

Penrice House (St. Austell) Limited

Penrice House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Penrice House is a residential care home providing personal care to up to 29 people. The service provides support to people requiring care and support. Some people were living with dementia. At the time of our inspection there were 24 people using the service

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

The provider had systems in place to protect people from the risk of abuse and people told us they felt safe.

Risk assessments were completed to help identify and minimise risks people faced. Staff had been recruited safely and during the inspection we observed there were enough staff to respond to people's needs. Systems to manage medicines were judged as being safe.

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.

Incidents and accidents were managed safely. The registered manager took necessary action to keep people safe and minimise the risk of reoccurrence. Steps were taken to learn lessons if things went wrong.

The environment was spacious and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place. There were certificates in place to support this. Systems were in place to support people in the event of an emergency.

We looked at infection prevention and control and found we were assured that the provider was protecting people, staff and visitors from the risk of infection.

The systems in place to monitor the quality of care within the service were effective. The registered manager promoted a positive person-centred culture and fully understood their responsibilities as a registered manager.

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

Rating at last inspection and update

The last rating for this service was good published (6 July 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.

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

Notice of inspection

This inspection was announced.

Follow up

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

Penrice 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Penrice House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both 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 a registered manager in post.

Notice of inspection

This inspection was announced. We notified the registered manager 24 hours before due to the inspection being undertaken outside normal working hours. We needed to be sure essential staff would be on available and there was full access to records.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service

that the provider is required to tell us about. This information helps support our inspections. 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 of this information to plan our inspection.

During the inspection

We spoke with the registered manager, 2 board trustees, 1 administrator, 4 staff, 4 residents and 3 visitors. We reviewed a range of records. This included 2 people's care records. We checked 3 people's medicines records and looked at arrangements for administering, storing and managing medicines. We looked at 2 staff recruitment files. We looked at records in relation to staff training and supervision. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.

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.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- Safeguarding processes and concerns were discussed at staff meetings. Staff knew how to report and escalate any safeguarding concerns. People told us they felt safe living at Penrice House. "I do feel very safe living here" and "The staff are so kind and patient. Yes, I feel safe."
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- People's risks were managed safely. People's care plans had individual risk assessments which guided staff in providing safe care.
- Records guided staff in providing safe care. Risk assessments for weight management and nutrition and dependency levels had been undertaken.
- Risk assessments were detailed and up to date. They covered areas such as skin integrity, personal care, mental health, behaviours and falls risks.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.
- Equipment and utilities were regularly checked to ensure they were safe to use.

Using medicines safely

- People received their medicines in a safe way, as prescribed for them.
- Staff received training and were checked to make sure they gave medicines safely.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines including those needing cold-storage and extra security. The refrigerator temperatures were stable and suitable.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner.
- Where people required medicine's, which required stricter controls systems were in place to safely manage them.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the medicines record.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
 - 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 accessing testing for people using the service and staff.
 - 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.
- The service had systems in place to support visits from families and friends. Protocols were in place to support any disruption due to Covid-19 outbreaks.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. During the inspection we saw staff were responsive to requests for assistance and recognised when people needed support. Staff told us there could be times when they were short of staff but that any gaps were filled in by other members of the staff team. The service did not use agency staff.
- Staff were recruited safely. Staff files showed a range of checks including references, an application form with any gaps in employment explored. Staff were supported into their role through an induction programme and working alongside experienced staff.
- A Disclosure and Barring Service (DBS) check was completed for all staff prior to their appointment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.

Is the service well-led?

Our findings

Well-Led – this means 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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management structure at the service provided clear lines of responsibility and accountability across the staff team. Staff told us they felt supported and valued. Comments included, "I have worked here a long time and I still love it" and "We have a good management team and the door is always open for support".
- There was good oversight of the governance systems for the service. The registered manager regularly engaged with board of trustee members. This ensured the service operated an open and transparent management engagement system.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance. There were regular audits in place to check systems were effective. These were reported to and monitored by the provider. Members of the board of trustees regularly visited the service and gained the views of staff and residents. They also met regularly to look at how the service should be developed.
- There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at the service. Important information about changes in people's care needs was communicated at staff shift handover meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had systems in place to positively engage with all stakeholders. People were encouraged to give feedback via surveys and relatives could give feedback easily. Relatives told us they were always made to feel welcome and raise any issues. They told us they felt confident in the management of the service.
- The registered manager and staff had a good understanding of equality issues and valued and respected people's diversity. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service. A member of staff told us, "It is all about respecting people and their rights to their own views".
- The service worked collaboratively with professionals and commissioners to ensure people's needs were met. The service had good community connections with local schools and other bodies. They told us the Covid-19 pandemic had stopped a lot of the community engagements, but that they were now building these up again.

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

- There was a positive culture within the staff team and staff told us they felt supported by the management team. A staff member told us, "[Managers name] is always there for us. The staff team here is strong and we work well together." A relative told us they found the manager and staff to be supportive. They said, "I visit a lot and I am always made to feel welcome. [Managers name] called last week to let me know about [person's name] not being well."
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.
- People told us they were satisfied living at Penrice House; their care needs were met, and they felt well supported by the staff team. One person told us, "Love it here, I can't imagine living anywhere else."
- There were systems, policies and procedures in place which promoted and enabled person-centred care to be delivered to people. For example, staff knew each person's individual choice about how they liked to spend their day. A staff member told us, "Every day is different. Some people have their own routines and we support that. Others like to make their own choices and we support that as well."

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

- The provider understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs. Relatives confirmed this. They told us the registered manager always keeps them updated.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Continuous learning and improving care

- Systems used to assess and monitor the service provided were regularly evaluated and improved. This helped to ensure the provider and registered manager had a comprehensive overview of the service and knew where improvements could be made. For example, the service had recently employed an activity co Ordinator to deliver more community activities. There were also plans to develop the extensive grounds around the home to provide woodland trails and gardening opportunities for people.
- The registered manager and the board of trustees completed regular checks on the quality of the service. Action was taken when a need to improve was identified. Regular management meetings were held to support improvements to the service.
- Staff meetings took place regularly and staff told us they were able to share their views and that the registered managers door was always open if they had to raise any issues.
- Referrals were made for people to relevant professionals when required for specialist advice and support.