

Cornwall Care Limited

Pengover

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?

Good 

Overall summary

The inspection took place on 26 May and 3 June 2015 and was unannounced. Pengover is a nursing home providing care and accommodation for up to 40 older people, some of whom are living with dementia and mental health needs. On the day of the inspection there were 35 people living at the home. Pengover is part of Cornwall Care Limited.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We observed a calm and relaxed atmosphere within the service. People and staff were busy and enjoying each other's company. Comments included; "Staff have helped me settle in." People told us they were happy living there.

Summary of findings

People and their relatives were happy with the care staff provided. Professionals and relatives said the service knew people well and the staff were knowledgeable and competent to meet people's needs.

People were encouraged and supported to make decisions and choices whenever possible in their day to day lives. People had their privacy and dignity maintained. Staff were observed supporting people with kindness.

People were protected by safe recruitment procedures. Staff were supported with an induction and ongoing training programme to develop their skills and staff competency was assessed. Everyone we spoke with felt there were sufficient staff on duty. Staff told us they had enough time to support people and didn't need to rush them. A relative said; "Plenty of staff around and nothing too much trouble."

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs such as GPs and DLN (Dementia Liaison Nurses). Staff followed the guidance provided by professionals. This ensured people received the care they needed to remain safe and well, for example people had one to one staff support when needed.

People's medicines were managed safely. Medicines were managed, stored and disposed of safely. Senior staff and nurses administered medicines and had been appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

The registered manager and staff had sought and acted on advice where they thought people's freedom was being restricted. This helped to ensure people's rights

were protected. Applications were made and advice sought to help safeguard people and respect their human rights. Staff had undertaken safeguarding training, they displayed a good knowledge on how to report concerns and were able to describe the action they would take to protect people against harm. Staff were confident any incidents or allegations would be fully investigated. People who were able to told us they felt safe.

People were supported to maintain a healthy, balanced diet. People told us they enjoyed their meals and an observed lunchtime did not feel rushed.

People's care records were comprehensive and detailed people's preferences. People's methods of communication and preferences were taken into account and respected by staff.

People's risks were considered, well-managed and regularly reviewed to keep people safe. Where possible, people had choice and control over their lives and were supported to engage in activities within the home and outside where possible. Records were updated to reflect people's changing needs. People and their families were involved in the planning of their care.

People and staff described the management as very supportive and approachable. Staff talked positively about their jobs and took pride in their work. Visiting professionals and staff confirmed the management of the service made themselves available and were very good.

People's opinions were sought formally and informally. Audits were conducted to ensure the quality of care and environmental issues were identified promptly. Accidents and safeguarding concerns were investigated and, where there were areas for improvement, these were shared for learning.

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.

People were supported by sufficient numbers of suitable, skilled and experienced staff.

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

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People's medicines were administered and managed safely and staff were aware of good practice. People received their medicines as prescribed.

Good



Is the service effective?

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.

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

Staff understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

Good



Is the service caring?

The service was caring.

People were involved in decisions about their care.

People were treated with kindness, respect and compassion and were happy with the support they received.

Staff supported people in a way that promoted and protected their privacy and dignity.

Staff knew about the people they cared for, what people required and what was important to them.

People's end of life wishes were documented and respected.

Good



Is the service responsive?

The service was responsive.

Care records were personalised reflecting people's individual needs.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There was an experienced registered manager in post who was approachable.

Staff confirmed they felt supported by the registered manager and the management team. There was open communication within the service.

There were systems in place to monitor the safety and quality of the service.

Audits were completed to help ensure risks were identified and acted upon.

Pengover

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.

The inspection was undertaken by two inspectors on 26 May & 3 June 2015 and was unannounced.

Prior to the inspection we reviewed information we held about the service, such as previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with 19 people who used the service, the registered manager and 11 members of staff. We spoke with four relatives and three health and social care professionals who had all supported people within the service.

We looked around the premises and observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs. We looked at eight records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People who lived at Pengover were safe because the registered manager had arrangements in place to make sure people were protected from abuse and avoidable harm. People who were able to told us they felt safe. One survey response recorded; "I leave here feeling happy that Mum is safe."

