

Swallowcourt Limited

Poldhu

Inspection report

Poldhu Cove
Mullion
Helston
Cornwall
TR12 7JB

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Poldhu is a residential care home providing personal and nursing care to 63 people aged 65 and over. At the time of this inspection 40 people used the service. Poldhu is part of the Swallowcourt group which has two other nursing homes in West Cornwall.

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

The service had suitable safeguarding systems in place, and staff had received training to help them to recognise and know what to do if they suspected abuse was occurring.

Relatives told us they were happy with the care their family member received and believed it was a safe environment. Comments included, "Yes, it all seems very good. The place is very clean and does not smell at all. (Person's name) is very happy here."

Care plans were managed on a recently implemented electronic system and included risk assessments and guidance for staff on how to meet people's support needs. Risk assessment were satisfactory and any risks to people were minimised.

Due to recent staff shortages and a period of inconsistent leadership, the effective implementation of this system had been delayed. Senior management were aware of the recent challenges at the service, and the impact of staff shortages and changes in management and had been providing additional support.

Medicines were managed on an electronic system. People were given their medicines safely. People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. Some prescribed creams had not always been recorded.

At this inspection we found some gaps in care and medicine records and have made recommendations about this in the report.

Staff were recruited safely. There were sufficient numbers of staff to ensure people's needs were met. Although, there had been a couple of shifts when staffing levels had dropped below planned levels, due to short notice sickness absences, which could not be covered by other staff or agency.

There were sufficient trained and qualified staff on duty to meet people's needs. Many staff had been provided with supervision this year, although this had not been as regularly as planned due to the impact of recent staffing pressures and the challenges of the pandemic. We saw a more robust programme of supervision and competency checks was being implemented for all staff.

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. People who wished to remain in their bedroom did so. Those spoken with confirmed this was their choice.

People enjoyed the food provided and confirmed they had choices provided. Comments included, "Yes, the food is fine. We can choose what we want and there is plenty of it."

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised. Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Suitable visiting arrangements were in place for families to visit as per new government guidance.

The service has experienced a period of time without a registered manager. However, a new manager had been recently recruited along with a new clinical lead. Both had joined the service in the last few weeks. They were being supported by the clinical matron and the operations manager at the time of this inspection.

Staff morale had suffered recently due to staffing shortages and the pressures of the pandemic. Although staff we spoke with at this inspection told us things had improved and they were working well together. They told us, "Things are getting better, we are getting more support" and "The new manager helps us on the floor and they are being given support so we all benefit."

There were appropriate audit and quality assurance systems in place. Senior management had recently implemented a new monitoring system which provided them with effective oversight of the service.

Any changes in people's health were escalated to the relevant professional and relatives were kept informed. Suitable mobile lifting equipment and mobility aids were in place to meet people's needs.

People, and their relatives were asked for their feedback on the service's performance. There was a stable staff team who knew people well and worked together to help ensure people received a good service.

Any concerns raised by people or their families were recorded, investigated and responded to appropriately.

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 (report published 4 January 2019).

Why we inspected

We received concerns in relation to low staffing levels and a lack of stable management. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.
The overall rating for the service remains good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Poldhu

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.

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

This inspection was carried out by two inspectors and a member of the medicines team.

Service and service type

Poldhu 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 did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager was in the process of registering with the Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 with five people, the new manager, the new clinical lead, the clinical matron, the HR manager and the operations manager. We spoke with three relatives and eight staff.

We reviewed a range of records. This included nine people's care records and 12 medication records. We looked at the most recently recruited staff file in relation to recruitment. We reviewed staff training and supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The service had recently implemented a new digital system for the recording of medicines. The service had been through a period of staff shortages and a lack of consistent management. This had delayed the effective implementation of the new system.
- People were given their medicines safely. Nurses or care staff gave people their medicines after they had been assessed as competent to do so.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines.
- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines administration on a digital medicines administration record following administration (eMAR). The eMAR system allowed the clinical lead to monitor people's medicines administration.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner. However, additional guidance was not always available to help them make consistent decisions.
- External creams and lotions to maintain people's skin integrity were applied during personal care. It was not possible to tell from records if people were having creams applied as prescribed. For example, creams prescribed to be applied twice a day were only recorded as applied in the morning.

