

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?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 15 February 2017 and was unannounced.

Pen Inney House provides care and accommodation for up to 20 older people who are living with dementia or who may have physical or mental health needs. The provider also offers a day care facility. On the day of the inspection 12 people were living at the service. Pen Inney House is owned and operated by Mr and Mrs L Difford. Mr and Mrs L Difford also have three other care homes and a domiciliary care agency in Cornwall.

The home was on two floors with access to the upper floor via stairs or a stair lift. Some rooms had en-suite facilities. There were shared bathrooms, shower facilities and toilets. Communal areas included one lounge, a dining room, and garden and patio seating area.

The service had a manager in place but they were not registered with the Commission. We spoke with the provider's representative (Nominated Individual) about this and requested that an application was made. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 20 January 2016 we asked the provider to make improvements to ensure people were involved in their care, supported in line with their wishes and preferences, and that people's care records were accurate. We also asked the provider to ensure people's human rights were protected, people's complaints were handled effectively and that infection control practices were reviewed. As well as ensuring there were sufficient numbers of care staff employed and that staff received training and support enabling them to meet people's individual needs. The provider sent us an action plan telling us how they intended to meet the associated regulations. During this inspection we looked to see if improvements had been made. We found action had been taken and that the provider also had future plans in place to help maintain a high quality service for people.

People told us they felt safe living at the service. Staff had received training to recognise signs of potential abuse and knew what action to take to raise a safeguarding concern.

People's freedom and independence was respected. There were sufficient numbers of staff and staffing was flexible to meet people's changing needs. Some risks, associated with people's care such as skin care and nutrition were not always managed effectively, meaning professional guidance was not always followed and documentation was not always completed accurately.

People were protected by infection control practices and lived in an environment which was free from odour; it was also assessed to ensure it was safe.

People were not always supported by staff who had received training to enable them to meet people's individual needs. The local authority service improvement team also told us, training in some areas had been slow. People told us they thought the staff had the correct skills and knowledge to care for them and did not raise any concerns about staffs competence. New staff received an induction when they joined, introducing them to day to day practices and to policies and procedures. The manager and the Nominated Individual (NI) gave us assurances that immediate action would be taken regarding training, by providing us with an action plan following our inspection.

People's consent to their care and treatment was sought in line with legislation; ensuring their human rights were protected. People did not always receive their medicines as prescribed and documentation was not always accurate.

People enjoyed the meals and had a variety of choices to choose. The catering staff were knowledgeable about people's individual needs. People were offered drinks and snacks throughout the day.

People told us the staff, were kind and cared for them with compassion. Staff showed a genuine love and care for people. The atmosphere within the service was calm, people were supported at their own pace and staff took time to stop and chat with people.

People were supported to be actively involved in decisions relating to their care and about how they chose to live their life. People's personal histories were obtained so staff could get to know people and have meaningful conversations. People had the choice to participate in social activities and people's religious needs were respected.

People's privacy and dignity were promoted. Staff knocked on people's doors and spoke in private about people's health and social care needs.

People's confidential information was not always protected because their personal care records were not always locked away. At the time of our inspection we asked the manager and Nominated Individual (NI) to take immediate action to rectify this.

People, prior to moving into the service had a pre-assessment review to establish what their needs were and to help ensure they could be met by the staff. People had care plans in place which provided guidance and direction for staff about how to meet people's individualised needs. Care plans were reviewed and updated when changes to people's care occurred, this helped to ensure they were consistent and reflective of their needs. People were supported to maintain good health and had access to external healthcare services.

People received personalised and responsive care. People's changing care needs were not always effectively communicated to ensure people received continuity of care. We spoke with the manager about this who told us she would address the quality of the handover to ensure important information was not missed, and that people's changing care needs were fully understood by staff.

People's relatives were welcome to visit at any time. Relatives told us they were kept informed and were involved in decision making about their loved ones care.

People's complaints were spoken positively of, and used to help improve the service. The manager and Nominated Individual (NI) were in the process of looking at a better way to share the complaints procedure with people.

Checks and audits were in place to help monitor the quality of the service and to help identify if

improvements were needed, this included a weekly visit carried out by another manager. However, these had not always been effective in identifying when improvements were needed. We raised our concerns with the Nominated Individual (NI) about this, as the Commission had previously taken enforcement action during March 2016 in relation to this. They told us that auditing processes would be reviewed.