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Staff had received updated safeguarding training and they had access to policies and procedures on safeguarding and whistleblowing. Staff demonstrated they knew what to look for and could identify abuse. They said they would have no hesitation in reporting abuse and were confident the registered manager or company's head office would act on issues or concerns raised. Staff said they would take things further, for example contact the local authority's safeguarding teams if this was required, particularly if they felt their concerns were not being taken seriously. Staff spoke confidently about how they would recognise signs of possible abuse. Records showed the service had made referrals to the local safeguarding team and this showed concerns were reported.

People lived in a safe and secure environment that was regularly updated and was clean. Smoke alarms and emergency lighting were tested. Regular fire audits and evacuation drills had been carried out. This helped staff to know what to do in the event of a fire. People had individual emergency evacuation plans in place. Care records and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe. We saw that environmental health had carried out an inspection and rated the home as level five, which is the highest rating that could be achieved.

People identified at being at risk had up to date risk assessments in place and people had been involved in planning their risk assessments. People had risk assessments in place to help ensure they were protected from developing pressure ulcers, from falling and how staff could support them to move around the service safely. Individual risk assessments were in place for people who may place themselves and others at risk due to living with dementia or mental health needs. There were clear protocols in place for managing these risks for example

some people had one to one staffing to help keep them safe. Staff were given the necessary guidance to support people safely. Staff showed they were knowledgeable about the care needs of people including any risks and when people required extra support, for example if people needed two staff to support them when they moved around. This helped to ensure people were moved safely.

People and relatives agreed there were sufficient staff to help keep people safe. Rotas and staff confirmed the home had enough staff on duty each day. This included extra staff providing one to one support. Staff were observed supporting people appropriately at all times, for example at mealtimes and during activities. The registered manager said staffing numbers were reviewed and increased to help ensure sufficient staff were available at all times to meet people's care needs and keep people safe. The registered manager confirmed they assessed people's needs to ascertain if they needed one to one staffing. One staff member said, "There is enough staff to help people." Relatives said they never had any problem locating staff when they needed to.

People were protected by safe staff recruitment practices. Recruitment files included relevant recruitment checks to confirm the staff member's suitability to work with vulnerable adults, for example disclosure and barring service checks. The staff employed had completed a thorough recruitment process to ensure they had the skills and knowledge required to provide the care and support to meet people's needs. Two newly employed staff said they shadowed experienced staff, completed an induction and were provided training. This helped to ensure suitable trained staff had the appropriate competencies and qualifications to work with vulnerable adults.

Accidents were recorded and analysed to identify what had happened and action the staff could take in the future to reduce the risk of reoccurrences. For example, if a person became agitated due to living with dementia additional staff were put in place to help protect them and other people. Any reoccurring themes were noted and learning from accidents or incidents were shared with the staff team and appropriate changes were made. This helped to minimise the possibility of repeated incidents.

People's medicines were managed and given to people as prescribed, to help ensure they received them safely. Staff

Is the service safe?

were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this.

Medicines administration records (MAR) were all in place and were completed appropriately. All other storage and recording of medicines followed correct procedures.

Medicines were locked away and appropriate temperatures

had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines. The registered manager and nurses confirmed appropriate action would be taken to help ensure people's medicines remained safe including providing additional training and supervision for all staff.

Is the service effective?

Our findings

People received effective care and support from staff that were well trained and well supported. Staff had the knowledge and skills to carry out their roles and responsibilities effectively, knew the people they supported well, and ensured their needs were met. One person said of the staff; “The staff are kind and nice.”

Staff completed an induction when they started work which was supervised by a senior member of staff. This was the “Skills for Care” induction which is a nationally recognised programme for health and social care staff. This ensured staff had completed all the appropriate training and had the right skills and knowledge to effectively meet people’s needs. For example, during induction staff completed fire safety procedures and how to use lifting equipment. One recently employed staff confirmed they had completed a full induction programme including shadowing an experienced member of staff. This enabled staff to get to know people and see how best to support them prior to working alone.

