

Cornwall Care Limited

Penberthy

Inspection report

111 Mountwise
Newquay
Cornwall
TR7 2BT

Tel: 01637873845
Website: www.cornwallcare.org

Date of inspection visit:
16 June 2016

Date of publication:
15 July 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Penberthy on 16 June 2016. The previous comprehensive inspection in April 2015 found there were breaches of regulations. This was because of the excessive use of pressure mats to monitor people's movement without people's mental capacity being assessed to justify their use. Not all information was in place to ensure the 'fitness' of the staff member prior to commencing work in the service. At this inspection we found improvements had been made in these areas and the service was now meeting the relevant requirements'.

Penberthy is a care home which provides care and support to older people some of whom have been diagnosed with a form of dementia. The service does not provide nursing care. The service can accommodate up to 35 people. There were 31 people living at the service at the time of this inspection. Penberthy is a detached building overlooking the town of Newquay. It has three floors served by a passenger lift. The service had been refurbished throughout since the previous inspection, with work continuing to develop in an area of the first floor to create new rooms but will not affect the current occupancy level.

The service is required to have a registered manager and at the time of our inspection a manager was progressing through the registration process. 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.

The previous inspection identified extensive use of pressure mats to monitor people's movement, specifically during the night time period. This inspection showed reviews and taken place resulting in a reduction of the number of pressure mats being used to monitor people's movement. Where pressure mats were required there was evidence mental capacity assessments and best interest meetings had taken place. This was to ensure they were being used within the requirements of the law.

Recruitment practices had been reviewed and changes made to ensure the applicant was safe to work at the service. Records showed checks had been made and verified prior to staff commencing work in the service.

Staff were familiar with the services medicine management system. Medicines were stored safely including those which required stricter controls. However, a member of staff had been disturbed when administering medicines and some medicines had been recorded as administered but had remained in the packaging. A medicine delivered to the service had not been recorded as received. This was discussed with the member of staff and management team and acted upon immediately.

Staff were supported by a system of induction training and supervision. Staff knew how to recognise and report the signs of abuse. Staff received training relevant for their role and there were opportunities for ongoing training and support and development.

There was a calm and relaxed atmosphere in the service and staff interacted with people in a kind and sensitive manner. Staff had time to support people and call bells were answered promptly. People told us, "They are good at answering the intercom. They will tell me if I have to wait" and "I like to do crosswords and they [staff] often take the time to pop in and help me".

The service was staffed in accordance with the needs of people living there. Staff understood the needs of people they supported, so they could respond to them effectively. We observed care being provided and spoke with some people who lived at the service and visiting families. All spoke positively about the staff and the manager and felt they were meeting their needs. Comments included, "(Persons name) has settled very well. We are very happy with Penberthy." and "Been here a long time. I get on very well with all the staff and couldn't ask for more."

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. People were able to choose where they wanted to eat their meals, in either the lounge, dining room or in their bedroom. People were seen to enjoy their meals on the day of our visit. One person said, "I enjoy my meals very much and there is a choice".

People told us they knew how to complain and would be happy to speak with the registered manager if they had any concerns.

There were a variety of methods in use to assess and monitor the quality of the service. These included a satisfaction surveys for people using the service and their relatives as well as the staff team. Overall satisfaction with the service was seen to be positive and results of the most recent survey were available for people to view at various entry points to the service.

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. Staff were distracted when administering medicines and some records were not accurate to reflect what medicines had been given.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

People were protected by safe recruitment practices.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

Is the service effective?

Good ●

The service was effective. There was a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

People had access to healthcare professionals including doctors, chiropodists and opticians.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive. People received personalised care

and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

Information about how to complain was readily available.
People told us they would be happy to speak with the management team if they had any concerns.

Is the service well-led?

Good ●

The service was well led. The service sought the views and experiences of people, their families and the staff in order to continually improve the service.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived at the service first.

Staff were motivated to develop and provide quality care.

Penberthy

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.

The inspection took place on 16 June 2016. The inspection was carried out by two adult social care inspectors. Before the inspection we requested and were provided with 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. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

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.

We spoke with the manager and deputy manager. The chief executive officer and operational manager joined the management team for feedback at the end of the inspection at the service.