The registered manager had not always notified the Commission of significant events which had occurred in line with their legal obligations. For example, a safeguarding concern had been raised in December 2016 but the Commission had not been made aware.

People and staff were being encouraged to feedback and to be involved in developing the service and the manager and the Nominated Individual (NI) also spoke about developing a residents committee which would help to ensure "people's voices" were heard.

People spoke positively of the manager. Staff told us they felt supported and that the manager was "hands on". The manager, who was new to the role, told us she had a support network and a mentor who visited the service on a weekly basis.

There was an open and transparent culture. The provider had organisational policies and procedures which set out what was expected of staff. A whistleblowing policy was also in place to protect staff should they wish to raise concerns about poor practices.

The provider was investing in the service to help improve the environment; new carpets were planned to be laid throughout and new doors were being fitted. New flooring had been laid in the kitchen.

We recommend that the provider ensures people's personal information is handled in line with the Data Protection Act 1998.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

## 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 not consistently safe.

People did not always receive their medicines as prescribed and documentation relating to people's medicines was not always accurate.

People had risk assessments in place to help provide guidance and direction for staff, to help manage risks associated with people's care. However, risks associated with people's skin care and nutrition were not always effectively documented. This meant it was not clear if people had received care in line with their care plan and/or professional guidance.

People told us they felt safe and people's freedom was supported.

People were supported by sufficient numbers of staff to help keep them safe and to meet their needs.

People were protected from avoidable harm and abuse.

People were protected by infection control practices to help reduce the spread of infections.

**Requires Improvement** 

### Is the service effective?

The service was not consistently effective.

People were not always supported by staff who had received support and training to enable them to meet people's individual needs. However, at the time of our inspection the provider had an action plan in place to ensure all staff training would be completed promptly.

People enjoyed the meals and had a variety of choices to choose from.

People's consent to their care and treatment was sought in line with legislation; ensuring their human rights were protected.

People were supported to maintain good health and had access

**Requires Improvement** 

to external healthcare services.

### Is the service caring?

Good ●

The service was caring.

People told us staff were kind.

People's views were sought about the care and support they received.

People's privacy and dignity was respected and promoted.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and could participate in social activities.

People had care plans in place which provided staff with information about how people wanted their care needs to be met; ensuring that their wishes and preferences were respected.

People's complaints were received positively and used to help improve the service.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Checks were in place to help monitor the quality of the service and to help identify if improvements were needed. However, these had not always been effective.

People told us they liked the manager and staff told us they felt supported.

The manager who was new to the role, received mentorship and support and was confident that she could always ask for help.

There was an open and transparent culture.

The provider was investing in the service to help improve the environment.

# Pen Inney House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the home unannounced on 15 February 2017. The inspection team consisted of one inspector and an expert by experience – this is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home. We reviewed notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law.

We also contacted the local authority service improvement team, Healthwatch Cornwall, a social worker, and a community district nurse for their views about the service.

During our inspection we observed how people were supported at lunch and watched how staff interacted with people during this time. We observed care and support in shared areas, spoke with people in private and looked at six care plans and associated care documentation. We also looked at records related to medicines as well as documentation relating to the management of the service. These included policies and procedures, maintenance reports, training records and quality assurance and monitoring paperwork.

We also spoke with eight people, three relatives and four members of staff. As well as the manager, the managers mentor and the Nominated Individual. The Nominated Individual is the provider's representative, who is responsible for ensuring the services provided by the organisation are properly managed.

# Is the service safe?

## Our findings

At our last inspection on 20 January 2016 we asked the provider to make improvements to how staffing levels were assessed and to improve infection control procedures. At this inspection we found improvements had been made.

People did not always receive their medicines in line with prescribing guidance. For example, if a person received their medicines to a different time to what was detailed on their medicine administration record (MARs), this was not recorded. One person received the medicines at 1:30pm but instead of adding this time to the MAR, it was signed for at 12:30pm. This meant documentation in respect of people's medicines was inaccurate and it could not be determined if people were taking their medicines at the correct intervals.

People's medicines were stored safely, however one person's medicines had been left on top of the medicine trolley unattended. The manager apologised and told us that this did not usually occur. Staff administering people's medicines had undertaken training but had not had their ongoing competency assessed; but we were told by the manager and Nominated Individual (NI) that action would be taken to carry these out.