Staff received ongoing training, support, supervision and appraisals. Staff attended training to meet the needs of people currently living in the service, for example, advanced dementia awareness and mental health training. They also completed training in health and safety issues, such as infection control and fire safety. We saw further training was planned to update and support staff to have continued learning. This included tissue viability training and the home planned to appoint one nurse to be the lead on this area to ensure other staff were trained and kept updated.

Some staff told us they had received one to one supervision and had opportunities to discuss issues of concern during team meetings. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Staff went on to say they felt listened to and, if they needed to talk outside meetings, the registered manager and management team always made time.

The company checked nurse’s registration status and checked with the registering body to ensure nurses renewed their registration.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and if needed other professionals. People’s records recorded best interest meetings to determine if they had the capacity to agree to their care and support needs being met. The outcome of meetings were documented.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and if needed other professionals.

Staff demonstrated good knowledge and understanding of, and had received training about, the MCA and DoLS. The registered manager confirmed people who required one had a DoLS authorisation and were restricted from leaving the home to keep them safe. Authorisations were held on people’s files. The correct authorisation had been sought and review dates were also recorded. Applications recorded if the person had been involved in the decision making and when additional people, for example social workers, had been involved. Staff were aware of people’s legal status. This showed us the staff understood when a professional body would need to be consulted. This helped to ensure actions were carried out in line with legislation and in the person’s best interests. Records showed that four people had the use of the IMCA (Independent Mental Capacity Assessor) this was to help them make decisions about their care and welfare.

The registered manager and staff recognised the need to support and encourage people who lacked capacity to make decisions and everyday choices whenever possible. For example, if they wished to join in the morning activities. People’s care plans showed people were involved in their care and were consenting to the care plan in place.

Is the service effective?

People's individual nutritional and hydration needs were met. Care records were used to provide guidance and information to staff about how to meet individual needs. For example, one person needed meal supplement due to a poor appetite. We observed this person receive this supplement and catering and care staff were fully aware why this was needed.

People could choose what they would like to eat and drink. People had their specific dietary needs catered for, for example diabetic diets, and a menu was displayed. The malnutrition universal screening tool (MUST) was used when needed to identify if a person was at risk of malnutrition. People identified at risk of malnutrition had their weight monitored and food and fluid charts were completed. The cook confirmed they had information on people's dietary requirements. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. People had access to drinks and snacks 24 hours a day.

People and visitors made positive comments on the food provided. We observed mealtimes were unrushed and people and staff were engaged in conversation. One person said; "I do like the food, it's very nice." A relative said; "Excellent choice of food."

The registered manager told us of the upgrades to the sluice room and continued upgrades to the living area. The registered manager talked through future planned upgrades. There were rooms suitable to accommodate wheelchairs and lifting equipment to meet people's needs.

People had access to healthcare services and local GP surgeries' provided visits and health checks. People whose health had deteriorated were referred to relevant health services for additional support. Staff consulted with external healthcare professionals when completing risk assessments for people, for example the dementia liaison nurse. If people had been identified as being at risk of pressure ulcers, guidelines had been produced for staff to follow. Healthcare professionals confirmed staff kept them up to date with changes to people's medical needs and contacted them for advice. Healthcare professionals also confirmed they visited the home regularly and were kept informed about people's wellbeing. This helped to ensure people's health was effectively managed.

Is the service caring?

Our findings

People who lived in the service were supported by kind and caring staff. People told us they were well cared for, they spoke very highly of the staff and the high quality of the care they received. Relatives also spoke well of the staff and the quality of the care they received. A survey returned to the home recorded; “Nothing but praise for the care” and “We are delighted with the care mum gets here.” The visiting health and social care professionals commented that staff were caring and were aware of people’s wellbeing.

People were involved and asked for their views as much as possible with the care and treatment they received. We observed staff treated people with patience, kindness and compassion throughout our visits. Staff asked people for consent before they provided any support and asked if they were comfortable with the support being offered. For example, if people needed assistance with either a hoist or staff support to move from a wheelchair to a more comfortable chair. Staff were observed informing people throughout the procedure what they were going to do and tasks were completed at people’s own pace. All staff knew what was important to people such as how they liked to have their care needs met.

