Swallowcourt Limited

Poldhu

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected Poldhu on 03 March 2015. The inspection was unannounced. Poldhu is a care home that provides accommodation and nursing care for up to 63 older people. At the time of the inspection 44 people were using the service. Some of those people were living with dementia.

The service is required to have a registered manager and at the time of the inspection there was no registered manager in post. 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. We spoke with the newly appointed head of elder care for Swallowcourt and the manager for Poldhu. They advised us the manager would be applying for the role at the beginning of April.

We last inspected the service in September 2014. At that time we had concerns regarding the management of

Summary of findings

medicines and the quality of records and we issued two compliance actions. At this visit we checked what actions had been taken in in response to our concerns. We found systems to administer and manage medicines had improved. However we were concerned about the length of time it took to administer medicines and we have made a recommendation regarding this. Care plans were informative and there were robust systems in place to help ensure staff were informed about people's changing needs.

People told us they felt safe living at Poldhu. Staff were confident about how to recognise potential signs of abuse and the subsequent action they would take. They had received training related training and this was being refreshed for all staff.

There were sufficient numbers of staff to meet people's health needs. There were also two full time dedicated activity co-ordinators in post. They arranged activities both inside and outside the home taking into account people's interests and preferences. The needs of people living with dementia were also addressed. Staff underwent appropriate employment checks before starting work at the home and were thereafter supported by a system of regular training, supervision and annual appraisal.

Managers had a comprehensive understanding of the requirements laid down in the Mental Capacity Act (2008) (MCA) and associated Deprivation of Liberty Standards (DoLS). DoLS applications were made appropriately and in accordance with the legislation.

People had access to a varied and balanced diet. They told us the food was, "lovely." Kitchen staff were aware of individuals specific dietary needs and their likes and dislikes. They were kept up to date with any changing needs and adapted the menu accordingly. We heard kitchen staff checking with people new to the service about their preferences.

People chose where they spent their time. Some people preferred to stay in their rooms and staff respected this while ensuring they were kept aware of any activities or events that were taking place which might interest them. We saw people in communal areas chatted amongst themselves and with staff. The atmosphere was pleasant and relaxed. When people required help or support quickly staff were quick to react and calm in their approach.

There had been recent changes to the management structure and these were ongoing. Managers and staff were optimistic that the changes would support improvement within the home. The new head of elder care was hoping to implement a more cohesive and consistent approach to care delivery across the three Swallowcourt residential homes for older people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was mostly safe. Medicines were stored and administered appropriately. However we found it took a long time to complete the morning medicines round.

Staff knew how to recognise and report the signs of abuse. They were confident managers would act on any concerns they had.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their health needs.

Is the service effective?

Good

The service was effective. Staff had received appropriate training to give them the skills and knowledge to provide effective care for people.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Managers understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People were able to make choices about their daily living and how they spent their time.

People's privacy was respected.

Is the service responsive?

Good

The service was responsive. People received personalised care and support that was responsive to their changing needs.

People were able to take part in a range of activities facilitated by two activity co-ordinators.

Complaints were dealt with in a timely manner.

Is the service well-led?

Good

There was a new management structure in place with clear lines of accountability.

People, their relatives and staff were kept updated about any changes to the service.

There were a range of quality audits in place to ensure the well-being and safety of residents and staff.

Poldhu

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 was planned to check 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.

This inspection took place on 03 March 2015 and was unannounced. The inspection team comprised of two inspectors.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the home and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people who were able to express their views of living in the home, three relatives and a visiting General Practitioner (GP). We looked around the premises and observed care practices on the day of our visit.

We spoke with five care staff, the head of elder care for Swallowcourt, the manager and the HR manager. Following the inspection we contacted four external healthcare professionals to get their views of the service. We looked at seven records relating to the care of individuals, five staff files, staff training records and other records relating to the running of the home.

Requires improvement

Is the service safe?

