had recorded and investigated complaints. Feedback had been given in the majority of all cases; however, the registered manager recognised for one complaint feedback had not been given in line with their complaints policy.

Good

Is the service well-led?

Our findings

There were some systems in place to monitor the quality and safety of the service, such as staff supervisions, recruitment, and the environment. However, we identified areas for improvement relating to quality monitoring in respect of care planning and risk assessment. The registered manager was receptive to our feedback and recognised systems needed to be more robust.

The provider was in the process of devising a new quality auditing tool, which was going to be linked to associated guidance such as The National Institute for Health and Care Excellence (NICE) guidelines and the Commissions guidance for providers. The provider was also looking to adopt a new system for someone to externally audit the service to help identify areas that may require improvement.

The provider described the service on their entrance sign to be "The Home that Cares". People, staff and visitors all confirmed this was the ethos and used words such as "family", "warmth", "a home", and "welcoming" when describing the service. One person had commented on the annual survey, "Penmount Grange is a very warm and friendly environment. The staff are always positive and supportive. I am very happy that I have chosen this home for the care of my mother".

People told us they knew the registered manager by name and could speak with her at any time. One person commented, "The manager is lovely, always asking how I am." A relative told us "The manager has an open door policy and I know I can talk to her about anything." During our inspection the registered manager was visible and made herself available to people and visiting professionals.

Staff felt the service was well led and enjoyed coming to work. Comments included, "I think it's a lovely home, friendly, family feel. Everyone is very open and gets on well.... Great atmosphere" and "I find Penmount Grange a lovely home to work in, the management and carers work as a team to look after the residents (people)".

There was a whistleblowing policy in place which protected staff should they make a disclosure about poor practice. Staff felt confident to raise any concerns, and told us previous concerns had been acted on immediately.

People, their family, friends and external health and social care professionals had been asked annually to provide feedback about the service by completing a questionnaire. The information was used to make improvements to the service. Last year's survey had been positive with comments such as, "The home is always clean and tidy and welcoming" and "I am very happy at Penmount Grange, everything is good". The registered manager was still in the process of collating the outcome of this year's questionnaire before sharing the results.

The registered manager worked in partnership with other agencies such as external health and social care professionals. The registered manager explained the importance of good working relationships to help ensure people received a good level of service, and a coordinated approach.

The registered manager told us they were always open, honest and learned from experience when things had gone wrong. This reflected their responsibility under the Duty of Candour. The Duty of Candour means that a service must act in an open and transparent way in relation to care and treatment provided when things go wrong.
The registered manager had notified the Commission of significant events which had occurred in line with their legal obligations. For example, expected and/or unexpected deaths.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 (1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's care plans did not always provide direction and guidance for staff about how to meet people's individual needs. People's care plans were not effectively reviewed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always have risk assessments in place. People's risk assessments were not effectively reviewed to ensure they were reflective of people's needs and provide guidance and direction to staff to follow.