People were supported by staff who knew them and their needs well. People said they were well cared for and said the staff took time to assist them with their personal care. Staff were attentive and prompt to respond to people’s emotional needs. For example people who became confused or upset received prompt and caring support from staff. People were comfortable and their personal care needs were met. A relative said; “Mum always looks well cared for.”

Staff showed concern for people’s wellbeing. For example, one person was confined to bed and was very frail. Staff were observed providing kindness and excellent care whilst maintaining the person’s dignity. For example staff spoke to this person to inform them what task they were going to complete. The care this person received was clearly

documented and detailed. For example, this person had turning charts in place to prevent their skin becoming sore. Other records showed staff recorded regular personal care carried out including mouth care, nail and hair care, and hand care.

Staff interacted with people in a caring and supportive way. We observed staff throughout our visits supporting people and spending time with them. Staff sat and chatted with people and people or their relatives told us this “was usual.” Visitors confirmed they always saw staff chatting with people. We saw examples throughout our visit when staff responded to people’s needs in a dignified manner. For example, one person was assisted to their bedroom for personal care. Staff went over to them and supported them discreetly. This showed staff were able to recognise people’s needs and respond to them in a caring manner.

People told us their privacy and dignity were respected. Staff maintained people’s privacy and dignity in particular when assisting people with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care, and ensuring curtains and doors were closed. Staff explained it was important people were supported to retain their dignity and independence. Two relatives told us they called regularly and had never seen staff being anything other than respectful towards the people they supported.

People’s care files and “My Life Plan” held information on people’s wishes for end of life care and allowing a natural death order. This ensured that people’s wishes on their deteriorating health were made known. The service used an end of life practitioner, a member of staff designated to this task, to assist people with the completion of their wishes. This staff also planned a best interest meeting when needed. This was for people who had been assessed as lacking capacity and needed the involvement of family members and other professionals to help ensure decisions were made in the person’s best interest. One relative recorded on a survey returned to the service; “Her end of life care was both dignified and caring.”

Is the service responsive?

Our findings

People were supported by staff who were responsive to their needs. People had a pre-admission assessment, called a “my life assessment”, completed before they were admitted to the home. These assessments helped the home to assess if they were able to meet and respond to people’s needs before admission. Pre-admission information included an “initial care plan” that held a discharge/transfer summary for people who had moved from another service. This provided staff with up to date information on people which was used to develop a full care plan.

People, where possible, were involved with planning their care and records recorded information on how people chose and preferred to be supported. When a person’s needs changed care plans were reviewed and altered to reflect this change. For example, one person’s general health had deteriorated and staff responded by contacting the GP for advice and support, this helped ensure they remained comfortable.

People’s care records contained detailed information about their needs, including their health and social care, physical and personal care needs. People had a “lifestyle passport” which held information including the name of other service involved for example an optician. Additional information included people’s faith, social and recreational needs and how they could be supported so these needs were met. Records had been regularly reviewed with people or, where appropriate, with family members. Two relatives confirmed they had been involved in care records.

Care plans were individual and recorded people’s wishes. The registered manager said they ensured each care record was updated and reviewed regularly. This helped to ensure staff had the correct information to support people’s current care needs. Discussions with staff showed they knew people well and what was important to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People’s care plans included a full life history and a “my life plan.” This held information on a person’s medical history, professionals involved in people’s care and an individual’s lifetime history. Staff had access to people’s life history,

therefore they could understand a person’s past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people’s individual needs.

Care plans recorded people’s physical needs, such as their mobility and personal care needs choices. For example if a person needed staff support to mobilise. We observed staff ensuring people, who required them, had pressure relieving equipment, for example cushions, in place to protect their skin integrity. Additional information included how staff could respond to people’s emotional needs and if a person had additional needs, for example those people living with dementia and required visits from the dementia liaison nurse.

People were able to call for staff assistance at all times to respond to their needs. People had access to call bells wherever they were in the service, including the lounge and their own bedrooms. This enabled people to call for assistance at any time and staff could respond if people required assistance. We saw people who chose to stay in their bedrooms had their call bells next to them. People, when asked, agreed that call bells were answered promptly.