Our findings

At our previous inspection in September 2014 we found arrangements to manage and administer medicines were not robust. We found the service was in breach of Regulation 13 of the Health and Social Care Act (2008) and issued a compliance action. At this inspection we checked how medicines were given to people and we looked at medicines records and storage arrangements. We found there had been improvements made to the way medicines were being managed. Medicines were delivered on a monthly basis by a local chemist. Additional medicine was delivered as and when required. Spare medicines were stored in a secure locked cupboard and medicine that was in current use was stored in two lockable and secure specialised trolleys. Controlled drugs were kept in a separate lockable cupboard. The trolleys and the cupboards were all located in a locked dedicated room. The medicines 'fridge was locked and the key was in the door. When we drew this to the nurse's attention they immediately removed the key and added it to their bunch of keys – putting a note to that effect on the door of the 'fridge. Only the nursing staff carried keys to the medicine room and cupboards. The 'fridge was monitored for temperature and a record was kept to help ensure items were stored safely.

Controlled drugs were disposed of into a doom-container; that is a container that has a chemical which destroys medicine. Two nurses signed to show that unused medicine was properly disposed of in this manner. Other medicine was disposed of into specialised green waste bins which were collected by a waste disposal company. We carried out a random audit of the controlled drugs and found that it was correct. We also observed that the nursing staff had done an audit three days before our visit.

The home used a nationally recognised Medicines Administration Record system (MARs) to record who gave out the medicines and who received it. This meant that it was possible to check who had been responsible for each person's medicines and whether they had received it or not. We observed that the nurse waited to make sure that each individual had taken their medicine before moving onto the next person. Only the nursing staff administrated medicines although the management told us that they were considering training senior members of the care staff in administrating medicines.

The breakfast medicines round was not completed until 12.20. The nurse explained this was due to having to take bloods from a person with difficult veins before she started the medicines round. One person was heard to mutter, "It's different every day, I never know when my meds will come, sometimes before breakfast and sometimes after lunch." The nurse was not adequately prepared for doing the medicines round, they started to give tablets then realised they did not have water or glasses, so had to lock up the trolley while they went to fetch these. The medicines trolley was not fully stocked so had to be locked and returned upstairs while the nurse went to fetch items on three occasions. Poldhu is a large home spread over three floors and this had a detrimental effect on the time it took to complete the round.

We observed that some medicines were in blister packs but that a considerable amount was stored in what looked like old ice-cream containers. The nurse had to check that they had the right box of tablets for the right person each time. While we did not observe any errors it was not a robust system and there was a risk mistakes could be made. It was these boxes which were sometimes empty and forced the nurse to have to return to collect re-fills.

Some people required 'covert' medicines. This is a method of administering medicines in a way which means the person might not be aware they were taking it, for example in food. Records confirmed the decision to take medicine in this way had been taken jointly by the GP, a family member and the registered manager. This meant the correct processes had been followed to help ensure the decision was in the person's 'best interests.'

People and relatives told us they believed Poldhu was a safe environment. Comments included, "Yes, I feel safe here; it's just the same as home really."

Staff had received training in safeguarding adults and were aware of the home's safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us they would have no hesitation in reporting any concerns to managers as they were confident appropriate action would be taken to make sure people were safe. If they felt their concerns were not being taken seriously they knew where to go outside of the organisation to report concerns. Safeguarding training was included in the providers induction programme and was updated regularly.

Requires improvement

Is the service safe?

Care plans included risk assessments which identified what level of risk people were at from various events such as falls and pressure sores. Whilst these clearly showed which people were at risk and what level of risk there was very little information for staff on how they could minimise the risk. For example there was no information regarding whether people were at higher risk of falling at certain times of day or in particular circumstances and what action could be taken to avoid the risk.

Staffing numbers were determined using a dependency tool which took into consideration the number of residents living at the service and their level of needs. The