People who were prescribed 'as required medicines', such as pain relief were asked if they required them and had care plans in place. However, people's care plans did not always provide guidance and direction to staff about when people may require such medicine; which may not ensure a consistent approach. The manager told us she would take action to update people's care plans to include this information.

People who chose to take responsibility for their own medicines were encouraged to do so, and were supported. Risk assessments were in place and reviewed on a monthly basis to make sure the person remained safe.

People had risk assessments in place to help provide guidance and direction for staff to help minimise associated risks; such as information about how people needed to be supported with their mobility or with their healthcare needs. However, some risk assessments did not give staff clear instructions about what action to take. For example, one person had a diabetic condition but their risk assessment did not provide details for staff about what symptoms to look out for should the person become unwell. This meant the person could be at risk of not receiving prompt and correct care.

People, whose skin was vulnerable to damage because they were cared for in bed, had repositioning charts in place. However, we could not determine from the records if the person was being supported in line with professional guidance. For example, one person records showed they should be repositioned every two hours, but their repositioning chart showed gaps of three to four hours. This could place them at risk of contracting a pressure ulcer. The manager explained staff knew they were responsible for completing the documentation but told us action would be taken to speak with staff to reinforce the importance. Following our inspection, we were informed by the local authority of a safeguarding alert which had been raised by an external professional who had visited one person and identified skin damage.



People who were at risk of not eating and drinking enough had records in place to record their daily consumption, this helped to identify if and when external healthcare referrals were necessary. However, records were not always being completed so it could not be determined if risks were being identified promptly and if people were receiving care in line with their care plan and/or professional guidance.

Risks associated with people care were not always effectively managed to help ensure their ongoing health and wellbeing. Risk assessments did not always give guidance and direction to staff about how to help ensure people received safe care and treatment. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to manage risks and were involved in making decisions about any risks that they may wish to take. For example, one person chose to smoke and this was respected. People's falls and accidents were recorded so themes could be identified so action could be taken to help reduce the likelihood of re-occurrence.

People told us they felt safe living at the service, comments included "I'm safe because I like to keep my door open and the staff are always popping in to see if I'm ok" and "There's always somebody around to help me". One relative told us, "My dad feels safe because of his open door he can always socialise with people passing".

Staff received training about how to recognise abuse and told us what action they would take if they suspected someone was being abused or mistreated. Staff had confidence in the manager to take the necessary action to protect people.

People were supported by suitable numbers of staff, people told us "There's always somebody around to help me" and "They come straight away when I use my call bell". The provider ensured staffing was reflective of people's individual needs and used a flexible staffing approach. The manager told us she had the authority to increase staffing if people's care needs altered. During our inspection staff were observed to respond promptly to people. Safe recruitment practices were in place to help ensure, staff employed were safe to work with vulnerable people. Policies and procedures were in place to capture poor staff practice, such as disciplinary and performance management.

People were protected by the spread of infections. For example, people who had an infection were cared for by staff who understood what action to take in order to minimise the risk of it spreading. Such as the use of gloves and aprons, good hand hygiene and the appropriate disposal of clinical waste. Staff also understood the importance of washing laundry separately.

People lived in an environment which was free from odour. A recent environmental health inspection of the kitchen had taken place and the provider had been awarded five stars. The highest rating available.

People lived in an environment which had been assessed to ensure it was safe. Fire tests were carried out and equipment was serviced in line with manufacturers requirements. People had personal emergency evacuation plans in place (PEEPs). These helped to give a summary of people's individual needs for the emergency services in an event such as a fire.

## Is the service effective?

### Our findings

At our last inspection on 20 January 2016 we asked the provider to make improvements to ensure staff received training and support to enable them to meet people's individual needs. We also asked the provider to ensure people's human rights were being legally protected; and that the manager and staff had an understanding of the associated legislative frameworks. At this inspection we found some improvements had been made, and further action was being taken.

People were not always supported by staff who had received training to enable them to meet people's individual needs. The manager's training plan showed some staff had not completed all of the provider's mandatory courses, such as practical moving and handling, dementia, fire and diabetes. The local authority service improvement team also told us, training in some areas had been slow. The manager and the Nominated Individual (NI) gave us assurances that immediate action would be taken by providing us with an action plan following our inspection.

