Cornwall Care Limited

Pengover

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Pengover is a nursing home providing care and accommodation for up to 40 older people, some of whom are living with dementia and mental health needs. On the day of the inspection there were 35 people living at the home. Pengover is part of Cornwall Care Limited.

We carried out this inspection on 1 August 2017. At the last inspection, in May and June 2015, the service was rated Good. At this inspection we found the service remained Good.

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and visitors included, "It's good here", "No complaints" and "Very satisfied with the service."

Where people were unable to tell us about their experiences we observed they were relaxed and at ease with staff. People had meaningful relationships with staff and staff interacted with people in a caring and compassionate manner. Comments from people and visitors included, "I can't find fault with the staff", "The staff are as good as gold, I have no complaints whatsoever", "Staff treat the residents extremely well" and "Staff put their arms around people, they show love and compassion."

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Safe arrangements were in place for the storing and administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Pengover. Staff supported people to access healthcare services such as occupational therapists, GPs, chiropodists and specialist professionals such as dementia liaison and stoma care nurses. A visiting healthcare professional told us, "The care is good and well organised. This works well in partnership with the general practice." Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care planning was reviewed regularly and whenever people's needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted.

People were able to take part in a range of group and individual activities. These included armchair exercises, baking, craft work, reminiscence sessions as well as external entertainers and religious services. Where people stayed in their rooms, either through their choice or because they were cared for in bed, staff spent one-to-one time with them. This helped to prevent them from becoming socially isolated and promoted their emotional well-being.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible. People and their relatives told us, "The meals are excellent", "The food is good" and "Very happy with the food."

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff demonstrated the principles of the MCA in the way they cared for people. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Applications for DoLS authorisations had been made to the local authority appropriately.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. Comments from staff included, "Management value me", "We feel listened to. We have monthly staff meetings and a carer's support group", "I like working here" and "Management listen to us."

People and relatives all described the management of the home as open and approachable. There were regular meetings for people and their families, which meant they could share their views about the running of the service. People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Pengover

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 unannounced inspection took place on 1 August 2017. The inspection was conducted by an adult social care inspector, an assistant inspector, a specialist nurse advisor and an expert by experience. The specialist advisor had a background in nursing care for older people. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

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 service 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 six people who were able to express their views of living at the service. Not everyone was able to verbally communicate with us due to their health care needs. We looked around the premises and observed care practices on the day of our visit. We spoke with the manager, the administrator, the assistant operations director, two nurses, six care staff, two healthcare professionals and two relatives.

We looked at seven records relating to people's individual care. We also looked at five staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and visitors included, "It's good here", "No complaints" and "Very satisfied with the service." Due to people's health needs some people were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

Each person's care file had individual risk assessments in place which identified any risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as the level of risk in relation to nutrition, pressure sores, falls and how staff should support people when using equipment. Staff had been suitably trained in safe moving and handling procedures. We observed staff assisted people to move from one area of the premises to another by using the correct handling techniques and appropriate equipment.

Some people had been assessed as being at risk from developing skin damage due to pressure. Pressure relieving mattresses were in place for these people. We found all mattresses were set to the correct level. People were weighed regularly and if their weight changed the mattress setting was adjusted accordingly. There was a system in place to check if mattresses were set at the correct level for the person using them, when first put in place and on an on-going basis.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the management to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There were enough skilled and experienced staff on duty to meet the needs of people who lived at Pengover. On the day of the inspection there were six care staff, one senior care worker and one nurse on duty for 35 people. In addition the manager, the clinical deputy and kitchen and housekeeping staff were working at the service. There were three night care staff and one nurse on duty from 10.00pm to 8.00am. Rotas showed that usually there would be seven care staff on duty although on the day of the inspection one worker had called in sick. Staff told us there were enough staff on duty. One worker said, "We work well as a team and share the load if we are short some days."

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and

knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Medicines were managed safely at Pengover. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated room and medicine storage temperatures were consistently monitored. This showed medicines were stored correctly and were safe and effective for the people they were prescribed for.

Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.

The environment was clean and well maintained. There was an on-going programme to re-decorate people's rooms and make other upgrades to the premises when needed. All necessary safety checks and tests had been completed by appropriately skilled contractors. Gas appliances and electrical equipment complied with statutory requirements and were safe for use. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

Good

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs.

Staff received suitable training to carry out their roles. There was a training programme to make sure staff received relevant training and refresher training was kept up to date. The service provided training specific to meet the needs of people living at the service such as dementia awareness. The management encouraged staff development and staff were able to gain qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care.

Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service. Comments from staff included, "We have monthly training in response to our needs", "If we have a new resident with special needs we receive extra training" and "The training is brilliant and good and is always bang up to date".

Newly employed staff were required to complete a five day induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety, mental capacity and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. After the initial five days new staff spend a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. The induction was in line with the Care Certificate, which is an industry recognised induction to give care staff, that are new to working in care, an understanding of good working practice within the care sector.

People's health conditions were well managed and staff supported people to access healthcare services. Health professionals told us they had no concerns regarding the care provided by the service. GPs from a local practice visited every week for planned reviews of people's care and to attend to anyone who may be unwell. This was an opportunity to discuss people's care and treatment and help ensure planned care was up to date. People were aware that a doctor visited every week and told us they would ask to see them if they needed to. A visiting healthcare professional told us, "The care is good and well organised. This works well in partnership with the general practice." Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made. One person told us, "Staff respond quickly and the doctor is called if required."

The service monitored people's weight in line with their nutritional assessment. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored each day and records were completed appropriately by staff. People were provided with drinks throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks.

We observed the support people received during the lunchtime period. The meal was unrushed and people were talking with each other and with staff. People told us they enjoyed their meals and they were able to choose what they wanted each day. Staff provided people with individual assistance, such as help with eating their meal or cutting up food to enable people to eat independently. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible. People and their relatives told us, "The meals are excellent", "The food is good" and "Very happy with the food."

Care files contained consent forms for people, or their advocates, to agree to areas such as care, photographs and the sharing of information with other professionals. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

The manager and staff demonstrated a good understanding of the principles underpinning the MCA. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. There were a range of very detailed, specific mental capacity assessments in people's records. Care plans detailed the type of decisions people could make and where decisions would need to be made on a person's behalf. When decisions had been carried out on behalf of a person, the decision had been made in their best interest at a meeting involving key professionals and family where possible. Records of these best interest processes were well documented and clearly explained the reason for a specific decision.

The service, in conjunction with their GP, had made best interest decisions for some people to be given their medicines disguised in food or drink (covert) because they could refuse to take their medicines. Records showed that staff always tried the least restrictive option by offering medicines before giving them covertly. For example, the care plan for one person stated, "To persuade the resident to take medicines overtly and if there are any problems to refer to the covert medications instructions."

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises. Bedrooms doors were marked with people's names and pictures, which had a special meaning for each person, to help them identify their rooms. The service was divided into four wings and each wing had been painted in a different colour to also help people identify where their room was located. There was a central communal dining room and a lounge in each wing. People could move freely around the whole of the premises and were able to choose to sit in any lounge.

Good

Is the service caring?

Our findings

On the day of our inspection there was a calm and relaxed atmosphere in the service. People had meaningful relationships with staff and staff interacted with people in a caring and compassionate manner. Comments from people and visitors included, "I can't find fault with the staff", "The staff are as good as gold, I have no complaints whatsoever", "Staff treat the residents extremely well" and "Staff put their arms around people, they show love and compassion."

There was plenty of shared humour between people and staff. People, who were able to verbally communicate, engaged in friendly and respectful chatter with staff. Where people were unable to communicate verbally, their behaviour and body language showed that they were comfortable and happy when staff interacted with them. Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Staff told us, "We look upon people as family", "We concentrate on the individual", "The person is paramount" and "We try to be a home from home."

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing and respected their dignity. For example, the relative of one person told us, "Staff know how to explain to him that they are there as he gets nervous if people are close to him."

Visitors told us staff were kind to them as well as their relative and supported them emotionally when they visited. A member of staff said, "We try to share any stories about their loved ones that have happened in their absence so they get to know what is going on with them. A relative told us, "Staff tell me this is my home as well."

Healthcare professionals told us staff were always aware of supporting people's well-being. One visiting healthcare professional told us this was their second visit to the service as previously the person, they had come to see, was not able to cope with the appointment. The healthcare professional said, "The nurse involved was empathetic when the patient was unwell and had recommended an assessment another time when the resident felt better."

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink. One member of staff told us, "We engage with people as much as possible to find out what they want."

