Healthcare Trust Ltd

Penbownder House

Inspection report

Trebursye
Launceston
Cornwall
PL15 7ES
Tel: 01566 774752

Date of inspection visit: 7 & 10 July 2015
Date of publication: 10/08/2015

Ratings

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

Overall summary

We inspected Penbownder House on 7 & 10 July 2015, the inspection was unannounced. The service was last inspected in April 2014, we had no concerns at that time.

Penbownder House is a registered care home for up to 29 people. The service comprises of two units. In one care is provided for older people some of whom are living with dementia. People with a mental health condition are supported in the second smaller unit. At the time of the inspection 29 people were living at the service, 19 older people and ten people with a mental health illness. There was a 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. There was also a director at the service who was fully involved with the day to day running of the organisation.

Penbownder House is an old manor house set in rural surroundings on the outskirts of Launceston. The building has been adapted to meet the needs of the people living there. In the unit which accommodates older people the décor had been planned with regard to

Summary of findings

people's dementia needs. There were signs to assist people to move around the building independently and bedroom doors were personalised. The unit where people with a mental health condition were supported was in a separate adjacent building. This was converted to two flatlets and eight en suite bedrooms in 2014. Prior to this time all residents had lived in the same building on different floors. The new accommodation had been planned to help ensure the differing needs of the two client groups could be met.

People and their relatives told us they felt safe living at Penbownder House. People approached staff for assistance and to talk with them. They did this without hesitation or any sign of reluctance. Staff were friendly in their response to people. When it was necessary to refuse people's requests in line with their plan of care this was done with patience and humour. People were offered reassurance and explanations were given as to why their request had been turned down and when it could be met.

Risk assessments were in place and offered staff clear guidance on how to keep people safe while enabling them to take part in meaningful occupation. Staff and management spoke about the importance of ensuring people were supported to maintain their independence. The registered manager told us; "You look at the person and you look at their needs. You try and maintain their independence in every aspect of their life….personal care, choosing clothes, everything."

Pre-employment checks such as disclosure and barring system (DBS) checks and references were carried out. New employees undertook an induction before starting work to help ensure they had the relevant knowledge and skills to care for people. Not all staff had completed refresher training in order to maintain their skills and knowledge base. We have made a recommendation about this in the report.

The director and registered manager 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 were able to make choices about how and where they spent their time. Some people chose to get up very early. Staff told us they tried to encourage people to stay in bed but that if people really wanted to get up that was; "their choice."

Staff respected people's individual communication styles and preferences. One member of staff told us; "I always talk to people and try and encourage a conversation." Throughout the inspection we heard staff chatting with people on a variety of subjects.

Care plans were well organised and contained information specific to the needs of the individual. Staff told us they found them to be logical and useful. The information was up to date and reflected people's current needs. There were systems in place to help ensure staff were aware of any change in people's needs or well-being. There was no record of people's personal backgrounds or histories in the care plans. Management and staff acknowledged the importance of this information.

There were clear lines of accountability and responsibility within the service. Staff told us management were supportive and approachable. Both the director and registered manager were fully involved with the day to day running of the service and people knew them well. During the inspection people frequently came to the office to speak with them. Relatives told us they considered the service to be "homely" and management communicated well with them.

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?
The service was safe. People were supported to take day to day risks and maintain their independence.

There were sufficient numbers of suitable staff on duty to support people.

Systems for the administration and storage of medicines were robust.

Good

Is the service effective?
The service was not entirely effective. Not all staff had up to date training.

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

The service was working in accordance with the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Requires improvement

Is the service caring?
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.

Good

Is the service responsive?
The service was responsive. People received personalised care and support

In line with their changing needs.

Staff supported people to take part in activities.

Relatives were confident any complaints would be acted on.

Good

Is the service well-led?
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.

Good

Penbownder 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 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 7 & 10 July 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law.

Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service in order to find out their experience of the care and support they received. Instead we observed staff interactions with people. We spent some time observing people in the dining room using the Short Observational Framework Inspection (SOFI) tool. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven people who lived at Penbownder House. We spoke with the director, the registered manager, and five members of staff. We also spoke with six relatives to hear their views of the service.

We looked at detailed care records for three individuals, staff training records, three staff files and other records relating to the running of the service.

Good

Is the service safe?

Our findings

People and relatives considered the service to be safe. A relative said; "I believe it's safe, that's important." Another told us; "We have always felt safe and comfortable that [relative] is there." We observed people approach staff freely and without hesitation. One person frequently approached staff with requests which were usually refused in line with the person's plan of care. This was done with patience and humour. Staff reassured the person that their request would met on the hour as had been previously agreed with them.

