

Penhill Residential Home Ltd

# Penhill Residential Home

## 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 ●

# Summary of findings

## Overall summary

About the service:

Penhill is a residential care home that was providing personal care and accommodation to 16 people at the time of our inspection.

People's experience of using this service:

People experienced good care and support at Penhill. People told us they received good care and got on well with staff. People had opportunity to go out on trips and enjoy entertainment in the home if they wished. Care was person centred in nature, taking account of individual needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff knew and understood people's needs well. Staff received good training and support to enable them to carry out their roles effectively. Supervision took place every few weeks as a means of supporting staff with their performance and development.

People experienced a safe service. There were sufficient numbers of staff to meet people's needs and keep them safe. Changes to medicine administration had recently taken place to improve the process. There was an open and transparent culture where the registered manager encouraged staff to raise any issues or concerns.

Staff worked with health and social care professionals to ensure people's health needs were met. We received positive feedback from health care professionals working with the service. People were positive about the food at the home. There were options available and people were able to contribute their ideas about what they wanted on the menu. People's weights were monitored and discussed with the GP if there was any cause for concern.

The service was well led. Staff felt well supported and told us morale was good. Checks and audits took place to ensure the service was running well.

Rating at last inspection: At our last inspection, the service was rated as Good. The last report was published 24 September 2016.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: ongoing monitoring.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our Safe findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our Safe findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Safe findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Safe findings below

# Penhill Residential Home

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Penhill is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection we reviewed all information available to us, including the provider information return (PIR). The PIR is a form completed by the provider to give us key information about the service. We also looked at notifications from the service. Notifications are information about specific events, which the provider is required to tell us by law.

As part of the inspection, we spoke with seven people who used the service. We spoke with three members of staff as well as the deputy manager and registered manager. We received feedback from two health and social care professionals who knew the service.

We looked three people's care records, medicine records and a selection of audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff completed training in safeguarding adults from abuse.
- ☐ Staff felt confident about going to senior staff with any concerns they had about people they supported.

Assessing risk, safety monitoring and management

- ☐ Any risks associated with people's care were outlined in their care plans. This included risks in relation to tissue viability, nutrition and mobility.
- ☐ We saw how regular checks for one person identified as being at high risk of pressure damage, were carried out on their skin.
- ☐ People's weights were monitored in order to help identify any risks associated with malnutrition. For one person who had been identified as experiencing weight loss, the registered manager told us they had requested the GP prescribe nutritional supplements.
- ☐ People told us they had access to an emergency call bell in their rooms if they needed it.

Staffing and recruitment ☐

- ☐ There were sufficient numbers of staff to ensure people's needs were met and they were safe.
- ☐ People told us there was always a member of staff around if they were needed.
- ☐ In their PIR, the registered manager told us they carried out checks to ensure new staff were suitable for their role.

Using medicines safely

- ☐ The registered manager told us they had recently changed pharmacies and stopped using a monitored dosage system. With the new pharmacy, medicines were delivered in their original boxes.
- ☐ Stock checks were carried out to give opportunity to identify any errors in medicine administration.
- ☐ There were suitable storage facilities for people's medicines.
- ☐ The registered manager had implemented a 'creams champion' in the staff team. This person was responsible for ensuring topical creams were used effectively and applied as prescribed.

Preventing and controlling infection

- ☐ The home was clean and fresh. There were housekeeping staff on duty during the inspection.
- ☐ People and staff told us they had no concerns about the cleanliness of the environment.

Learning lessons when things go wrong

- ☐ The registered manager told us since arriving in post, they had aimed to create an open and transparent culture where staff felt able to talk to them if they had any concerns.

- ☐ The registered manager had told us they had changed the system for medicine administration in response to concerns about the amount of time the process was taking.
- ☐ Accidents and incidents were recorded and reviewed. The registered manager told us they had recognised that most incidents that occurred were falls and as a result of this had organised falls prevention training for staff.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ People's needs were assessed prior to arriving at Penhill. This helped create a care plan which included people's choices and preferences.

Staff support: induction, training, skills and experience

- ☐ Staff were positive about the training and support they received.
- ☐ At our last inspection we found staff didn't have any training in relation to diabetes care. At this inspection staff confirmed they had received training to help them understand how to support a person with diabetes.
- ☐ The registered manager told us that new staff all completed the Care Certificate. This is a nationally recognised course which provides staff with the skills and knowledge to work in the care sector. They told us they wanted to extend this to ensure all staff, including established staff, completed this qualification.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ People told us they enjoyed the food that was on offer. There was always a choice of meals and people told us they could ask for an alternative if there wasn't anything they wanted on the menu. One person commented, "The food is excellent".
- ☐ There were drinks available in the lounges if people wanted them and fresh fruit was available. Hot drinks and biscuits were offered regularly and people told us they could ask for a hot drink at any time.
- ☐ People's weight was monitored, which enabled staff to identify any concerns about a person's nutrition and discuss them with the GP.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- ☐ The registered manager told us how they had built good working relationships with healthcare professionals, including GPs and district nurses. On the day of our inspection a district nurse attended to redress a person's leg.
- ☐ People told us that staff supported them if needed with healthcare appointments.
- ☐ One person had a programme of exercises in place, from the physiotherapist. The registered manager told us how staff had initially helped the person with the exercises but the person was now able to do them independently.
- ☐ Staff supported people to make contact with the hearing support service so that a hearing loop could be set up in the home for those people that needed it.
- ☐ A professional told us: "The staff have a good overview of each patient and always show the nurse to the patient's room or help the patient back to their personal room in order to provide privacy for clinical

treatment. When we've completed our treatment we report back to the staff: they always come to find us, and they write down in a hand over book (with patient's consent) or diary exactly what's happened and when we will be visiting next."

- Another professional told us: "We have a very good/outstanding experience to report of Penhill residential home. We have good communication with the manager and her deputy has attended our 'dementia champion' events."

Adapting service, design, decoration to meet people's needs

- The design of the home was suited to people's needs. People had privacy when they wanted it in their individual rooms, but there were also plenty of areas for people to socialise.
- There was a pleasant outside area for people to make use of in warmer weather.
- Rooms were situated on two floors. There was a lift available if needed, to accommodate people's mobility needs.

Ensuring consent to care and treatment in line with law 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.
- Staff received training in this legislation.
- The registered manager told us that people in the home had capacity to make decisions about their own care and support. There was information about people's capacity to make decisions recorded in their support plans.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- The registered manager told us that no one currently had a DoLS authorisation in place.
- We saw during the day that people were free to leave and return to the home as they pleased.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People all told us they received good care. Comments included "No complaints", "Couldn't be better" and "I am very lucky to be here".
- ☐ We observed how staff all spoke to people in a pleasant and respectful way.
- ☐ Staff told us they got on well with staff. One person said they are "very good" and "It's like a family".
- ☐ One visiting professional told us: "The staff are always welcoming on arrival to the home. They always offer me a drink and somewhere to work from if required. The staff are always sat with the patients in the dining room or living room and are often having a cup of tea with them."

Supporting people to express their views and be involved in making decisions about their care

- ☐ There was a strong sense of people being at the heart of the service and being given opportunity to give their views and opinions.
- ☐ A 'resident forum' took place on a weekly basis. This was an opportunity for people to discuss issues such as menus and trips out. The registered manager told us how people were very keen to give their views and wanted to know what had been done about them.
- ☐ The registered manager showed us records of the meetings and some of the examples of issues discussed. For example, at one meeting people raised a concern about the lounge door being closed in the evenings, which they didn't like. The registered manager told us they immediately drew staff attention to this.
- ☐ Not everybody we spoke with was involved in the forum but they told us they were always given a copy of the meeting minutes so they could keep up to date.
- ☐ People also had individual review meetings where they could raise any issues or concerns about their care.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were treated with dignity and respect.
- ☐ The registered manager told us they were planning a dignity day. We saw posters for this displayed around the home. The aim of the day was to discuss dignity with people and what it meant to them.
- ☐ People were encouraged to be as independent as they were able to be. Care plans outlined the areas of support people needed help with and areas they could manage independently.
- ☐ We saw how people had mobility aids where appropriate to help them maintain their independence.

# Is the service responsive?

## Our findings

Responsive – this means that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People's care and support was planned in a person centred manner, taking into account their needs and wishes.
- ☐ People were able to take part in organised activities as they wished. People told us about trips they had been on, including meals out.
- ☐ Entertainers came to the home regularly. One person commented, "They keep us entertained."
- ☐ People had opportunity to give their views and opinions on their care. Review meetings were held with people to check whether their care continued to meet their needs.
- ☐ The manager had subscribed to a daily magazine that gave news from a particular time in history. This was available around the home.
- ☐ People were able to follow their own interests. One person, for example, told us they attended a church event each week.

Improving care quality in response to complaints or concerns

- ☐ There had been no formal complaints in the last 12 months. However there was a process in place for dealing with complaints if it was needed.
- ☐ People told us they felt able to raise concerns if they needed to.

End of life care and support

- ☐ One person was receiving end of life care. The registered manager told us they would always try to meet a person's end of life needs at the home if this was their wish. However, they recognised that there may be a time when their needs changed to such a degree that they needed nursing care and therefore needed a different home.
- ☐ Staff were in the process of completing end of life training at the time of our inspection. Staff were finding this training challenging but recognised the value in providing good support at this point in people's lives.
- ☐ The registered manager told they had made contact with a Roman Catholic deacon so that they could meet the needs of people of this particular faith.
- ☐ The registered manager told us they hoping to get a funeral director to come and speak at the next family forum to support the discussion around people's end of life needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ There was a strong person centred culture within the home. People and their views were at the centre of how the service operated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ The registered manager was supported by a deputy and senior care staff. Staff had particular roles and responsibilities. One member of staff for example was a 'creams champion', making sure people had their prescribed creams applied as directed.
- ☐ There was a programme of audits in place to support the registered manager in identifying any shortfalls in the service. This included analysing accidents and incidents.
- ☐ The registered manager was aware of their legal duties, for example in making notifications to CQC.
- ☐ The rating of the service from the last inspection was displayed on the home's website, however we noted that it was not on display in the home as is a legal requirement. The ratings poster was on display by the end of our inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership.

- ☐ The registered manager had an inclusive leadership style, where the views of people and staff were listened to.
- ☐ One professional commented, "the registered manager has a good idea of leadership styles that bring out the best in her staff and she has seemed to have made an impact on morale."
- ☐ A newsletter was produced to keep people informed about developments in the home.
- ☐ People had a service user guide with important information about the service.

Continuous learning and improving care

- ☐ The registered manager had ideas about improving the service further, particularly through building further links with the community.