Some people living at Pengover had a diagnosis of dementia or memory difficulties. The service had worked with relatives to develop life histories to understand about people's past lives and interests. Life histories were documented in most people's care plans and where life histories were not recorded we saw that

families had been asked for details about that individual's life history and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives

The service promoted people's independence and encouraged people to maintain their skills. Throughout the inspection we saw staff gently and discreetly ask people if they needed any assistance. For example, with cutting up food, help with dressing or help to get up from a chair. In all of the incidents we observed people answered that they wanted to do the tasks for themselves. Staff respected people's wishes to complete these activities independently. Although this meant that more time was needed for people to complete tasks staff did not make people feel they were being rushed.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings for people and their families, which meant they could share their views about the service.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Pengover. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people.

Care planning was reviewed regularly and whenever people's needs changed. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and managers would regularly talk to them about their care. Comments from staff included, "We are always respecting and checking their wishes. We write and re-write their care plans each month and note any changes. We also update changes for nutrition and hydration" and "Involving family members helps a lot."

Some people living at the service could display behaviour that was challenging for staff to manage, especially if they became anxious. Staff were provided with information on how to support people to manage any changes in their behaviour and understand what might trigger their anxiety. For example, the care plan for one person explained that they might become distressed if they felt they were being pressurised into doing something. Their care plan stated, "Try and ascertain what is upsetting [person]. Encourage [person] to go to their room and if episodes become more frequent consider that they may be physically unwell."

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. Monitoring records were kept in people's rooms, or close to where they spent their time, so staff were able to access them easily at the point when care was delivered. We found records were accurately completed.

Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and specific staff were available to respond to their needs.

Before moving into the service the manager or a nurse visited people to carry out an assessment of their needs to check if the service could both meet their needs and expectations. Copies of pre-admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

People were able to take part in a range of group and individual activities. These included armchair exercises, baking, craft work, reminiscence sessions as well as external entertainers and religious services. The service employed an activities co-ordinator who worked for four hours a day four days a week. Where people stayed in their rooms, either through their choice or because they were cared for in bed, staff spent one-to-one time with them. This helped to prevent them from becoming socially isolated and promoted their emotional well-being.

People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. One person told us, "My family live close by and visit regularly which I find reassuring. "

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. Relatives told us when they had raised a concern this had been dealt with appropriately.

Good

Is the service well-led?

Our findings

At the time of our inspection a registered manager was not in post for this service. The previous registered manager had taken over the running of another service in the Cornwall Care group. A new manager was appointed in February 2017 and they were responsible for the day-to-day running of the service. This manager had submitted their application to become the new registered manager of the service. 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 and associated Regulations about how the service is run.

The new manager had been supported in their role by the previous registered manager and the assistant operations director. They were supported by a clinical deputy and senior care staff. Staff were clear about their roles and responsibilities. Staff had a positive attitude and the management team provided strong leadership and led by example. Comments from staff included, "Management value me", "We feel listened to. We have monthly staff meetings and a carer's support group", "I like working here" and "Management listen to us."

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, at daily handover meetings, regular staff meetings and one-to-one supervisions. There were general staff meeting every two months and other regular meetings for specific staff groups such as nurses and senior care staff and care staff. A 'staff support group' had recently started. This was an informal meeting where staff could socialise and receive management and peer support. Staff told us they really enjoyed these meetings and it had been helpful to talk about things that worried them.

The service had also started a 'community carer's support group', which met at the service every two months. The meetings were facilitated by staff from the service and the local Dementia Liaison Nurse. The aim of the group was to support family carers in the community who may want to talk about their concerns, or get advice, about looking after someone with dementia. Family members of people living at the service could also attend. The manager explained that the response to the first few meeting had been slow. However, they would continue to promote it as they felt it was an important way of the service working with the local community.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The management carried out audits for all aspects of the care provided such as, of care plans, falls, care monitoring forms and medicines procedures. Quality data was collated centrally and compared with other services in the Cornwall Care group. This provided senior management with an overview of the whole organisation as well as being able to see which services may need additional support.

The service also used an external organisation to measure how the service performed. This involved 'mystery shoppers' ringing or visiting the service posing as relatives or people who may want to use the service. Feedback from these interactions helped the service to understand how they were perceived by

people wanting information and to put improvements in place. The most recent data collected showed that sometimes calls were not returned to people when promised and systems had been put in place to rectify this.

People and their families told us they had confidence in the way the service was run and all described the management of the home as open and approachable. One relative commented, "This home is much superior as the care is very good, staff are attentive and the food is of a good standard." There were regular meetings for people and their families, which meant they could share their views about the running of the service. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes.