

PNP Care Home Limited

PNP 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

About the service

PNP Care Home provides personal care to 14 people aged 65 and over at the time of our inspection. The service can support up to 19 people. PNP Care Home provides accommodation spread over three floors with lift access and all bedrooms offer en suite facilities. There are three lounges and a dining area for people's choice and comfort. PNP Care Home will be referred to as PNP within this report.

People's experience of using this service and what we found

People and relatives confirmed they felt safe. One person told us, "The staff are very good at making sure we're all safe." The management team completed risk assessments to guide staff to retain people's safety. Staff were able to describe good practice in preventing harm or unsafe care.

Staff concentrated on one person at-a-time to administer medicines safely, explained what they were doing and provided a drink. They signed records afterwards to demonstrate people received their medication on time.

The registered manager maintained a sufficient workforce to meet people's needs in a timely way. A relative commented, "Yes, I think they have enough staff on duty." Staff said they had good levels of training to enable them to be confident in the delivery of care.

Staff had training to underpin their skills in safe food handling and assisting individuals with their nutritional support. People and relatives told us meals were of a good standard and they had menu options to choose from.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported each person to make their day-to-day decisions.

People and relatives told us staff were very caring and they felt happy at PNP. One person stated, "They look after me, the staff are good." The management team had good processes to ensure care delivery was responsive to people's requirements.

The registered manager was keen to engage with staff, people and visitors to improve the quality of care. They developed an open culture at PNP and encouraged people and their relatives to be involved in improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 31 July 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

PNP Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an inspector.

Service and service type

PNP is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection was unannounced.

What we did before the inspection

We completed our planning document and reviewed the information we held on the service. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

We also checked to see if any information concerning the care and welfare of people supported by the home had been received. We contacted the commissioning department who used PNP and Healthwatch Blackpool. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This helped us to gain a balanced overview of what people experienced whilst using the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke about PNP with two members of the management team, two people, two relatives and three staff. We walked around the building to carry out a visual check. We did this to ensure PNP was clean, hygienic and a safe place for people to live.

We looked at records related to the management of the service. We did this to ensure the provider had oversight of the home, responded to any concerns and led PNP in ongoing improvements. We checked care records of two people and looked at staffing levels, recruitment procedures and training provision.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The management team completed risk assessments to guide staff in maintaining people's safety. These included an evaluation of the level of risk and control measures to mitigate this. Staff regularly reviewed assessments to ensure they continued to retain people's safety.
- Staff documented accidents that occurred at PNP and actions taken to reduce reoccurrence of incidents. The registered manager reviewed this information for patterns or themes and monitored people's ongoing safety. People and relatives confirmed they felt safe at PNP. One relative stated, "Yes, [my family member] is safe, I go home not worrying about that."
- The registered manager had good systems to monitor people's safety and acted to address issues. They showed how they learned lessons from incidents. For instance, they detected a medication error and reviewed relevant protocols. They implemented an action plan to improve medication administration and held meetings with staff to enhance their awareness.

Systems and processes to safeguard people from the risk of abuse

- The registered manager ensured people, staff and visitors were informed about how to raise concerns and who to report them to. For example, they had on display in the lobby the local authority policy, which included the contact details of relevant agencies.
- Staff were able to describe good practice in preventing abuse, harm or unsafe care. One staff member said, "I'm here because I really care about these people. I would not hesitate for a moment to whistleblow and we have all the details about who to report to." The registered manager ensured staff had training to underpin their skills.

Using medicines safely

- The registered manager acted quickly to ensure people's medicines continued to be safely managed. During our inspection we did a medication stock check and noted a discrepancy. On the second day of our inspection we found the management team had taken immediate action. For example, they implemented a more robust auditing system and provided additional staff training.
- Staff concentrated on one person at-a-time to administer medicines safely, explained what they were doing and provided a drink. They signed records afterwards to demonstrate people received their medication when prescribed. One person told us, "I get all my tablets on time."