People told us they thought the staff had the correct skills and knowledge to care for them and did not raise any concerns about staffs competence. Staff received support in the form of one to one monthly meetings and an annual appraisal. This was an opportunity for staff to raise any training requests and for their performance to be discussed openly.

New staff received an induction when they joined, introducing them to day to day practices and to policies and procedures. The provider was yet to incorporate the care certificate into their induction because they felt their own induction was robust enough, but further consideration is now being made. The care certificate is a national induction tool which providers are required to implement, to help ensure staff work to the desired standards expected within the health and social care sector.

People's consent to care had been sought and recorded in their care plans and staff were heard to verbally ask people for their consent prior to supporting them.

The manager understood her responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Some staff had received training in respect of the legislative frameworks and had a good understanding, whereas some staff had not. However, plans were in place to ensure staff undertook training within the next four weeks.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care

homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People enjoyed the meals and had a variety of choices to choose from and comments included, "The food is great, it's always tasty", "The food is absolutely perfect", and "Although they have a menu, you can have whatever you want really". The catering staff were knowledgeable about people's individual needs and was aware when there were concerns regarding people's weight loss. They explained what action was taken to ensure meals were high calorie. People's likes and dislikes were recorded and taken into consideration when the menu was designed.

People were offered drinks and snacks throughout the day with one person telling us, "They keep us topped up". People were also given the option to enjoy an alcoholic beverage, with one person telling us, "I enjoy having a glass of Sherry with my Sunday dinner".

People were supported to maintain good health and had access to external healthcare services. People's care records detailed professionals were contacted when there were concerns about health or wellbeing, including chiropodists, nutritionists and community nurses.

# Is the service caring?

## Our findings

At our last inspection on 20 January 2016 we asked the provider to make improvements to ensure people were involved in the creation or review of their care plan. At this inspection we found improvements had been made.

People's confidential information was not always protected because their personal care records were not always locked away. At the time of our inspection we asked the manager and Nominated Individual (NI) to take immediate action to rectify this .

We recommend that the provider ensures people's personal information is handled in line with the Data Protection Act 1998.

People told us the staff were kind and cared for with compassion, comments included, "I'm treated very well, the staff are very pleasant, "They are not just carers, they actually care", "They are angels in disguise, "The staff are as good as gold, they give 200%". A relative told us, "You won't find a better home than this today or any other day".

Families had taken time to write thank you cards to express their gratitude for the care and love which had been shown to their relative. One read, "I will never forget what you did for her" and another "On Mums passing, I feel that I should be sending you condolence on the loss of a member of your family".

People's personal histories were obtained so staff could get to know people and have meaningful conversations. Staff spoke respectfully to people and responded to their needs quickly to alleviate any distress. For example, a cushion was provided for a person during their lunch, because they had complained of a sore back.

The atmosphere within the service was calm, people were supported at their own pace and staff took time to stop and chat with people.

People were supported to be actively involved in decisions relating to their care and about how they chose to live their life. For example, people told us they were able to choose when they wanted to get up and go to bed.

Staff showed a genuine love and care for people. For example, two staff members had recently attended a former person's funeral on their day off and we observed one staff member, who was about to leave after finishing their shift, attend to a person who needed the toilet.

People's privacy and dignity were promoted. Staff knocked on people's doors and spoke in private about people's health and social care needs. One person told us staff always closed the door when they received support with their personal care.

People's relatives were welcome to visit at any time, for example we saw in the visitor's book families had visited at 08:30am and 7.15pm. Staff, were observed to communicate with families in a professional by friendly manner.

# Is the service responsive?

## Our findings

At our last inspection on 20 January 2016 we asked the provider to make improvements to ensure people were supported in line with their wishes and preferences, and that people's care records were accurate. We also asked the provider to ensure people's complaints were handled effectively. At this inspection we found improvements had been made.

People, prior to moving into the service had a pre-assessment review to establish what their needs were and to help ensure they could be met by the staff. One person who had recently moved into the service told us, "I only arrived yesterday and they've made me feel at home already".

