

Mr & Mrs L Difford

Pen Inney House

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

We carried out an unannounced inspection of Pen Inney House on 4 April 2018. Pen Inney House is a 'care home' that provides care for a maximum of 20 adults. 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. At the time of the inspection there were 15 people living at the service. The service is on two floors with access to the upper floor via stairs or a stair lift. Some rooms have en-suite facilities and there are shared bathrooms, shower facilities and toilets. Shared living areas included one lounge, a dining room, garden and patio seating area.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

At this comprehensive inspection we checked to see if the provider had made the required improvements identified at the inspection of 15 February 2017. In February 2017 we found gaps in people's medicines records and inconsistent guidance for staff about when people might need 'as required' medicines. Risks in relation to some people's skin care and nutrition were not managed effectively. People's confidential information was not adequately protected because their personal records were not always kept securely. Systems to monitor the quality of the service provided were not effective. Concerns about the effectiveness of the auditing systems and risk management had also been raised at a previous inspection in January 2016.

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection.

Safe arrangements were in place for the storing and administration of medicines. Medicine administration records (MARs) were clear and there were no gaps. Where people were prescribed medicines to take 'as required' (PRN) clear protocols had been put in place for staff to follow when administering these medicines. This helped ensure a consistent approach to the use of PRN.

Since the last inspection a new risk assessment format had been introduced. Risks were clearly identified in the new assessments and included guidance for staff on the actions they should take to minimise any risk of harm. In particular risks in relation people's skin care and nutrition were being effectively monitored.

At previous inspections we found systems to monitor and check the quality of the service and to identify areas for improvement were not robust or consistently carried out. At this inspection we found there were effective quality assurance systems in place and audits were routinely completed. This meant that areas for improvement were identified and addressed to help drive improvement.

After the last inspection a locked cupboard was purchased and was now used to securely store people's care files and other personal information about people. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

On the day of the inspection there was a calm and relaxed atmosphere at the service. We observed that staff interacted with people in a caring and compassionate manner. People told us they were happy with the care they received and believed it was a safe environment. Comments included, "The staff are nice people and very caring", "Someone always comes when I need help" and "I am happy living here."

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. People had their capacity assessed appropriately. The service knew who had appointed lasting powers of attorney for either finances or health and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

There were enough suitably qualified staff on duty and additional staff were allocated if people's needs increased, such as when someone was unwell. Staff were supported by a system of induction training, one-to-one supervision and appraisals. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People had access to healthcare services such as occupational therapists, GPs, chiropodists, community nurses and dentists. Relatives told us staff always kept them informed if their relative was unwell or a doctor was called.

People had personalised care plans that provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff.

People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. People told us they enjoyed their meals. "The food is good and family visitors can eat a meal if they want, which some often do" and "I don't eat so much now, and don't have a great appetite, but the Staff encourage me to eat enough and make sure I have enough to drink during the day."

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

People were able to take part in activities facilitated by staff and external entertainers. These included, singing sessions, music entertainers, exercises, pamper sessions and church services.

The environment was clean and there were no unpleasant odours. Some areas of the premises were in need of re-furbishment, particularly the carpets in the downstairs corridors and shared living areas. New carpets had been ordered and there was a plan to re-decorate these areas in the next two to three weeks. There was an on-going programme to re-decorate people's rooms and all the unoccupied bedrooms were in the process of being decorated and the bathroom facilities upgraded. Appropriate safety checks were completed to help ensure the building and utilities were safe.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. People and their families were all complimentary about the way the service was run and

described the management as open and approachable. The service regularly asked people for their views about the quality of the service they received. People and their families were given information about how to complain.

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

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained. Risks were identified and appropriately managed.

Is the service effective?

Good ●

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met. Specialist advice was appropriately sought from external healthcare professionals.

People's rights were protected because staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet in line with 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 and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans gave clear direction and guidance for staff to follow to meet people's needs and wishes.

Staff supported people to take part in social activities and access the local community.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

Is the service well-led?

Good ●

The service was well-led. The management provided staff with appropriate leadership and support. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People and their families told us the management were approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Pen Inney House

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.

This unannounced inspection took place on 4 April 2018. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eleven people living at the service and four visiting relatives. We looked around the premises and observed care practices during our visit.

We spoke with the registered manager, the deputy manager and three care staff. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the residential and domiciliary services.

Is the service safe?

Our findings

At the inspection in February 2017 we found gaps in people's medicines records and inconsistent guidance for staff about when people might need 'as required' medicines.