We recommend the service take advice and guidance from a reputable source to improve the recording of medicines administration.

Staffing and recruitment

- This inspection was prompted partly due to concerns received regarding poor staffing and a lack of stable management. Senior managers confirmed that the service had been through a period of staffing and management challenges. However, a new manager and clinical lead had recently been appointed and staff we spoke with told us things were "much better."
- There were sufficient numbers of staff to ensure people's needs were met. Although, there had been a couple of shifts when staffing levels had dropped below planned levels, due to short notice sickness absences, which could not be covered by other staff or agency.
- During our inspection we saw staff were responsive to requests for assistance and recognised when people needed support. During the inspection there was an urgent need for assistance for one person during lunch. This was provided in a calm and timely manner.
- Staff had experienced periods of shortages due to short notice sickness absence and the challenges of the COVID-19 pandemic. The deployment of staff on shifts had changed. Staff were now deployed to a specific

floor area for their shift. One staff member told us, "It can be difficult, but working each floor as a team has improved things."

- Staff were recruited safely using a robust process that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.
- People told us, "Staff are all very good. They are often short staffed but they always answer my calls and always apologise if they are a bit longer. They feel guilty and I tell them not to worry."

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Relatives told us they were happy with the care they received and believed it was a safe environment.
- People were protected from potential abuse and avoidable harm by staff who had received safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place. Safeguarding processes and concerns were discussed at staff meetings. Staff knew how to report and escalate any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks had been appropriately identified, assessed, monitored and reviewed. These assessments contained guidance for staff on how to reduce the risk of avoidable harm. For example, when people were at risk of falling, needed to be hoisted or needed re-positioning.
- Some people had been assessed as needing pressure relieving mattresses to protect them from skin damage. There was a process in place to ensure such devices were always set correctly for the person using them, and in accordance with their current weight.
- When people experienced periods of distress or anxiety staff knew how to respond effectively.
- The environment was well maintained.
- 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.

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 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.
- Relatives we spoke with were happy with the environment, they told us, "Yes, it all seems very good. The place is very clean and does not smell at all. (Person's name) is very happy here."

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Lessons had been learnt following the recent challenges of the pandemic. Management had deployed staff differently to help reduce the risk of infection spread. This system remained in place and staff told us it was an improvement. During this inspection we found staff easily accessible in all areas of the building.
- The management team had recognised that staff training had not always taken place as planned throughout the pandemic and had taken action to address this in the coming weeks and months.
- Issues identified during this inspection were addressed immediately by senior management who were open to comment and keen to improve the service.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was guidance in the electronic care plans on when staff should provide monitoring of specific health needs such as people's weight, nutrition and hydration, skin care and re-positioning. It had been identified by the management, prior to this inspection, that staff were not always completing specific monitoring records when they had provided specific care.
- At this inspection we continued to identify some gaps in specific records such as re-positioning and skin condition checks. However, we were able to evidence that there had been appropriate care and support provided elsewhere in the records and there was no negative impact on people as a result of this.
- The clinical matron and new clinical lead were taking action to address this with staff through supervision and competency checks

We recommend that advice and guidance is taken from an appropriate source to improve the recording of care and support provided.

- Each person had their needs assessed before they moved into the service. This helped to make sure the staff could meet people's needs and expectations.
- From these initial assessments care plans were devised to give staff guidance about how to meet people's needs.
- We identified that guidance for staff, regarding specific care needs, was missing. For example, a specific care plan on how to provide stoma care. However, the provider took action immediately during the inspection to address this.
- Staff knew people well and were able to provide care and support which met their needs. One person told us, "I get the help I need. The staff are here if I need them".