Staff said they had no concerns regarding colleagues working practices and if they had they would have no hesitation in reporting it to the director or registered manager. They told us they were confident any concerns would be dealt with appropriately. Staff were able to tell us where they could report concerns to outside of the organisation if necessary. There were policies and procedures in place in respect of safeguarding. The director told us of an occasion when they had raised a safeguarding alert on behalf of a resident demonstrating they were able and willing to take action to protect people.

Care plans contained risk assessments covering a range of areas, for example falls and moving and handling and supporting people whose behaviour staff might find difficult to manage. Risks were identified and there was clear guidance for staff on how to minimise the risk and when it was more likely to occur. The registered manager and director told us they worked with people to help ensure people regained as much independence and choice and control as possible while keeping them safe. The director commented; "We let clients do as much for themselves, or as much as they want, without causing harm. Some people like to wander, wandering is part of dementia. We let them, we take people for walks." In respect of a specific individual the director told us; "[Person's name] likes to help out with manual work. So we provide him with steel toe cap shoes and gloves." This demonstrated the service worked with people to protect them from harm while allowing them to spend their time in meaningful occupation.

There were systems in place for the administration, storage and disposal of medicines. Only staff who had completed the relevant training were able to carry out the medicine rounds. We observed a medicine round and saw Medicine Administration Record sheets (MAR) were filled in correctly. We checked the stock with the recorded amounts on the MAR for three people and found these tallied. The person responsible for the medicines round made sure people were happy to take their medicines. They asked people if they required any additional pain relief. Where checks were necessary before giving medicine, such as taking someone's' temperature or checking their pulse, this was done. Regular audits took place to check medicine stocks.

There were sufficient numbers of staff to meet people's needs. Staff were deployed effectively across the service to help ensure they were accessible to everyone at all times. Agency staff were used occasionally to cover for sickness. Where possible this was staff who were already familiar with the service and people's needs. As well as care staff the service employed a grounds man and maintenance worker, two cleaners, a laundry worker and a cook. A kitchen assistant had recently been recruited and they were awaiting the completion of pre-employment checks before starting work. During the day one member of care staff worked in the mental health unit as an enabler. The director told us they were recruiting in order to grow the staff team. This would mean the service would be better able to cope with staff absences without the need to use agency staff. Relatives told us they believed there were enough staff. One said; "There are enough staff in the day. I assume there are enough at night. [My relative] has told me they always attend at night if she rings the bell. They'll make her a hot drink and chat for a few minutes."

There was a robust system in place to help ensure any new employees were suitable to work in the service. This included carrying out pre-employment checks and taking up two references, one being from the most recent employer.

The building was clean and free from odours. A relative told us; "It's a clean environment." There was a large stock of personal protective equipment (PPE), available to staff such as hand gel, gloves and aprons. There were automatic hand gel dispensers located throughout the building. Some of these were empty and/or needed new batteries. We brought this to the attention of the senior carer who ensured the problem was rectified by the end of the inspection visit. One bathroom contained fabric towels, two sponges and a J cloth. Although they appeared clean there was no means of telling how long they had been in use. This meant there could have been a risk of infection.

Good

Is the service safe?

In the corridor of one part of the building the floor sloped quite steeply. The director told us this was due to steps being removed to protect people from the risk of falling. Due to the head height of the ceiling it had not been possible to further reduce the slope. They had consulted with occupational therapists (OT's) who were satisfied with the safety of this area. Hand rails had been installed at either side of the slope. The slope was on a floor of the home which was used by people whose mobility was reasonably good.

Requires improvement

Is the service effective?

Our findings

People were cared for by staff with the appropriate knowledge and skills to support them effectively. Staff spoke about the people they supported knowledgeably and demonstrated a good understanding of their needs and preferences. One told us; "It's important to know the clients, their behaviours and any triggers." A relative commented; "The staff team all know [relative] well. They are very, very good. It should go in your report, I think they warrant it."

On starting work at the service new staff underwent an induction period during which they had training in areas identified as necessary by the provider. For example, food hygiene, moving and handling, infection control and fire safety. In addition training specific to the needs of people living at Penbownder House was provided. This included dementia awareness, mental health and death and dying. The registered manager told us they supported staff to refresh their training at regular intervals. However records showed not all staff had been completing refresher training. We discussed this with the director and registered manager who told us staff were sometimes reluctant to complete training. Staff told us they were well supported by management. Formal supervisions took place although some people had not had any for a while. The registered manager told us this was due to employees not attending sessions which were scheduled for them Following the inspection the director sent us a copy of a letter they were sending to all staff who had not completed training or attended supervision emphasising the importance of this. Relatives told us they considered the staff to be "competent and capable."

We discussed the requirements of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS) with the registered manager and director. 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 and director were 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 DoLS applications made when appropriate. We saw records of best interest meetings involving representatives of the service and other health care professionals. 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. Although staff training in MCA and DoLS was out of date for the majority of staff they were able to explain to us the principles of the legislation.