Preventing and controlling infection

- The management team employed designated domestics so care staff could focus solely on their roles and responsibilities. They trained staff in good infection control procedures to reduce the risk of cross-contamination. A staff member said, "You can see we have loads of gloves, aprons and soap dispensers,

which is so important in our role to protect the residents from any infection."

- Staff had access to and made good use of personal protective equipment and the registered manager regularly audited the quality of cleanliness at PNP. A relative commented, "It's very clean."

Staffing and recruitment

- The registered manager maintained a sufficient workforce to meet people's needs in a timely way. People and relatives confirmed there were enough staff on duty to support them safely. A relative stated, "Yes, I think they have enough staff on duty, they have time to sit and chat with us and [our relative], which is a good sign."
- Staff told us they had time to support people and were encouraged to engage with them to enhance their social skills. One employee commented, "We work well together. It helps us to really take our time so that the residents can enjoy whatever we are doing. I feel we have enough staff."
- The registered manager had the same safe recruitment procedures as at our last inspection. This meant people were protected against the employment of unsuitable 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they had good levels of training to enable them to be confident in the delivery of care. One employee said, "Yes, there's lots of training. [The registered manager] is really good at checking our skills and what else we want to do to improve."
- The registered manager provided a range of training in different formats to suit the diverse learning styles of staff. This included dementia awareness, various medical conditions, first aid, person-centred activities and dignity. People and their relatives confirmed they were supported by skilled, experienced staff. One person stated, "The staff know what they are doing."
- The registered manager provided regular supervision for staff to explore their progress and any identified training needs. Staff explained this supported them in their roles.

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

- The management team had systems to gain people's feedback about the development of PNP and to improve their experiences of living there. There were discussion forums and they had developed a 'bucket list' of things they wanted to develop in the home. An example of this was their plan to use a lounge as a sensory room for people who live with dementia.
- The provider had commenced a programme of redecoration and environmental improvement to enhance people's welfare. A relative said, "We've seen lots of new furniture and redecorating going on. I'm satisfied the owners are investing in the home, it's not just a business."

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The registered manager had properly assessed and, where applicable, applied for legal authorisation to deprive people of their liberty to safeguard them. Staff supported each person to make their day-to-day decisions, such as where to sit and eat their meals. People were enabled to freely move about the home. A staff member explained, "[The registered manager] has completed really good care plans which show what we can and cannot do."
- People told us staff discussed and agreed their care and treatment with them. Staff demonstrated a good understanding of the principles of consent. One staff member said, "It's all about offering choice, explanation and asking them for permission."

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

- Staff had training to underpin their skills in safe food handling and assisting people with their nutritional support. They completed risk assessments, care plans and monitoring charts as part of their approach to reducing the risk of malnutrition.
- People and relatives stated meals were of a good standard and they had menu options to choose from. One person commented, "I like the food the best, it's all really good." A relative added, "[My relative] loves his food and the biggest compliment he gives about PNP is how great the meals are."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 regularly assessed treatment continued to meet each person's needs. Staff understood the importance of checking their progress as part of their ongoing care. One employee told us, "We pick up the slightest change and, if necessary, we can call the GP."
- The management team worked in a multidisciplinary approach with healthcare professionals as part of people's ongoing support. Staff completed timely referral to other agencies to ensure each person maintained a healthy lifestyle.
- Relatives confirmed staff responded quickly to changing health needs and said they effectively communicated updates to them. A relative stated, "The carers are in touch straight away. One time they called us before the ambulance arrived. It gave us time to go with him to the hospital."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were fully involved in their care planning and supported to make their day-to-day decisions. Relatives confirmed staff discussed care with them and they were made to feel welcome at PNP. One relative commented, "It might not mean much to you but even the big owner popped in and asked if we wanted a brew. They do make you feel welcome."

