

Mr & Mrs L Difford

Pen Inney House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pen Inney is a residential care home providing personal care to up to 20 people. The service provides support to older people. At the time of our inspection there were 18 people using the service.

The service is on 2 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 include a lounge, dining room, garden and patio seating area.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

There were gaps in monitoring systems. For example, some people living at Pen Inney House were unable to make decisions in relation to their care and support due to their health. Restrictions had been put in place to keep people safe. Records to demonstrate the restrictions were in line with legislation had been archived and the restrictive practices were not being monitored. The manager assured us they would audit the restrictive practices in place and take steps to ensure these were reasonable, proportionate and in people's best interest.

Checks on fire equipment were carried out, however, the records to evidence these checks had taken place were not always completed. The records indicated a fault in equipment had been identified. It was not clear if any action had been taken to rectify this.

There were no systems in place for gathering feedback from people living at Pen Inney House, or their families.

Other audits had been completed, for example medicine administration records and accident and incident forms were checked regularly to identify any areas for improvement.

Risks were identified and recorded. Risk assessments and guidance for staff on how to minimise risks were not always available and we have made a recommendation about this in the report.

People told us they felt safe living at the service and they trusted staff and considered them skilled and competent. Training records showed staff training was up to date.

Pen Inney House was located in a rural village and there were strong links with the local community. Areas of the building were in need of updating and this was being planned. People's bedrooms were spacious. When identified as necessary, alterations had been made to ensure the environment met people's needs.

Staff told us they were well supported. They received regular supervision and the manager frequently worked alongside staff which allowed them to monitor staff skills and values. Staff told us morale was good and they had a shared set of values. They knew people well and understood their needs and preferences.

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 good (published 24 April 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pen Inney House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the oversight of the service

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Pen Inney House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Pen Inney is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pen Inney is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. A new manager had been in post for 6 weeks and was in the process of submitting an application to register.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the manager and a registered manager from one of the provider's other services. We spoke with 7 people, 4 care staff and the cook. We reviewed 3 people's care records, medicine administration records and 3 staff files. We also reviewed rotas and other records relating to the management of the service. After the site visit we spoke with 4 relatives on the phone. We received feedback from 2 external healthcare professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Some people had risks associated with their health condition and there was information about this in their care plans. Risk assessments to support the information and guide staff on how to mitigate the risk had not always been developed or were not accessible to staff.

We recommend the provider seek advice and guidance on the development of systems to mitigate identified risk.

- Staff were able to describe the action they would take to keep people safe and minimise the risk of harm.
- Checks of the environment and equipment were carried out, this included checks of fire equipment. These checks were not always recorded and we have reported on this in the well-led section.
- People had Personal Emergency Evacuation Plans (PEEPs) which recorded the support people would need to leave the service in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff knew and understood their responsibilities to keep people safe and protect them from harm.
- Staff were up to date with their safeguarding training and understood how to report any concerns they had.
- People told us they felt safe at the service. One person told us; "I feel safe because I know there's always somebody there."

Staffing and recruitment

- Staff told us there were not always enough staff to support people according to their preferred routines, particularly at busy times, such as when people were being supported to get up in the morning. The manager told us they had identified this issue and were developing working patterns to alleviate the pressure.
- People told us staff always came when they used their call bells. We observed staff responding to call bells and spending time with people.
- Relatives told us people's needs were met and they were not left without support for long. One commented; "Staffing in care is difficult nationally but despite the challenges they have maintained a good standard."
- Pre-employment checks were in place to help ensure new staff were suitable to work in the care sector. For example, the service obtained satisfactory references and Disclosure and Barring Service (DBS) checks.

DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. Medicine Administration Records (MARs) were completed appropriately and daily checks were completed to keep a running check of stock.
- Some people had medicines which needed to be administered at certain times with a specified gap between each administration. Staff checked before each medicine round to ensure the appropriate amount of time had passed.
- Medicines to be used as required were available; for example, medicines for pain relief. There were clear protocols in place to help ensure these medicines were administered safely.
- Medicines, including those which required stricter controls, were stored securely and within safe temperatures.
- The service had recently changed their arrangements for collecting medicines to provide a more efficient and streamlined service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on visitors at the time of the inspection. The manager told us they had followed government guidance for visiting throughout the pandemic. When face to face visiting had not been appropriate people had been supported to maintain contact with their loved ones using technology.

Learning lessons when things go wrong

- Accidents and incidents were recorded. These were audited monthly to identify any areas for improvement.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not adhering to the principles of the MCA. Many people had restrictions on their liberty in order to keep them safe. For example, some people had pressure mats in place to alert staff if they left their room or got out of bed. External doors were locked and could only be opened using a keypad which people did not have access to. There was no evidence people had consented to these restrictions.
- During the inspection the manager was unable to provide evidence of any mental capacity assessments or completed DoLS applications or authorisations. There was no evidence of any best interest meetings being held to discuss restrictions in place and check they were proportionate and the least restrictive option.
- Following the inspection, the manager told us some DoLS applications and related mental capacity assessments had been located in archived records. We remained concerned about the lack of oversight in this area.