manager told us the minimum staffing levels as defined by the dependency tool was met consistently. During the day time there were always a minimum of two qualified nurses on duty, and occasionally three. There were also eleven or twelve carers on duty every day until 16.00hrs when the number of carers reduced to seven or eight. At night there was always one qualified nurse and four or five waking night staff on duty. The home used agency staff to cover for absenteeism or staff vacancies. However it was recognised by both management and staff that agency workers were not satisfactory unless they knew the home and residents well through working at the home on a regular basis. On the day of our visit we spoke with one agency worker who had worked three shifts at the home; they told us "I like working here; it is more like a residential than a nursing home." Staff told us there were enough staff on duty at all times to keep people safe. However one said that while they thought people were generally physically well cared for they thought their emotional well-being was not always considered. We observed that while staff did enquire after people, and check that they were alright, this was done quickly, in passing, while on their way to complete some other task. With the exception of a senior member of the management team, who was only visiting the home due to our visit, we did not observe care staff having time to "chat" with people. Following the inspection a member of the management team contacted us to inform us that; "Normally there are two activity coordinators on duty each day but unfortunately due to one being in hospital and one being on leave we were temporarily short of staff on that day [the day of the inspection]. We have now made arrangements to put extra carers on duty to cover any absence of activity coordinators."

Potential new employees underwent a robust recruitment process before they were offered a contract to help ensure they were suitable for the role. Staff files contained Disclosure and Barring (DBS) checks and at least two references including one from their last employer. Where someone received a negative reference this was followed up with an extra interview with the candidate and additional references from a professional were requested.

We recommend that the service seek advice and guidance from a reputable source, about ensuring people receive their medicines in a timely manner.

Good

Is the service effective?

Our findings

People were cared for by staff with the appropriate knowledge and skills to support them effectively. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the home and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. The training was in line with Skills for Care Common Induction Standards (CIS). This is recognised as good working practice within the care industry.

When we first arrived at the home we were introduced to a senior member of staff who was running a training session for members of staff. We were told Swallowcourt held regular group-wide in-house training for all staff. In addition staff were sent to training provided by an external training provider based in nearby Truro. Staff confirmed they received regular training including on-line training. One member of staff told us they had completed the Common Induction Standards on line which, they said, "covered the basic stuff, like moving and handling, hygiene, COSH and things." They went on to explain that the company offered staff that were prepared to commit to a minimum term of employment, the opportunity to enter into training agreements to gain further qualifications. Training was in the process of being updated and had been timetabled so all staff would have completed it by the end of April 2015. Some staff had received additional training specific to the needs of people living at Poldhu. One staff member told us, "For training it's the best company I've ever worked for. I can say to the trainer can I have whatever I want to do and they try and provide it."

Staff received regular supervision which was an opportunity to discuss working practices and identify any training or support needs with their line manager. In addition they had annual appraisals where they discussed their personal development. Nursing staff had regular clinical supervision.

We discussed the requirements of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was aware of changes to the legislation following a recent court ruling. This ruling widened the criteria for where someone may be considered to be deprived of their liberty. Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest discussions had been held. We saw a recent application for a DoLS authorisation had been made to the local authority. Whilst the manager was awaiting the outcome of this they had granted themselves an urgent authorisation as required by the legislation.

Care plans had been signed by people or their representative to indicate they agreed with the planning and delivery of care and the use of photographs.

People had access to a wide range of external health care professionals such as dentists, audiologists and district nurses. The manager had recently arranged for a dementia liaison nurse to start coming into the home to support the service when working with people who were living with dementia. During the inspection we saw a visiting healthcare professional was in the home to talk with staff and some individuals. They told us communication with the manager was good and they had no concerns for people's well-being.

We observed the lunch time period in the dining room and saw some people required additional support to eat. Staff sat alongside people who needed encouragement or assistance and engaged with them in a respectful and unhurried manner. There was a choice of food available and people told us the food was "very good." Tables were decorated with flowers and the meal was a sociable occasion. Some people chose to eat in their rooms and lunch was taken to them on individual trays. Drinks and fruit were available for people throughout the home at all times. There was a board in the kitchen which listed all the residents and any dietary requirement's they might have. People's likes and dislikes in respect of food were recorded in their care plans and the information relayed to the kitchen.

Good

Is the service effective?

One person's care documentation stated they were at risk due to poor diet and hydration. The care plan stated the person should be weighed regularly and their food and fluids should be monitored. However we saw the person had not been weighed since this initial assessment. Food and fluid charts in the person's room had not been completed. A member of the management team contacted us after the inspection to assure us this was now being done and that the person concerned had put weight on since their admission to the home and was not at risk.

Good

Is the service caring?