Staff support: induction, training, skills and experience

- Records showed training was provided to ensure staff had the skills necessary to meet people's support needs. Training methods had been recently restricted, due to Covid-19, to online programmes and in-house training. Management had begun to take steps to implement a programme to increase staff training and competencies.
- People and relatives told us they thought staff were competent and understood people's care and support needs.
- Induction procedures ensured new staff were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff were provided with opportunities to discuss their individual work and development needs. One to

one meetings took place as well as group staff meetings, where staff could discuss any concerns and share ideas.

- Staff told us, "There have been changes, lots of them. I think this manager is on board with what needs doing. We had a meeting and it was very positive" and, "Things are getting better, we are getting more support," "Training is getting back up and we are doing more. I am up to date with my mandatory stuff" and "The new manager helps us on the floor and they are being given support so we all benefit."

Staff working with other agencies to provide consistent, effective, timely care

- People's health conditions were well managed and staff engaged with external healthcare professionals such as district nurses and GPs as needed to help provide consistent care.
- Care plans for oral care had been developed for each person to identify their needs and take action when needed to support people to access dental care.

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

- Access to the building was suitable for people with reduced mobility and wheelchairs. Stair and passenger lifts were available for people to access the upper floors. Corridors were wide and free from clutter. There was an appropriate range of equipment and adaptations to support the needs of people using the service.

Supporting people to live healthier lives, access healthcare services and support

- People's health conditions were well managed, and staff engaged with external healthcare professionals such as occupational therapists, physiotherapists and GPs as needed to help provide consistent care.
- There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls.
- Care plans for oral care had been developed for each person to identify their needs and action taken when needed to support people to access dental care.
- People told us the food provided was good. Comments included, "Yes, the food is fine. We can choose what we want and there is plenty of it."

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). 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 had the appropriate legal authority and were being met.

- People told us they had a choice of how they spent their time. Comments included, "Like to stay in my room" and "I like it here."
- Records were held to show which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). Where an LPA was not in place, best interest decisions were made involving the relevant external professionals and the nominated family decision maker.
- Capacity assessments were completed to assess if people were able to make specific decisions

independently.

- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.

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 good. At this inspection this key question has remained the same. 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

- Prior to this inspection we had received concerns that there was inconsistent management at this service. At this inspection we found there had been some management changes recently. A new manager and clinical lead had recently been appointed and the service was receiving support from the clinical matron and the operations manager.
- The service is required to have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection the service did not have a registered manager. A new to post manager was in the process of registering with the Commission
- The monitoring and auditing systems were in place and provided the management team with an oversight of all aspects of the service. The senior management team had carried out recent audits and enhanced monitoring of the service and identified recording issues and was taking action to address these.
- Roles and responsibilities were defined and understood. The manager was supported by a newly appointed clinical lead, the clinical matron and the operations manager.
- Important information about changes in people's care needs were communicated at staff handover meetings each day.

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

- The new manager worked alongside staff to help develop a positive culture. This had improved staff morale.
- The new manager told us that they were keen to improve the communication across all teams of staff.
- Relatives told us they were aware of recent management changes. Some commented that this had been unsettling. The new manager was only in post for two weeks prior to this inspection and had begun to have meetings with relatives to introduce themselves.
- Staff demonstrated commitment to their roles and had built positive and caring relationships with people.
- People's care plans and risk assessments had been kept under review. Although some were a little overdue for the latest review. Records demonstrated a person-centred approach to the care and support provided for people.

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 registered provider understood their responsibilities under the duty of candour. People and their families had been informed of the changes to visiting put in place to manage infection control in relation to Covid-19.
- The provider had notified CQC of any incidents in line with the regulations.
- 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. Any issues identified during this inspection were accepted and acted upon immediately.

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

- Questionnaires were given to people's families. The responses to questions from the most recent survey were mostly positive.
- Staff had received some one-to-one supervision with managers. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.

Continuous learning and improving care

- Auditing systems were in place. The effectiveness of these systems was being continuously evaluated.
- The service had recently implemented a new electronic recording system. This included care plans, risk assessments and guidance required by staff. This provided prompts for staff to respond at specific times throughout their shift to provide necessary care.
- The service had worked closely with the local authority to bring about improvements. The Quality Assurance Team at the local authority had provided support to the service.

Working in partnership with others

- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided acted upon.