People had access to external healthcare professionals such as GP's, chiropodists and psychiatrists. Care files contained records of appointments and contact with external agencies. The director told us they had good working relationships with the local GP's and district nurses. The service worked with OT's and district nurses to identify what aids people needed to maintain their mobility and independence.

We observed people during the lunch time period and saw the food appeared appetising. Portions were a good size and people were asked if they wanted second helpings. Staff checked with people to establish how much assistance they wanted, for example support to cut food up or help with feeding. The cook was aware of people's personal preferences and dietary requirements. Where people needed a soft diet to aid swallowing the different components of the meal were pureed separately. This was to attempt to make the meal look more appetising. An enabler worked in the mental health unit to support people to make their own meals.

We recommend that the service seek advice and guidance from a reputable source, about supporting staff to undertake regular refresher training and supervision.

Good

Is the service caring?

Our findings

People and relatives told us Penbownder House was a caring service. One person commented; "We all get on here. The nurses are very nice." Relatives comments included; "She's quite happy, not restless but relaxed and cheerful. And she likes the staff, she smiles when they approach." And; "Very caring, she's never pushed to one side." Not everyone was able to verbally communicate with us about their experience of care due to their health needs. Therefore we spent time observing people in a communal area using SOFI. We saw staff were attentive and prompt to respond to people's needs. They spoke with people in order to support them well with tasks and also in a social manner to engage people in friendly chatter. For example we saw a staff member support someone to mobilise from their walking aid to a sitting position. They were patient and spoke gently giving verbal prompts as necessary. Later we heard the same staff member speak with the person about a frog they had seen in the garden.

Before the inspection we had received information of concern reporting that people were being made to get out of bed very early by the night shift workers in order to alleviate pressure on the day shift. We arrived at the service at 7:15 am. Four people were sitting in a dining area in the older people's unit waiting for breakfast. We spoke with these people who told us they liked to get up early. People were alert and happy to talk with us over their breakfast. A care worker showed us around the unit. By 8:15am everyone in that part of the service was out of bed. People were moving around the building, both with support and independently. Those people that were able to speak with us told us they decided themselves when to get up and when to go to bed. A staff member told us; "We don't have set times for getting people up. If people want to get up they come down and have a cup of tea." Relatives had no concerns about how people were supported and cared for. We found no evidence to substantiate the claims that people were being got out of bed before they wanted to.

Staff at all levels demonstrated a fondness for the people they supported. A care worker told us; "I always treat people as if it were my gran." The director said; "I love my job, yes it can be a challenge but I love my clients." The registered manager commented; "You look at the person and you look at their needs. You try and maintain their independence in every aspect of their life….personal care, choosing clothes, everything."

Efforts were made to identify and respect people's preferred method of communication. Where people had specific needs in this area it was recorded in their care plan. For example; 'You will need to observe his gestures, facial expressions, mannerisms and behaviour to understand his communication.' A relative told us; "They're very, very good, absolutely brilliant! [Person's name] has communication difficulties but they are endlessly patient. They understand her a lot of the time." Another said; "They do talk to her, they interact with her. They give her a hug." The director and registered manager told us two people used some limited Makaton, a basic signing system developed for people with learning disabilities. They said they supported and encouraged these people to continue to use this. Picture books which had been developed specifically for people with dementia were available.

People's privacy and dignity was respected. Staff knocked on bedroom doors before entering and introduced us to people. People living in the unit assigned for people with mental health needs all had access to keys for their rooms or flatlets. We saw staff adjust people's clothing as they helped them to mobilise to protect their personal dignity. This was done unobtrusively and discreetly. Staff informed people of any action they were going to take before they carried it out. For example; "I'm just going to move you back." And; "I'll just pop this cover on your lap to protect your skirt." The sign for Penbownder House at the end of the drive simply stated the name and telephone of the residence. The director told us the people living at the service who had a mental health related condition had requested the sign did not indicate it was a residential home in order to protect their privacy.

Rooms were decorated to reflect people's personal tastes and interests. People were encouraged to bring personal belongings and furnishings for use in their rooms. Relatives told us people looked well cared for, well dressed with their personal needs such as nail trimming and hair brushing attended to. One said; "One time we visited her hair was longer than she would have liked. One mention to [director name] and it was cut and it's kept like that now."

Relatives told us they were always welcomed in the home and were able to spend private time with their relative if

Good

Is the service caring?

they wished. They were allowed to bring in family pets to visit as well. One relative told us they had asked if they could have a room in the service to allow them to spend more time with their spouse. A self-contained flat had been made available for them which was separate from the main building thereby affording them some independence while allowing them to spend some time every day with their loved one. Others told us they travelled a long way to visit their family member and were always offered lunch and made to feel welcome.

Good

Is the service responsive?