Our findings

Not everybody was able to verbally communicate with us about their experience of care due to their health needs. Therefore we spent time observing people in communal areas. People we did speak with told us staff were caring and considerate towards them. Comments included; "I'm treated as an independent person", "The staff are very helpful, pleasant. They make me feel welcome" and "The carer's are very respectful."

Staff were attentive and prompt to respond to people's health needs. We saw one person fell in a communal area. Several staff were quickly on the scene and reassured the person whilst checking they were uninjured. One care worker then stayed with the person to ensure they were calm. This was all done in a quiet and understated way which meant the person's anxiety and that of others in the immediate area, was quickly dissipated. A visiting relative told us of an occasion when their family member had fallen. They said; "Staff flew to their aid, I had not even been aware that they were even watching, but they obviously were."

A file containing food and fluid charts and charts to record bowel movements for certain individuals was on a table in the dining room. This meant people's confidential information could be accessed by anyone in the area. We discussed this with the manager who said they would ensure alternative arrangements were made.

Staff adapted the way they spoke with people and approached them according to their individual needs and moods. When one person was agitated staff spoke calmly and moved away from them when it became clear the person was feeling crowded. After a short time they approached the person again to check on their well-being and ensure the personal care which they needed to carry out was completed without distressing the person.

People were able to make day to day decisions about how and where they spent their time. On our arrival at the home at 10:00 am some people were just eating their breakfast as they had chosen to stay in bed for a lie-in. We heard staff discuss one person who was late getting up because they had chosen not to go to bed until the early hours the previous night.

A member of the kitchen staff came into the dining room to talk with a new resident. We heard them introduce themselves and explain their role at Poldhu. They sat and chatted with the person and checked what they wanted to drink with their meal. Their tone and approach was friendly and welcoming. One member of staff told us; "These people fought wars for us, they can have whatever they want." Throughout the inspection we saw staff talking with people in a friendly manner, there was frequent laughter and chatter. Staff were seen to keep people informed of what was happening and check before they took any action. For example we heard a member of staff ask; "Can I lift your feet up?"

A display of reminiscence objects and photographs for people to look at and pick up was available. These are objects which can be used to stimulate people's memories and can help care staff to engage with people in conversation and activities. This showed us efforts had been made to meet the needs of people living with dementia.

People told us they were treated with dignity and their privacy was respected. We were told a privacy screen was available for care staff to use if they needed to deliver personal care in a communal area. Whilst looking round the home we saw notices on door, for example; 'Do not disturb during night' and 'Please ring before going in.' We were told this person had a hearing impairment which meant they did not hear when anyone knocked at the door. A doorbell had been installed to help ensure the person's privacy was protected. A small room had been decorated and furnished with soft colours, comfortable seating and sensory light fittings. This had been created for people to use as a quiet space for reflection.

People's rooms were furnished and decorated to reflect their personal tastes. Everyone was able to have a phone in their room if they wished so they could speak with people in privacy. Most people had taken advantage of this option.

One person had just moved in to Poldhu following a very long journey by car. Staff recognised that the trip may have been distressing for them. Also some essential items had been left behind. Again staff recognised that this might cause some distress and had tried to find ways to minimise this.

Good

Is the service responsive?

Our findings

At our previous inspection in September 2014 we had concerns about the amount of detail in people's care documentation and how any changes in people's care needs were communicated to the staff team. We found the service was in breach of Regulation 20 of the Health and Social Care Act (2008) and issued a compliance action. At this inspection we found people's preferences and views were actively sought and taken into consideration during the care planning process. Care plans were in the process of being updated for all residents and the new format being used took into account people's individual needs. For example one person's plan described how they preferred to receive their medicine; 'One at a time and by spoon.' Personal histories were included and where the plans had been updated these were detailed and informative. This information is important as it helps care staff develop an understanding of the past events that have made the person who they are today. On the day of the inspection a nurse had come into work to spend some dedicated time updating the remaining care plans. We were told it was expected that all care plans would be updated by the end of the following month.

There were systems in place to help ensure staff were kept up to date with people's changing needs. Care plans were reviewed regularly and any changes incorporated into the documentation. Staff had a verbal handover when they came on shift so they were aware of any changes in people's needs or significant events that had occurred during the previous shift. Staff told us the handovers were effective and relevant information was shared between nursing and care staff appropriately. There was a communication book for staff to access which was used to record general information. Information specific to individual residents was recorded within their daily notes in their files. A diary in the nurses' office was used to record any visits to external healthcare professionals.