At this inspection we found the necessary improvements had been made and there were safe arrangements in place for the administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Medicine administration records (MARs) were clear and there were no gaps. Where people were prescribed medicines to take 'as required' (PRN) clear protocols had been put in place for staff to follow when administering these medicines. This helped ensure a consistent approach to the use of PRN.

Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. The service held medicines that required cold storage and there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. There were auditing systems in place to carry out weekly and monthly checks of medicines.

At the inspection in February 2017 we found risks in relation to some people's skin care and nutrition were not managed effectively. Where risks were identified records lacked detail about the actions staff should take to minimise any risk of harm.

At this inspection we found improvements had been made and risks had been appropriately identified for people. Since the last inspection a new risk assessment format had been introduced. These included sections to complete about the actions for staff to take. Each person had a risk assessment in place covering areas such as the level of risk in relation to nutrition, pressure sores, falls, personal safety and mobility. The assessments included clear guidance for staff on the actions they should take to minimise any risk of harm. For example, how staff should support people when using equipment and what signs staff should be aware of in relation to health conditions such as diabetes. All risk assessments had been kept under review and were relevant to the care provided.

We found the service was now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with the care they received and believed it was a safe environment. Comments included, "The staff are nice people and very caring", "Someone always comes when I need help" and "I am happy living here."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of

their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

There were effective systems in place to help people manage their finances. With people's, or their advocates, agreement the service held small amounts of money for them to purchase personal items and to pay for the visiting hairdresser and chiropodist. A manager carried out regular audits of the monies held.

There were enough suitably qualified staff on duty and additional staff were allocated if people's needs increased, such as when someone was unwell. On the day of the inspection there were two care staff and a senior care worker on duty. In addition there was a cook, a domestic and the registered and deputy managers. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had a call bell in their rooms to call staff if they required any assistance. People said staff responded quickly whenever they used their call bell. We saw people received care and support in a timely manner.

Incidents and accidents were recorded when events occurred. Appropriate action had been taken and where necessary changes made to learn from the events or seek specialist advice from external professionals. Care records were accurate, complete, legible and contained details of people's current needs and wishes. They were stored securely in a locked cabinet and were accessible to staff and visiting professionals when required.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment in the service was clean with no unpleasant odours. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary. Hand gel dispensers were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately to reduce cross infection risks.

Equipment owned or used by the service, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. We also found that actions set from a fire authority visit in September 2017 had been completed.

Is the service effective?

Our findings

People's needs and choices were assessed prior to moving into Pen Inney House. This helped ensure people's needs and expectations could be met. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity and dementia awareness. The registered manager had recently qualified as a moving and handling trainer and this meant they could provide staff with practical support about using specific pieces of equipment and the correct techniques.

The induction of new members of staff was effective and fully complied with the requirements of the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a period of shadowing more experienced members of staff.

Staff told us they were well supported by the management team. Supervision meetings were held regularly as well as annual appraisals. These were an opportunity to discuss working practices and raise any concerns or training needs. The registered and deputy managers shared responsibility for completing supervisions.

People had access to healthcare services such as occupational therapists, GPs, chiropodists, community nurses and dentists. Care records contained details of multi professionals visits and care plans were updated when advice and guidance was given. Relatives told us staff always kept them informed if their relative was unwell or a doctor was called.

Staff monitored people's weight in line with their nutritional assessment. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored each day and records were completed by staff. One person was having their fluid intake monitored because, due to an on-going health condition, it was important that they had plenty of drinks. However, records did not indicate the target amount of fluid they needed. Also, the amounts were not totalled daily so staff could see at a glance how much they had drunk each day and make comparisons between days. We discussed this with the managers and we were assured that they would seek medical advice about the target amount and records would be completed appropriately.

We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff talking with people as they ate their meals. People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People told us they enjoyed their meals. Comments included, "The food is good and family visitors can eat a

meal if they want, which some often do", "I don't eat so much now, and don't have a great appetite, but the Staff encourage me to eat enough and make sure I have enough to drink during the day" and "The cook makes me special puddings because I am diabetic."

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. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The 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 made on their behalf must be in their best interests and as least restrictive as possible. Since the last inspection the service had implemented an assessment form to record people's capacity to make specific decisions. The service knew who had appointed lasting powers of attorney, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves. Where people lacked capacity, and no one was appointed to legally act on their behalf, the service ensured appropriate best interest processes were carried out.