We spoke with two people who lived at the service and three family members. Not everyone we met who was living at Penberthy was able to give us their verbal views of the care and support they received due to their health needs.

We looked around the service and observed care and support being provided by staff. We looked at three people's records of care. We looked at three staff files, medicine records and records used in relation to the running of the service.

Prior to and during the inspection we asked five professionals for their view of the service.

Is the service safe?

Our findings

Families told us they felt their relatives were safe living at Penberthy and one person living there said, "I feel very safe living here. There are always staff around if I need them and they answer my bell if I ring it but it's not often". Families told us, "We leave here after visiting knowing (person's name) is very safe. It gives us peace of mind" and "Seen staff managing some difficult situations. They calmed things down really well."

Staff were familiar with the services medicine system. Training for staff responsible for administering medicines was up to date and current. Medicines were stored safely including those which required stricter controls. However, we observed the staff member administering medicines at lunchtime, was disturbed and distracted on several occasions. When looking at how medicines were recorded it showed that in two instances medicines had been recorded as administered but had remained in the packaging and a medicine requiring stricter controls had been received into the service but had not been entered into the controlled drugs record book, therefore not providing a clear audit trail. The staff member and management team were alerted to this by the inspectors. Immediate action was taken to address the issues, including an internal audit and steps to ensure staff were not disturbed or distracted when administering medicines.

During the inspection of April 2014 the service was not ensuring recruitment procedures were safe. The service provided us with an action plan telling us what they would do to meet the breach of regulation. The records showed medical questionnaires had been introduced and recent changes to the application forms had been made to ask for full employment histories. These checks were required to identify if people were fit and safe to work with vulnerable people. The checks also included Disclosure and Barring Service (DBS) checks.

Staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. We observed staff were available in all areas of the service, so that people could call upon them if required. A staff member told us, "It can get a bit noisy and some people like to be quiet so we try and encourage them to move into a quiet area." We observed this occurred on a number of occasions where people were becoming distressed throughout the day.

There were procedures in place to minimise the potential risk of abuse or unsafe care. Records showed the manager and all levels of staff working at the service had received safeguarding vulnerable adults training. Staff members understood what constituted abuse and gave examples of poor care people might experience which they would raise with the necessary investigating authority. The manager was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we would receive information about the service when we should do.

There were assessments in place which identified risks and the measures in place to minimise risk. For example, where additional observations were needed to support a person following a series of falls, the use of equipment to support people helped reduce the risks of further falls. The assessments were specific to the

care needs of the person. Risk assessments were being reviewed monthly or where required should there be a change of risk level. For example one person's health needs had changed. Staff were supported with advice from health professionals to ensure the person's medical and care needs were being managed. A health professional visiting the service told us, "The staff listen to recommendations and instructions we leave them and they tell us about any changes. We have a good relationship with this home."

Staff encouraged and supported people to maintain their independence. The balance between people's safety and their freedom was well managed. All entry and exit points in the service had a key pad lock in place. The manager told us this was for people's safety. The front entrance led directly onto a busy road and the rear of the service had an enclosed and secure garden area. People were being supported by staff to use the garden area. Staff were around to support people should they need it and we observed staff discreetly checking to see people were safe while respecting their wishes to make their own decisions about risk.

Accidents and incidents that took place in the service were recorded by staff in people's records. Regular reviews and audits meant that any patterns or trends would be recognised, addressed and would help to ensure the potential for re-occurrence was reduced. For example one person had recently been identified as having a higher risk of falls. Staff had been informed of this and were aware they needed to make additional observations when the person wanted to move around the service.

Staff told us they had received mandatory moving and handling training and they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems in the lounge. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

The environment was clean and well maintained. Systems were in place to ensure infection control was managed. Staff had access to protective clothing and equipment. Laundry systems were in place to manage linen and clothing which required sluicing. An external contractor managed bed linen and towels.

Equipment had been serviced and maintained as required. Records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. We checked a sample of water temperatures and found these were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

Is the service effective?

Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and their choice of food. There were no restrictions on how people chose to spend their time. One person told us, "I have everything I need in my room and I like to eat by the window at the end of the corridor but I do go down sometimes" and "I like to do my own thing. I mainly stay in my room because I have everything I need, but the staff pop in all the time." A relative said, "(Person's name) is always given choice. We see that when we visit."

People were cared for by staff with the appropriate knowledge and skills to support them effectively. People told us, "Staff are very good at what they do. They seem very competent" and "I struggle with getting things done nowadays but the staff are very good at helping me when I need it. They are so patient and never rush me". A relative told us they were very satisfied with the care and support provided by staff. They said, "We visit regularly and we are always made to feel welcome. If there has been any change we are told about it. Like when the doctor has been or if (person's name) has had a bad night."

Care planning and reviews records were in place. They showed the persons needs and choices were at the centre of care planning. Where possible people had been involved in the care planning and review process and signed to acknowledge this. However most people had families who were involved in their care planning and review. For example a relative told us they had been involved in the planning process before the person entered the service. They told us they were asked about the person's life history and what was important to them. This helped staff create a plan of care which was personalised to the individual. People gave us examples of when they had been involved in their care planning and reviews. One person said, "I wanted to get a bicycle and the manager helped me to get one. It was something I wanted to do. I can't do it now but it was important to me at the time."

People had access to a range of healthcare professionals including doctors', district nurses, dentists, chiropodists and opticians. Health checks were recorded on people's individual records. A staff member told us, "We have a really good relationship with the doctors and district nurses". Staff made referrals to relevant healthcare services quickly when changes to the health or wellbeing of people had been identified. A visiting health professional told us staff told them about any concerns or changes they noticed in someone's health.

There had been a review of how staff were being supported in their roles. The new system introduced recently, showed supervisions and appraisals to support staff in their roles were taking place on a regular basis. Supervision is a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. Both processes were a two-way discussion about staff attitude, communication, timekeeping, personal care and further training. A staff member told us, "I feel supported by the manager. We are allocated a senior staff member who does the supervisions with us."

There was a comprehensive staff training programme to support staff to achieve formal care qualifications, as well as engage in training which supported them to deliver care and support to meet people's specific

needs. For example, dementia care nutritional support and medicine administration. Staff told us they thought the level of training was good. Comments included, "I want to get on and make it a career. I chose to work here because I knew I would have the opportunity to do that" and "I've worked here for a long time but I still update my training. Things change all the time and we need the training to make sure we are doing things right." Care staff had the opportunity to complete Health Care Assistant (HCA) level 3 training. This meant they were competent to take more responsibility for example supervise more junior staff and take on more responsibility in care practices.

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible. At the time of the inspection most people living at the service had their liberty restricted in some way. Applications had been made to the local authority for authorisation. During the inspection of April 2015 the service had been monitoring most people's movements specifically at night, using pressure mats. In most instances, there had been no assessment to identify why this was in the person's best interest. Since the inspection of April 2015 a full review had taken place where pressure mats were being used. This had resulted in two people being identified as requiring monitoring. Applications had been made to the local authority for authorisation of a restrictive care plan for these two people.

Most people ate lunch in the main dining room. Tables were laid with cutlery and napkins. There was a choice of water or juices. There were enough staff to ensure those who required some support received it although nobody required assistance during a lunchtime observation. Some people chose to eat in their own rooms and there were enough staff on duty to accommodate this. There was a choice of meals. Staff showed people pictures of the choice of meal being serviced at lunchtime. Staff were taking time to explain the options to people. Staff had clear instructions for people who required specialist diets. For example some people required low fat and low sugar diets. There were foods available to support this.

Work was continuing to improve the environment by making changes to rooms on the first floor of the service. The opportunity to redecorate was taken as rooms became vacant. Regular repairs and maintenance work was carried out as required. Clear signs (using pictures and words) had been put in place to help people to move around the service confidently.

Is the service caring?

Our findings

People told us they were pleased with the care and support they or their relatives received. Comments included, "I think the staff are very caring. I could not ask for more they are patient and kind," "There are plenty of staff around when we call in. They show such kindness and patience" and "Very caring and very understanding. They support us (The relatives) as well."

