

Melita Care Limited

# Polventon Residential Care 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

Polventon Residential Care Home is a care home which provides accommodation for up to 19 older people who require personal care. At the time of the inspection 19 people were using the service. Some of the people who lived at Polventon Residential Care Home needed care and support due to dementia, mental health needs sensory and /or physical disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 inspected Polventon Residential Care Home on 11 and 12 January 2016. The inspection was unannounced. The service was last inspected in February 2014 when it was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. People told us, "Staff are very nice," and "Everything is pretty good all round." A health professional told us "I can absolutely say that Polventon is a caring, well managed home where people are respected and listened to, and their needs are taken care of, emotionally, socially as well as medically."

People told us they received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

Staff training was delivered to a good standard, and staff received updates about important skills such as moving and handling at regular intervals. Staff also received training about the needs of people with dementia, and minimising conflict and aggression.

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included two written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals. We received positive comments from health professions such as, "The management have been quick to respond to any issues that may arise and contact the GP, social workers or Community Psychiatric Nurses seeking the appropriate support when needed."

There were enough staff on duty and people said they received timely support from staff when it was needed. People said call bells were answered promptly and we observed staff being attentive to people's needs.

The service had a programme of organised activities. These activities included musicians, group activities such as exercise sessions, bingo, and arts and crafts. Some external activities were available. The service has a vehicle which was used for outings.

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People were very happy with their meals. Everyone said they always had enough to eat and drink. Comments received about the meals included "Absolutely gorgeous, "and, "Brilliant, could not wish for more." People said they received enough support when they needed help with eating or drinking.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

People felt the service was well managed. We were told "(The registered manager is) very nice." Staff told us "(The registered manager) has worked very hard to build a good team. He is very approachable," and "(the owners) are genuinely caring people." There were satisfactory systems in place to monitor the quality of 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?

Good ●

The service was safe

Medicines were suitably administered, managed and stored securely.

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

Staff knew how to recognise and report the signs of abuse.

### Is the service effective?

Good ●

The service was effective.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

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

People had access to doctors and other external medical support.

### Is the service caring?

Good ●

The service was caring.

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

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support responsive to

their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There was a suitable programme of activities available to people who used the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

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

The service had a positive culture. People we spoke with said communication was very good.

# Polventon Residential Care Home

## **Detailed findings**

### Background to this inspection

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

We visited Polventon Residential Care Home on 11 and 12 January 2016. The inspection was carried out by one inspector. The inspection was unannounced.

Before visiting the home we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the two days of the inspection we spoke with twelve people who used the service and two relatives. We also spoke with the registered manager and four members of staff. Before the inspection we had written contact with five external professionals including GP's, opticians, social workers and specialist nurses who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at four records which related to people's individual care. We also looked at nine staff files and other records in relation to the running of the service.

# Is the service safe?

## Our findings

People told us they felt safe. Comments we received from people included; "Yes, absolutely, I am very well treated," and "Oh yes, no-one is unkind." External health professionals told us "I feel the residents are safe, well cared for and happy," and "I have no reason to doubt the service isn't safe. As an outside professional the first time I visited I was delicately challenged by staff, who did not know me, to check who I was and what I was doing."

The service had a satisfactory safeguarding adult's policy. All staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. People were provided with safe moving and handling support where this was necessary. This showed staff were proactive in helping people to minimise risks of falling.

Most people's medicines were administered by staff. People said their medicine was always on time and medicines did not run out. Where people self-administered their own medicine appropriate processes were in place such as formal written agreements and risk assessments. Medicines were stored in locked cabinets in the office. Medicine Administration Records (MAR) were completed correctly. A satisfactory system was in place to return and/or dispose of medicine. Medicines which required refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Training records showed that staff who administered medicine had received comprehensive training and staff we spoke with said they felt competent to carry out the administration of medicines. The pharmacist had checked the system, and their report said its operation was satisfactory.

Incidents and accidents which took place were recorded by staff in people's records. Events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

Some monies and personal possessions were kept on behalf of people. A satisfactory system was in place to store these securely. Records were kept of expenditure and monies received. We checked monies for three people, and money kept matched totals in records. Receipts were provided for any expenditure.

There were enough staff on duty to meet people's needs. For example, rotas showed three care staff on duty from 8am until 8pm. During the night there was one person on waking duty, and one person sleeping in (who could be woken if there was an emergency). The registered manager worked at the service, during the day, from Monday to Friday. The deputy manager worked at the service, during the day on Monday, Tuesday and Saturday. An activities worker worked at the service, each morning, Monday to Friday. Ancillary staff such as catering, administrative, cleaning and maintenance staff were also employed.

People told us staff would help them promptly and there were enough staff on duty to meet their needs. For example we were told staff were "Very nice," "Lovely, they will do anything for you," and "They are brilliant, they will come as quickly as they possibly can."

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

The environment was clean and well maintained. Appropriate cleaning schedules were used. People said the laundry service was efficient and we saw there were appropriate systems in place to deal with heavily soiled laundry.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. The registered manager could not find a record to state the electrical circuit had been tested. However he arranged this test to be completed again, and stated a copy of the certificate would be forwarded to us when it was completed. Records showed the passenger lift and manual handling equipment had been serviced. There was a system in place to minimise the risk of Legionnaires' disease. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of fire drills.



# Is the service effective?

## Our findings

People told us the service was effective at meeting their needs and staff worked in a professional manner. People said, "Staff are helpful," and "Staff are very nice." Relatives said, "My mother is looked after extremely well. I have never seen her look so well." Health professionals commented "Staff go to great lengths to facilitate any medical treatments or investigations that the residents may need," and "They have been willing to go out of their way, with the support of the district nursing service to enable unwell or people with terminal illness, to remain there when their level of dependency would generally be considered higher than a residential home would usually cope with."

Staff had received comprehensive training to carry out their roles. New staff had a full induction to introduce them to their role. Staff members told us, "They are strict on training" and, "Training is 'on the button' all of the time." Staff told us they had initially worked alongside experienced staff to help them to get to know people's needs and the routines at the service. Staff files we assessed all contained a completed, comprehensive induction checklist. The registered manager said he was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, food hygiene, health and safety, infection control, safeguarding, medicine administration and first aid. All staff had also undertaken further training about dementia awareness, conflict resolution and breakaway training (to help staff to minimize and handle any aggressive incidents if they occurred), and equality training. Some staff had received training about communication and diabetes. Most staff had completed a diploma or a National Vocational Qualification (NVQ's) in care.

Staff were supported in their roles partly by receiving individual formal supervision with a manager. Supervision sessions were documented. Staff also said they felt confident approaching senior staff if they had any queries or concerns.

People told us they did not feel restricted. However due to some people having dementia the front door was locked for security reasons and to maintain people's safety. People told us there were no restrictions imposed upon them living at the service. People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example people told us staff involved them in how people wanted their personal care and they were able to choose when they got up and went to bed.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity

to take particular decisions, any decisions 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. 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.

The registered manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. The staff we spoke with demonstrated a basic awareness of the legislation. Records showed that there was appropriate training for staff about mental capacity and deprivation of liberty.

People were very happy with their meals. Everyone said they always had enough to eat and drink. People told us staff knew individual likes and dislikes, and would always prepare an alternative if people did not want what was on the menu. People also told us they had a choice at breakfast and tea time. People said staff would regularly ask them if they wanted a cup of tea, coffee or a cold drink. Comments received about the meals included "Alright so far," "Very nice," "Absolutely gorgeous," and, "Brilliant, could not wish for more." We observed people receiving appropriate support to eat their meals. For example staff helped people to cut up their food, encourage people to eat their meals and to help make the meal time a sociable occasion through encouraging conversation.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Records about medical consultations showed that people saw, where appropriate, GP's, opticians and district nurses regularly. We received positive feedback about the standards of the service from a number of health and social care professionals. Professional's comments included, " The management have been quick to respond to any issues that may arise and contact the GP, social workers or Community Psychiatric Nurses seeking the appropriate support when needed."

The home had appropriate aids and adaptations for people with physical disabilities such as specialist bath, designed for frail people and there was also a 'walk in' shower facility which could be used for someone who used a wheel chair.

The home's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. The home was clean and tidy, and there were no offensive odours. People told us they liked their bedrooms and these were always warm and comfortable.

## Is the service caring?

### Our findings

People were positive about the care they received from staff. We were told; "Staff are excellent. There is no place on earth any better," and "Everything is pretty good all round." External health and social care professionals told us "The staff are very supportive and caring...often going above and beyond their regular duties," and "I can absolutely say that Polventon is a caring, well managed home where people are respected and listened to, and their needs are taken care of, emotionally, socially as well as medically."

We observed staff working in a professional and caring manner. Staff were observed talking with people about individual interests, and asking people how they were and if there was anything they needed help with. Staff members told us "People have the very best we can provided for them. This is their home," "I am proud to work here," and "This is a friendly place, more of a home environment. ....(We try to ensure) an extended family atmosphere." The people we met told us care was provided in a kind and caring manner and their staff were very patient. Although the service was busy, staff were always calm, and did not rush people. The people we met were all well dressed and looked well cared for. People's bedroom doors were always shut when care was being provided.

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. The registered manager said where possible care plans were completed and explained to people and their representatives.

People said their privacy was respected, for example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Family members told us they were made welcome and could visit at any time. People could go to their bedrooms, and also to the second lounge, if they wanted to meet privately with visitors.

## Is the service responsive?

### Our findings

People were very positive about the care they received from staff. We were told for example staff were "Very nice," and "Helpful." We observed staff acting in a kind and considerate manner. When people rang call bells for help we were told, and we observed these were answered promptly.

Before moving into the home the registered manager told us he went out to assess people to check the service could meet the person's needs. People, and or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person. The registered manager would also, where possible, obtain copies of assessments from GP's and social workers to help staff to get to know the person.

Each person had a care plan in their individual file. Files were stored securely in the office. Care records were also kept in an on line computer system. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example about the person's physical and mental health, communication, moving and handling, daily life and activity, and moving and handling. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, deterioration in mental health, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person's needs. All staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time.

The service arranged regular organised activities for people. An activities worker was employed and worked each morning from Monday to Friday. Activities which were regularly arranged included board games, exercise sessions, arts and crafts, bingo and visiting musicians. The activities worker also carried out individual activities with some people particularly with people who did not want to come to the lounge, and preferred to spend most of their time in their bedrooms. Some external activities were provided such as short walks or trips out in staff cars. A vehicle has been purchased and this will be used to enable people to have social trips outside the home. The service ensured people's birthdays, and religious events such as Christmas were celebrated. For example, on the day of the inspection staff were helping someone to celebrate their birthday. Staff had baked a cake and arranged a small party for the person. The local church and Methodist chapel visited the home. The people we spoke with said they enjoyed the activities provided.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern. We were told there were no formal complaints on record.

## Is the service well-led?

### Our findings

People and staff had confidence in the registered persons (owners and manager of the service.) For example people told us, (the registered manager is) "Very nice." Staff told us "(The registered manager) has worked very hard to build a good team. He is very approachable," (the management are) "Really good," and "(The owners) are genuinely caring people." A social care professional told us "I have found the management to be open and have good communication with both service users and professionals....they are keen to receive feedback and are open to ideas and suggestions."

People said there was a positive culture at the service. People told us, "I have been here a long time. I like it here and I always have." A health professional told us "It has a nice homely atmosphere...and the staff appear to know what they are doing."

Staff said there was a positive culture among the staff team. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. We were told by a staff member, "The care here is very good, it is a family home where staff can spend quality time (with people). There is good communication. All is really good."

People, their relatives, staff and external professionals we spoke with said communication was very good. For example a health professional said, "There is always a member of staff available to ask if we need any information. They are knowledgeable and well trained." A relative said communication was always "Very good." The service issued a regular newsletter to people and their relatives. The service also used social media to publicise the service. We saw staff helping one person to use Skype to speak with a relative. The person said staff would help them once a week to speak to their relative. They said they found using the computer "really good," and it was nice to see their family member's face on the computer screen.

There had a clear management structure. The registered providers visited the service several times a month, and were in regular contact with the manager and staff electronically and by telephone. The registered manager worked in the service Monday to Friday, supported by a head of care and a deputy manager. A senior carer was in charge of each shift. The managers took turn to be on-call during the night, and at the weekends.

We observed the registered manager working with less senior staff in a constructive and professional manner. Staff members said morale was good within the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They believed any major concerns would be addressed appropriately by the registered manager, who they said would deal with such matters appropriately.

The registered manager monitored the quality of the service by completing regular audits such as of care records, training provision, accidents and falls. An annual survey of relatives, staff and professionals was completed to find out their views of the service. Results of previous surveys were all positive.

The registered persons ensured there was a range of meetings to encourage communication. We saw copies of minutes for staff meetings, weekly management meetings, and quarterly resident meetings.

A registered manager had been in post since 2013 . The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.