People had care plans in place which provided guidance and direction for staff about how to meet people's individualised needs. Care plans were reviewed and updated when changes to people's care occurred, to help ensure they were consistent and reflective of their needs. The manager was in the process of updating some care plans at the time of our inspection.

People received personalised care, with one visitor telling us, "My friend looks so smart all the time, they really care for her" and another commenting "My brother has improved in here since coming from hospital".

People received responsive care. For example, we were told by a member of care staff that they had identified that one person's was having difficulty swallowing. Responsive action had been taken, the GP had been contacted and anti-biotics had been prescribed.

People's changing care needs through-out the day were communicated at a handover. The handover was used as an opportunity to highlight any people who may require closer monitoring or a GP referral. However, information was not always communicated effectively. For example, one person's needs had changed which meant they now required their feet to be elevated. However, this information had not been communicated to staff so it had not taken place. We spoke with the manager about this who told us she would address the quality of the handover to ensure important information was not missed, and that people's changing care needs were fully understood by staff.

Relatives told us they were kept informed and were involved in decision making about their loved ones care; we observed this during our inspection when the manager took time to speak with a family who was concerned about their loved ones health. One relative told us, "It wasn't anything serious but (the manager) rang me up and told me about my father's cough". A new form which had been deigned called a "circle of support for my care", was being used to gather important contact information from families and to establish how much they wanted to be involved in their loved ones care.

People had the choice to participate in some social activities which included a visiting singer and a beautician and during our inspection; a Pilate's instructor arrived to involve people in movement exercises, which people were seen to visibly enjoy.

People's religious needs were respected, one person told us "I like to say my prayers every day and look forward to when the Priest visits me" and a visitor explained, "My relative really appreciates the Priest coming in to talk with him, it gives him a lot of peace".

People's complaints were spoken positively of, and used to help improve the service. Although, the provider had not received any complaints since our last inspection there was a policy in place and a process to follow to ensure complaints were effectively recorded and investigated. The manager and Nominated Individual (NI) were in the process of looking at a better way to share the complaints process with people. One relative told us, "We've never had a reason to complain".

## Is the service well-led?

### Our findings

Checks and audits were in place to help monitor the quality of the service and to help identify if improvements were needed, this included a weekly visit carried out by another manager. However, these had not always been effective in identifying when improvements were needed in respect of medicine management, assessing risk, training, keeping records safe and secure, and the accuracy of care records. We raised our concerns with the Nominated Individual (NI) about this, as the Commission had previously taken enforcement action during March 2016 in relation to this. They told us that auditing processes would be reviewed.

System and processes in place did not always help to assess, monitor and mitigate risks relating the health, safety and welfare of service users and improve the quality of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had not always notified the Commission of significant events which had occurred in line with their legal obligations. For example, a safeguarding concern had been raised in December 2016 but the Commission had not been made aware. The manager and provider were aware of their responsibilities and told us a notification would be submitted in retrospect.

People and staff were being encouraged to feedback and to be involved in developing the service. For example, residents meetings were due to commence and staff meetings were now taking place. The manager and the Nominated Individual (NI) also spoke about developing a residents committee which would help to ensure "people's voices" were heard.

People spoke positively of the manager, telling us "The manager gets right on with it" and "The manager cares".

Staff told us they felt supported and that the manager was "hands on". The manager, who was new to the role, told us she had a support network and a mentor who visited the service on a weekly basis. The new manager was supported by her mentor and the Nominated Individual (NI) during the inspection which demonstrated the provider's commitment to investing in the new manager and ensuring a well-led service.

There was an open and transparent culture. The manager and Nominated Individual (NI) were both honest during the inspection about areas which required improvement and took feedback from the inspection team positively.

The provider had organisational policies and procedures which set out what was expected of staff when supporting people. A whistleblowing policy was also in place to protect staff should they wish to raise concerns about poor practices. Staff told us they would feel confident about using the policy; and that they also had the contact number for the Nominated Individual (NI) should they feel that they were unable to speak with the manager.



The provider was investing in the service to help improve the environment; new carpets were planned to be laid throughout and new doors were being fitted. New flooring had been laid in the kitchen.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Regulation 12 (1) (2) (a) (b)  Risks associated with service users were not always effectively mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17 (1) (a) (b)  System and processes in place did not always help to assess, monitor and mitigate risks relating the health, safety and welfare of service users and improve the quality of the service.