People were cared for by attentive and respectful staff. Staff showed patience and provided encouragement when supporting people. For example staff asked people if they needed the bathroom in a discreet and respectful way so that it was not obvious to others. Where a person was encouraged to sing and then continually repeated the song the member of staff diverted them to another song. It was clear the staff member knew how to manage such situations.

People's choices were respected and staff were sensitive and caring. For example one person wanted to take their meals away from the main dining area. Staff respected this and delivered their meal where they chose to eat it. People moved around communal areas without restriction. Some people liked to use the garden area and were supported to do so with staff.

Relationships between people were generally relaxed and friendly and there were easy conversations and laughter heard throughout the service. Where people became anxious or stressed staff responded in a caring a respectful way. For example a person became distressed during a group soft football game. A member of staff gently led the person away, reassuring them as they did so without disturbing the activity and upholding the person's dignity. Where personal care was being delivered doors and curtains were closed.

Care records showed evidence family members had been involved with the development of the care plan. The plans contained information about people's current needs. Daily records were up to date and showed what was happening on a day to day basis. These described the daily support people received and the activities they had undertaken. The records were informative and helped us to identify how staff were caring for people. The records were being regularly reviewed and where changes had occurred they were updated. Staff told us this helped them to understand where changes were happening and what the level of care was for the individual. This ensured staff had up to date information about people's needs.

Some people had limited mobility but staff encouraged them to move around with the use of hand rails and personalised walking aids. This showed people's independence was supported. One person told us, "I have everything I need in my room and like to spend most of the time here. I like to keep it in a certain way. Staff seem to understand and respect that"

Where possible people's life histories were documented in their care plans. Staff told us it helped them to understand what experiences they had in their life. A staff member said, "Everybody has a story to tell it just makes it so interesting and sometimes we can talk about things from people's pasts." Staff spoke about people respectfully and fondly.

People's rooms were decorated and furnished to reflect people's personal tastes. People had photographs, their own furniture and other personal items in their rooms which helped to give their surroundings a familiar feel. One person had a number of interests which reflected how their room was arranged.

The service had recently introduced a rabbit to the service. It had generated a lot of interest. Staff brought the rabbit into the service to let people who wanted to stroke it. One person was seen talking to and stroking the rabbit. It clearly showed they were getting pleasure from the experience. Staff told us it helped to calm people if they were feeling agitated.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable. Visitors told us, "We are always made to feel welcome and feel comfortable to visit at any time, there are no restrictions" and "We are told of everything that's going on and have been to parties and events here".

Is the service responsive?

Our findings

Families and some people using the service told us they felt their needs were being well met at Penberthy. One person told us, "It's very flexible here. I have my own routine as do many others and the staff respect that" and "There are a lot of things that go on here. I don't like group things so I have my own interests, but I see people enjoying what's going on." Families told us, "There is always something going on. (Persons name) likes to take part and the staff support them."

People who wished to move into the Penberthy had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The manager and deputy manager were knowledgeable about the level of support people required. Their decisions about any new admissions were made by balancing the needs of any new person with the needs of the people already living at Penberthy.

Staff told us care plans were informative and gave them the guidance they needed to care for people. Daily records detailed the care and support provided each day and how people spent their time. It also recorded significant events for example appointments. Staff told us this system made sure they were up to date with any information affecting a persons care and support. The records supported staff coming on duty to gain a quick overview of any changes in people's needs and their general well-being. For example, one person's level of need had increased due to a recent illness. Staff were informed through daily support records and at staff handover meetings of the current level of support required.

Some people living at Penberthy were living with dementia or limited memory and their ability to make daily decisions could vary. Staff had a good understanding of people's needs and used this knowledge to help people to make their own decisions about their daily lives wherever possible. For example, one person liked to stay in their room and did not want to be involved in activities. Staff respected this but always gave them the choice. Another person liked to move around the service and staff were alert to this and responded when they saw the person wanted to move. This was also to help ensure the safety of the person.