People were encouraged and supported to maintain links within the local area. For example, staff confirmed they assisted people to visit local shops and people also went out with family members.

Activities were provided and people who wished to participate were encouraged to. The staff understood people’s individuality when arranging activities and ensured people had a variety to choose from. For example a list of planned activities was displayed which included a coffee morning and a local drama group visiting. People said they were happy with the activities provided in the home, although some people preferred not to join in. Two relatives said they had joined in some activities with their relative when they had visited the home and enjoyed these.

People were provided choice on a day to day basis, for example being offered a choice of food and drink. Staff also use “choice cards” to help staff identify people’s likes and dislikes if they were unable to verbalise themselves. This included pictures of activities to help people.

People, their relatives and health care professionals knew who to contact if they needed to raise a concern or make a complaint. They went on to say they felt the service and

Is the service responsive?

management would take action to address any issues or concerns raised. Relatives said they had never needed to make a complaint but felt able to if needed. They went on to say the management and staff team staff were approachable.

The company had a policy and procedure in place for dealing with any concerns or complaints. This was made

available to people, their friends and their families. The procedure was clearly displayed for people to access. The complaints file showed complaints had been thoroughly investigated in line with the service's own policy and appropriate action had been taken. The outcome had been clearly recorded and feedback had been given to the complainant and documented.

Is the service well-led?

Our findings

Pengover is owned by Cornwall Care Limited. Cornwall Care Limited is a care provider that runs a number of services within the county of Cornwall.

People, relatives, staff and health and social care professionals all spoke positively about the registered manager and management team. Comments included; “Cornwall Care Company care for their staff as well as their residents.” The healthcare professionals said there was a good relationship between the service and local health professionals.

People were involved in the day to day running of their home. Residents’ meetings and surveys were completed. One comment on the survey stated an issue about the food, the response was also documented. This showed the service listened and acted upon people comments.

Pengover was well led and managed effectively. The company’s values and visions of making people “feel safe comfortable and cared for” were recorded in the information provided to people when they moved into the service. Staff spoken with understood these values and visions. The registered manager took a very active role within the running of the home and had good knowledge of the staff and people. The registered manager confirmed they met and received regular support from the company’s senior managers.

People said the management were visible, kind and compassionate and they always made themselves available to people, visitors and staff. Staff spoke highly of the regular support they received from the registered manager. Staff told us the registered manager checked to see if they had any issues or concerns. Staff felt able to speak to the registered manager if they had any concerns or were unsure about any aspect of their role. Staff described the staff team as very supportive.

There was a clear management structure in the service. Staff were aware of the roles of the registered manager, management team and nurses. During our inspection we spoke with the registered manager. They demonstrated they knew the details of the care provided to people which showed they had regular contact with the people who used the service and the staff.

The registered manager sought feedback from relatives, friends and health and social care professionals regularly to enhance their service. The last survey results were displayed and showed comments including; “[...] (the registered manager) is very approachable, as far as relatives and residents are concerned, and always listens to what you have to say and any suggestions put to her.” The registered manager confirmed that the Cornwall Care Limited website had quality assurance forms for people to access and this gave people an opportunity to make suggestions that could drive improvements.

There was an effective quality assurance system in place to drive improvements within the service. Audits were carried out in line with policies and procedures. For example there was a programme of in-house audits including audits on medicines and people’s care records. Surveys were sent to people who were able to complete them and people had access to advocacy services if needed to help them complete these. Relatives, staff and professionals received the results of regular audits so they could see what improvements had been made or were planned. These covered all aspects of the service provided.

The registered manager used an independent visitor to carry out a regular audit of the service. The last report showed this visitor had toured the service and spoke to people who lived in the service and some visitors. They recorded; “the registered manager and staff are good, they are attentive, interested and involved.”

Staff meetings were held regularly and this enabled open and transparent discussions about the service and people’s individual needs. Meetings held updated the staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Staff told us they were encouraged and supported to contribute and raise issues to improve the service. Staff said they felt their concerns were listened to and acted upon. The home had a whistle-blowers policy to support staff.

Staff told us how learning from accidents and incidents had taken place. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.