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. Management had applied appropriately for some people to have a DoLS authorisation.

The design, layout and decoration of the service met people's individual needs. Toilets and bathrooms were clearly marked to encourage independent use and help people who might have difficulties orientating around the premises. Some areas of the premises were in need of re-furbishment, particularly the carpets in the downstairs corridors and shared living areas. New carpets had been ordered and there was a plan to re-decorate these areas in the next two to three weeks. There was an on-going programme to re-decorate people's rooms and all the unoccupied bedrooms were in the process of being decorated and the bathroom facilities upgraded.

Is the service caring?

Our findings

On the day of the inspection there was a relaxed and friendly atmosphere at the service. People and staff welcomed us into the service and were happy to talk to us about their views of living and working there. We spent time in the shared areas of the service to observe how care was delivered and received. We observed people were comfortable in their surroundings. People told us staff were kind to them and respected their wishes. Comments included, "I think all the staff are really caring people", "I like all the Staff. They care for everyone and are so cheerful most days. They are all just lovely" and "I am happy with all the staff."

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, one person was unsteady on their feet while walking unaided to the dining room at lunchtime. Two members of staff immediately assisted, reassured and steadied the person ensuring they were alright before helping them to sit down.

Staff had worked with people and their relatives to develop their 'life stories' to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives. In addition many people living at the service had lived in the local area before moving into the service and most staff also lived locally. This meant the people and staff had shared knowledge and interests which had also helped people to develop meaningful relationships with staff.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People confirmed they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

People's privacy was respected. People's bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. Several relatives visited the service during our inspection. Staff were seen greeting visitors and chatting knowledgeably to them about their family member.

Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Comments from staff included, "I think people get fantastic care here" and "We all work as a team."

After the last inspection a locked cupboard was purchased and was now used to securely store people's care files and other personal information. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. People were involved in monthly care plan reviews and managers regularly spoke with people to ask for their views about the service.

Is the service responsive?

Our findings

Managers met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. These were reviewed monthly or as people's needs changed.

Staff attended daily handovers which were led by the registered or deputy manager. These provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately.

People were able to take part in activities facilitated by staff and external entertainers. A member of staff was allocated to facilitate activities each afternoon. These included, singing sessions, music entertainers, exercises, pamper sessions and church services. Staff took people out to local shops and places of interest in fine weather.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to make a complaint and some people told us they had raised concerns. These people said the managers had listened to their concerns and appropriate action been taken to resolve their complaints.

Is the service well-led?

Our findings

At previous inspections, in January 2016 and February 2017, we found systems to monitor and check the quality of the service and to identify areas for improvement were not robust or consistently carried out. At this inspection we found there were effective quality assurance systems in place and audits were routinely completed. These included audits of incidents and accidents, medicines, care plans, complaints, falls, health and safety, maintenance of the premises, staff files, and equipment checks. Discussions with the registered and deputy managers showed that they continuously looked for ways to improve the service. This was demonstrated in changes to formats used for care plans and risk assessments so more detailed information could be recorded.

New systems developed for this service had been shared with other services owned by the provider. This had helped the provider to develop a quality assurance and auditing system that was being consistently used across all their other locations.

The registered manager and deputy managers regularly worked alongside staff to monitor the quality of the care provided by staff. The senior care worker carried out observations of staff working, recording the findings and fed these back to staff as part of the supervision process. Managers told us that if they had any concerns about individual staff's practice these would be addressed through additional supervision and training. This meant that areas for improvement were identified and addressed to help drive improvement.

We found the service was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who was also the registered manager for another location owned by the provider, had overall responsibility for the running of service. The registered manager divided their time equally between the two services, usually spending part of each day at each service. The deputy manager worked full-time at the service and managed the day-to-day running of the service such as overseeing the care provision and completing staff rotas. The managers were supported by senior care workers.

Staff had a positive attitude and told us the management team provided strong leadership and led by example. There was a stable staff team and staff morale was good. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management, at daily handover meetings, regular staff meetings and one-to-one supervisions. Staff said that management listened to their feedback and acted upon it. Comments from staff included, "I have been treated really well since working here" and "Management are very supportive."

People and their families were all complimentary about the way the service was run and described the management as open and approachable. They felt that there was a strong sense of teamwork and loyalty

among the staff and had confidence in the service.

The service regularly gave out questionnaires to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. There were many positive comments made about the service. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes. For example, several people and their families had said they would like staff to wear name badges. In response to this feedback names badges had been ordered and would soon be used.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.