The failure to effectively monitor any restrictive practices in place contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they would be reviewing all care plans to identify if any further applications were required and support ongoing monitoring of restrictive practices. Additional training for managers was being organised.
- Staff told us they always got people's consent before providing personal care. They described how they would support people who might be reluctant to accept support. One told us; "We might try again later, we

would never force anyone."

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

- People's needs and preferences were assessed before they moved into the service. Staff were knowledgeable about people and were able to describe how they met people's needs.

Staff support: induction, training, skills and experience

- Newly employed staff completed an induction before starting to work independently. They received information about the service, including the environment and fire safety procedures.
- All staff received training in areas identified as necessary for the service and this was regularly refreshed.
- Training was backed up by observations of practice in some areas. This included moving and handling and administration of medicines.
- Staff told us they were well supported. Face to face supervision meetings provided an opportunity to raise any concerns or training needs. When one staff member had asked for additional training the manager had supported them to repeat their annual training while they explored the possibility of sourcing some additional training in the specific area.

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

- People's dietary needs and preferences were recorded in care plans and understood by staff. When people required additional support with eating this was provided.
- People's weight was monitored regularly so staff would be quickly aware of any changes. Staff completed records in relation to people's food and fluid intake.
- People told us the food was tasty and they were given choices on a daily basis. Feedback from relatives was largely positive. One commented; "It looks delicious."

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

- Records showed the service worked with agencies to ensure people received the appropriate health care.
- People told us staff would contact a GP if they felt unwell. Records showed input from OT's district nurses and community psychiatric nurses.
- The manager told us of recent referrals they had made to gain specialist advice when they had identified people's needs were changing.

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

- Some areas of the premises were in need of updating. Carpeting in the corridors was stained and worn in places. The walls in a stair well had suffered significant water damage. The manager told us the carpet was going to be replaced in the near future and the stair well redecorated.
- A relative told us their family members bedroom had water stains on the ceiling which had been there for some time. Following the inspection the manager provided evidence to show this was being addressed.
- People's bedrooms were large and had been decorated to reflect their needs and preferences. One person told us their bedroom was, "Roomy, not pokey."
- When one person had moved into the service it had been identified that the accommodation did not meet their needs. Changes and adaptations had been made to one of the bedrooms to ensure the person was comfortable and their needs met. The person told us; "Moving here was the best decision I have made."
- Accommodation was spread across two floors. A stair lift was in place to enable people with reduced mobility to access to the first floor.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits were carried out to monitor the service. For example, we saw audits had been completed on medicines, care plans and accidents and incidents. However, these had failed to identify the lack of monitoring for people who lacked capacity and had restrictions in place.
- The manager told us fire checks were carried out. Some of the records in place to evidence these checks, had not been completed since August 2022. One check of equipment had identified a fault. It was not clear from the records if any action had been taken to rectify this.
- There were no systems in place for gathering the views of people using the service and their families. The registered manager told us they intended to circulate questionnaires in the near future to gain people's feedback.

The failure to adequately monitor the service's performance was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had worked at Pen Inney House for a number of years and had a good working knowledge of the service. They were working towards their Level 5 in health and social care and were in the process of submitting an application to register as manager with the CQC.
- The manager was supported by a registered manager from another of the providers locations who also attended the inspection. The manager told us this registered manager acted as their 'mentor' and was available for advice and guidance at any time.
- 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. Notifications of such events had been submitted to CQC appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Pen Inney House was situated in a rural village and the service had strong links with the local community.
- Relatives and external professionals were complimentary about the service and how it was organised. One external professional commented; "[The manager] was caring towards the patients we were seeing and understanding towards other patients' whilst we worked our way through the home."
- Staff meetings were held. Minutes showed these were used to keep staff up to date with any organisational changes. Staff told us managers were approachable and they could raise concerns or

suggestions at any time.

- The manager's office was based in the centre of the service and the manager frequently worked alongside staff. This meant they were able to monitor staff practice on a daily basis.

Continuous learning and improving care

- The manager had identified a need for a dedicated activity co-ordinator to improve people's experiences. This role had been filled and the person was due to start work in this capacity the day after the inspection visit.
- When any concerns or complaints were raised these were documented and action taken to address the issue.
- The manager had completed a 'Learn to Succeed' course to further their knowledge and skills. They were a member of a registered manager group which was used to share learning.

Working in partnership with others

- The service worked collaboratively with healthcare and social care professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's individual needs and preferences were known and respected. A relative commented; "It's a small home, everyone knows each other and gets on with each other. They just get on with it."
- Staff told us morale was good and they were a strong team with a shared set of values.
- When the manager had first started in the role they had organised meetings with individual members of staff to explain the changes and provide any assurances needed.

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

- There was an appropriate policy in place outlining the provider's responsibilities under the Duty of Candour.
- Relatives told us they found the manager to be open and approachable. One commented; "I would be confident raising any concerns with management."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity were not consistently adhered to.</p>