Respecting and promoting people's privacy, dignity and independence

- The registered manager created a person-centred culture at the home. For example, care planning included agreed objectives to guide staff to maintain people's independence. Staff had a good level of awareness about appropriate standards in care. An employee said, "I came into this job to make a difference. To be a good carer you have to be committed and I feel that."
- Staff were respectful of people's privacy, such as password-protecting their electronic records. People stated staff respected their dignity, such as knocking on their doors before entering.

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

- Staff demonstrated a respectful and kind approach to care that helped people to maintain their individuality. The registered manager provided equality and diversity training to enhance their delivery of person-centred care. A staff member explained, "We get that in our training and all of us understand how essential it is to respect the residents as different, individual people."
- People and relatives told us staff were very caring and they felt happy at PNP. One relative stated, "[My relative] says he's very happy here, that's all that matters to me." Another relative added, "[Our relative] loves the staff and we found they have a lovely attitude about them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The management team had good processes to ensure care delivery was responsive to people's requirements. For example, they implemented an electronic care monitoring and recording system, which included handheld devices. Staff constantly used these to update each person's progress. This enabled live care planning to maintain good treatment outcomes.
- Care records identified people's preferences and life stories as part of the personalised approach to help staff understand their backgrounds. A staff member told us, "[The registered manager's] philosophy is all about person-centred care. We have really good communication which helps us to get to understand the residents better."
- The registered manager documented people's preferences related to their interests to deliver a programme of activities that improved their sense of self-worth. This included the creation of a 'bucket list' of things each person wished to access. For instance, they supported a person who used to work with horses to attend a stud farm, which they really enjoyed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager checked people's communication needs to support those with a disability, impairment or sensory loss. For example, staff used a laptop to communicate with a person with hearing loss. They used large font size to explain tasks and gain their consent.

End of life care and support

- At the time of our inspection, no-one received end of life care at PNP. Care records included detailed information to understand and assist people should they require end of life support. For instance, staff documented their preferred funeral arrangements and their last wishes.

Improving care quality in response to complaints or concerns

- The registered manager displayed their complaints procedure in all bedrooms to ensure people knew how to raise concerns. Related records evidenced the manager dealt sensitively and appropriately with concerns raised. People confirmed they understood how to make a complaint if they chose to.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was keen to engage with staff, people and visitors to improve the quality of care. For instance, they held regular team meetings and provided staff with surveys to obtain feedback about the service. One staff member stated, "[The management team] are brilliant. They ask us about the home and how we can get better for the benefit of the residents."
- The management team sent out satisfaction surveys to assess people's experiences of living at PNP. We sampled recent responses, which were very positive. Comments seen included, 'If you were to be in a care home this is as good a care home as any.' A relative added, 'This is a pleasant, well-supervised home and we are happy for our [relative] to be cared for here.'
- Maintenance staff had training to work with people and empower them to be a part of home improvements. If the person was interested in assisting with maintenance then they worked together, such as recently making furniture.

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

- Staff were clear about their responsibilities and lines of accountability. They said the management team supervised them in a supportive style. An employee told us, "They manage us in a way that we know when we've done wrong, but at the same time we feel very supported."
- The management team completed various audits to check people's safety and welfare. This included medication, health and safety, infection control and maintenance. They implemented action plans to address identified concerns and monitored the progress of actions taken.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager developed an open culture at PNP and encouraged people and their relatives to be involved in improvements. For instance, a relative had complained about a laundry issue and the registered manager invited them to a staff meeting. This enabled them to discuss as a learning curve with staff about how this made them feel.
- The management team were keen to act on lessons learnt from incidents to develop the service. For example, they found issues with medicines and quickly addressed discrepancies we noted. They introduced new protocols, retrained staff, discussed issues with them in their supervision and displayed guidance in

poster format in the clinical room.

Working in partnership with others

- The management team worked closely with other services to share and gain good practice. They had developed strong relationships with other organisations in the continuity of people's care. This included local health and social care organisations.