Two full time activity co-ordinators were employed to help ensure people had access to meaningful activities throughout the week. Two members of staff and a visitor commented favourably about the work of the activities co-ordinators. They described the work they did and how encouraging they were at enabling people to continue activities they enjoyed in the past. Several people had been encouraged to start knitting projects. People told us they were supported to go out into the local community if they wanted to. One person said; "The activity lady will drive me out for coffee if I want."

Some people preferred to stay in their room and rarely took part in group activities. We were told that in these circumstances the activity co-ordinators and other staff kept people informed of what was going on in the home so they had all the information they needed to make an informed choice. However, staff recognised this was people's choice and respected it. They would visit them regularly to check on their general well-being. One member of staff told us a resident sometimes came downstairs to use the hairdressing salon based in the home and they would try and encourage them to stay down for a while and socialise with other people. This demonstrated staff were proactive in their actions to protect people from social isolation.

People told us they had not had reason to complain but would not hesitate to do so if necessary. One commented; "There's no reason for me to want to complain but if I did I would go to matron." People told us they were asked for their views regularly in a questionnaire and this included a question asking if they had any complaints. The complaints log showed a relative had made a complaint earlier in the week. We saw this had been dealt with at the time and the records showed this was to the relative's satisfaction. Further action was going to be taken during the next few days to complete the complaints process.

Good

Is the service well-led?

Our findings

The registered manager had recently resigned and at the time of the inspection no registered manager was in post. We met with the head of elder care for Swallowcourt and the manager. They told us the manager would be submitting an application to CQC to become the registered manager during the next few weeks. They were currently being mentored by the head of elder care to ensure they felt confident and had the necessary skills prior to taking on the role. They had previously been employed as a nurse at Poldhu. Staff told us they respected them and believed they listened to their opinions and suggestions and responded accordingly. There were plans in place to appoint a manager to support the registered manager. One member of staff described the management structure as; "Work in progress."

The head of elder care had only been in post for a few weeks. This was a new post which the provider had introduced to oversee the three Swallowcourt residential homes for older people. It was hoped this would bring a continuity of care across all homes. The head of elder care told us they were; "Trying to join the homes up a bit more. It makes sense to get together and meet regularly and share ideas."

All members of the management team stated they felt well supported by the organisation and each other. The manager was having twice weekly supervision at the time of the inspection due to the new nature of the role they were undertaking. They told us they could ask for any additional support or advice at any time. All managers were booked to attend a Leading and Development course in the summer.

Named members of staff were assigned specific responsibilities. For example on each day shift someone would be given responsibility for answering call bells and another for delivering trays. A staff member told us; "Everyone knows who's doing what." Communication between nursing and care staff was described as; "very good."

The head of elder care and manager had a clear vision of how they wanted the service to develop. They told us the aim of the organisation was to provide a "supportive and caring service for the residents."

An external healthcare professional told us the service had recently become more "receptive, and open to suggestion for improvement and change." They described the recent appointment of a head of elder care as; "A positive one." They added; "The organisation is investing in more staff and is improving its organisation wide reporting and monitoring mechanisms." Another healthcare professional also told us the manager was open to suggestion and another described them as; "Very open and very welcoming."

Staff told us they felt supported by management. Staff meetings were held regularly for all staff as well as role specific staff meetings such as for the nurses. Residents and relatives were formally asked for their views of the service by means of a questionnaire and during care planning reviews. They were kept informed of any developments or changes to the service. For example the manager had written to everyone recently to introduce themselves and explain their new role.

Regular audits were carried out across a range of areas, for example fire safety, equipment checks and medicine checks. There was a full time on site maintenance worker who carried out daily sense checks throughout the home. They were supported by a mobile maintenance team who covered all the Swallowcourt locations. A daily maintenance log was completed and all jobs were signed off when completed. The home was in good repair at the time of the inspection. Risk assessments in respect of the environment were in place, for example work equipment, vehicle and maintenance assessments had been completed.