Activities were taking place in a way which was responsive to the needs and choices of people. For example during the morning a communal armchair football activity was taking place. This was relevant to some people due to an international tournament taking place and a national team game being on television that day. There were preparations taking place to celebrate the queen's birthday and the previous weekend a garden party had taken place. A relative told us, "It was a lovely day everyone took part and the managers and staff were all taking part." A person using the service told us they had been supported over the years with various hobbies and interests. They told us staff had supported them in the community when shopping and in recent years they had taken up cycling but could not physically manage this activity anymore. The activity coordinator showed us a file they kept of the list of activities people liked to take part in. There were photos of recent group activities. Some people received one to one support from staff, in some cases just talking together, hand massages and manicures.

People's needs were being reviewed monthly or earlier if any changes were required. Some people were not aware of whether they had been involved in their care planning and review but others told us the manager

or staff often asked them about their care.

The service had not received any complaints since the previous inspection. People and families were provided with information on how to raise any concerns they may have. Information was provided when they were admitted to the service and 'talk to us' cards were in the entrance hall. People told us they had not had any reason to complain.

Is the service well-led?

Our findings

People who lived at the service spoke positively about the managers and the staff and felt they could approach them with any issues and that they would be heard. People told us, "The managers are always around and often call in and ask me if everything is alright and if I am happy with things" and "We feel very confident with how this home is being managed. We know there have been a lot of changes here but we think they have been a great success for the people who live here." Staff felt well supported by the managers. Staff told us, "We are made to feel part of the service. I mean, we have regular meetings informally and formally. We are encouraged to talk about things if we feel things are going well or if we think there needs to be some changes" and "I feel a valued member of staff. There have been changes in shift patterns which has been difficult for some but I think the managers are monitoring how it is going."

The management structure in the service provided clear lines of responsibility and accountability. A manager had been recruited with the intention to register with the Commission in order to meet the requirements of the services registration conditions. The current manager and deputy manager had overall responsibility for the service on a day to day basis. They were responsible for the review and management of the operational systems including, care planning, review and staff management. The manager was being provided with the necessary resources to ensure the service operated effectively. Support systems were in place from the organisations operational managers to ensure the service was operating effectively.

People's records were held in an office close to the entrance to the service. When we arrived at the service we entered the office. The door was open and accessible to people. A person's care file with confidential information was left on a desk. The filing cabinet containing peoples confidential care plans was open and unlocked. We shared our concerns with the manager and deputy manager who stated the office was locked at night and the administrator's office was at the entrance. This they said monitored people entering the service. However, they recognised the need to ensure all care plans were kept securely and agreed to act on this with immediate effect by keeping the office door locked during the day and provide staff with a key so access was available as required.

There was a stable staff team and many staff had worked in the service for a number of years. Staff told us morale in the team was good. There was a positive culture within the staff team with an emphasis on making people's daily lives as comfortable as possible. Staff were motivated and told us they were happy working at the service. One member of staff told us, "I am really enjoying working here. Every day is different and I get the opportunity to take more qualifications."

There had been changes in how managers worked at the service. This involved working week- ends and working alongside other care staff to make a more visible and interactive presence. A relative told us, "I've seen the managers here at weekends recently; they seem to muck in and help the staff out."

People and visitors all described the management of the service as open and approachable. Managers were clearly committed to provide good care with an emphasis on making people's daily lives as contented as possible. The management team led by example and this had resulted in staff adopting the same approach

and enthusiasm in wanting to provide a good service for people. A relative told us, "We looked around but chose this home because it was homely and we were made to feel very welcome from the beginning."

There were systems in place to monitor the quality of the service provided to people. This included surveys for both staff, people who used the service and their families. The most recent undertaken during 2015 showed overall people were satisfied with the service they were receiving at Penberthy. The service was using the outcome of this survey against national averages to benchmark the results in order to make further improvements.

Meetings were held involving people using the service and their relatives. Relative meetings had been held at various times so that families had the opportunity to attend in the evening if they were unavailable during the day.

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. Regular meetings gave an opportunity for staff to voice their opinions or concerns regarding any changes. Everybody we spoke with told us that the manager promoted an open dialogue. Staff said they shared information every day and between shifts so that the shift leader and other staff members were clear about any changes and actions which needed to be taken account of.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. Staff worked in partnership with other organisations such as the local authority, which also carried out quality assurance inspections of the service. The service also shared information and good practice between the services within the organisation.