Our findings

Information in care plans was well organised. Staff told us they found the information easy to follow and the guidance on how to support people well was clear. One told us; "The information all follows on. You've got your care plan, your risk assessment and the action plan. It leads on." The care plans contained information specific to the needs of the individual. For example, one person's plan stated; '[Person's name] eats independently if her food is cut up for her.'

There was very little information about people's personal histories in care plans. This information can help staff gain an understanding of people and support meaningful interactions. This is particularly important when people's ability to communicate or remember this information is declining. In our conversations with the director and registered manager it was clear they had a depth of knowledge about the people living at Penbownder House. The registered manager said: "You try and find out from their past histories what drives that person." We discussed how they might share and record this information with the staff team in the future. Staff also recognised the importance of knowing people's backgrounds. One commented; "I talk to families and find out things."

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. This was backed up by a handover sheet where the information was written down. Staff told us the handovers were effective. 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.

One person had been through a period of time when their behaviour had been difficult for staff to manage and potentially distressing for other residents. Monitoring charts had been put in place in order to try and identify any patterns or triggers for the behaviour. These had been kept for a period of time until changes to the person's medicine had resulted in the behaviour ceasing. This demonstrated processes were followed to help ensure care planning and delivery was in line with people's needs which was clearly identified.

The service employed a full time activities co-ordinator but at the time of the inspection they had been absent from work for a long time and it was unclear as to when they would return. As a result there was no organised timetable of events taking place. During the two days of the inspection we saw staff engaging with people using music, balls and magazines. We heard arrangements being made for one person to go out for lunch during the week to celebrate their birthday. When we arrived at the service on the second day we heard one person ask a carer; "Can I go out today." The carer reassured them they would be going for a walk later and we saw this took place. The building was set in several acres of grassland and part of the outdoor area had been landscaped to create gardens and walks. There were seats and garden tables to use and a small allotment. This was tended by people living at the service.

The service had purchased a van which they had fitted with a wheel chair lift to enable them to take people on trips out; they also had access to a car. Plans were being made for trips to a nearby steam train facility and animal park. People were also supported to use the local community bus system.

Relatives told us they had not had reason to complain but would not hesitate to do so if necessary. One told us; "[Family member] always says "I've no complaints."" They said they would report any "niggles" to a senior carer and anything more serious to the director. Relatives were confident any concerns would be acted on appropriately.

Good

Is the service well-led?

Our findings

There were clear lines of responsibility and accountability. The director was involved with the running of the service on a day to day basis working alongside the registered manager. There was a full time senior carer in post who shared responsibility for the on-call system with the director and registered manager. A relative told us; They [the director and registered manager] are very accommodating."

The management team demonstrated a commitment to the service during our conversations. The director told us; "We are passionate about what we do. The clients come first." They talked about the people supported at Penbowdner House knowledgably and with a concern for their well-being. The staff team told us management were supportive and available if they needed to discuss any worries or concerns. One said; "I like working here, it's homely. You can speak as normal. [To management]. You don't have to be scared of them. All staff can talk to them." Another said; "The management here are really supportive. Always asking how you are."

Staff meetings were held regularly and at varying times to try and ensure all staff were able to attend some meetings. Staff told us these were an opportunity to discuss any working practices and keep up to date with any developments in the running of the service.

People's views regarding the running of the service were taken into consideration. The director told us they had worked with people when developing the plans for the new unit for people with mental health problems. People were consulted about the lay out and the arrangement of bedrooms. Three people had flatlets with small kitchenettes to afford them more privacy and independence. People were asked regularly if they were happy with their care and support. There was a suggestions box in the foyer so people and their families could comment anonymously if they wanted to.

Relatives told us they were kept informed of any significant changes in their family members' health or general well-being. One said; "I'm as involved as I want to be." And another; "Any questions are always answered." The director told us where appropriate they communicated with families regularly either by telephone or email according to their preference.

The director told us they were planning to expand the mental health unit with the addition of four more bedrooms. They were submitting an application to CQC to this effect. They told us they did not intend to expand any further as they felt that would compromise the quality of the service. They were also planning to improve the back of the unit by removing some outbuildings and creating a courtyard area for people to use. A new carpet was due to be fitted in the downstairs corridor of the unit for people with dementia. In order to minimise the disruption to people this was planned to be done overnight. This demonstrated how the director worked to improve the environment for people.

Regular audits were carried out across a range of areas, for example fire safety, equipment checks and medicine checks. Falls were recorded and a thorough analysis of the data was undertaken annually. This identified any patterns such as when falls were more likely to occur and where. Following the analysis carried out the previous year extra staff had been put in to meet peoples increasing mobility needs. There was a full time on site maintenance worker. The director carried out daily 'walk rounds' to try and identify any faults or defects on the premises. A daily maintenance log was completed and all jobs were signed off when completed.