

Ablecare (Philiphaugh) Ltd

Philiphaugh Manor

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

This unannounced comprehensive inspection of Philiphaugh Manor took place on the 17 November 2016.

A previous comprehensive inspection of this service was completed in September 2015. This inspection found that the service required improvement in all five of our key question areas and identified breaches of the regulations.

In April 2016 we completed a focused inspection to check required improvements had been made. The focused inspection found significant improvements had been made in most areas but further improvements were required as the service remained in breach regulations in relation to risk management and the display of inspection reports.

Philiphaugh Manor is a detached building located within its own grounds, that provides accommodation and personal care for up to 30 people who do not require nursing care. On the day of this inspection 27 people were using the service. Some people were living with dementia.

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. The service has a registered manager in post, however at the time of our inspection the registered manager had been away from work for some time. The provider had appointed an acting manager to provide appropriate leadership and ensure the staff team were adequately supported during the registered manager's absence. The acting manager had previously been registered at another service and had been providing the additional management support at Philiphaugh Manor since our previous comprehensive inspection.

People said they felt safe Philiphaugh Manor and their comments included, "I feel safe because nothing is too much trouble for the staff" and "There's nothing to worry about living here."

The service was fully staffed and records showed that the service was now consistently staffed at safe levels. Since our previous inspection the provider had reviewed staffing levels and taken action to enable care staff to spend more time with people providing care and support.

People told us staff responded promptly to their requests for support and relatives commented, "When I visit there always seems to be enough staff on duty." In addition staff told us positive changes had been made to how they worked each day. A new system had been introduced where staff were allocated to support named people each morning. Staff reported that these changes combined with the increased staffing level meant they now had more time to spend with people. Their comments included, "There is loads more care staff", "the kitchen porters have helped a lot because you have time to sit and talk to the clients now" and "The allocation means you can spend a lot more time with people. Time to chat while

shaving and things like that. It is very positive."

During both previous inspections we found accidents and incidents were not always documented or investigated. At this inspection records showed that necessary accident or incident forms had been completed for all significant events recorded within people's daily care notes. The acting manager had completed monthly audits of these records and taken appropriate action to manage any areas of identified increased risk.

Risk assessment documents now provided staff with detailed guidance on how to protect people from identified areas of increased risk. People's care plans had been regularly updated and staff told us these documents had significantly improved over the last year.

The service had systems in place to ensure staff were sufficiently skilled to meet people's care needs. Records showed all staff completed formal induction training and systems had been introduced to ensure all staff now received regular training updates. One recently recruited staff member told us, "I had an induction and I have done all my on line courses. There was a lot of training" while existing staff commented, "Courses have come thick and fast" and "The training is absolutely spot on."

Staff understood the requirements of the mental capacity act and where people lacked the capacity to make decisions independently the service consistently acted in their best interest. Where people's care plans had been identified as potentially restrictive appropriate applications for their authorisation had been made.

On-going improvements to the service's environment were under way during our inspection. Since our previous inspection the kitchen had been replaced and maintenance staff were in the process of replacing a bathroom on the day of this inspection. The service was well maintained and numerous areas had been redecorated.

People were well supported at meal times and encouraged to eat as independently as possible. People told us, "The food is very good" and the lunch time menu options looked appetizing.

The service employed an activities coordinator and during our inspection we saw people engaged with a variety of activities in the lounge. People told us, "I enjoy the activities, they make them fun" and "They (staff) keep me active and keep my brain going." In addition, care staff spent time chatting and laughing with people in the lounge.

Staff told us the service was well led, that they felt supported and that morale had significantly improved. Staff comments included, "I am happy going to work and look forward to it", "It is a hell of an improvement over when you were here a few months ago" and "The new acting manager is absolutely fantastic she listens and gets things done." Records showed staff now received formal supervision and that staff meetings were held regularly.

During our April inspection we found the service had failed to display their inspection report within the service or on their web site. At this inspection we found that the previous inspection report was displayed on a notice board in the reception area and that the service's website now included a link to the most recent online inspection report.

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. There were enough staff available to meet people's care needs.

Recruitment procedures were safe and staff understood local safeguarding procedures.

Accidents and incidents were accurately documented and staff had been provided with appropriate guidance on how to manage known areas of risk.

Good 

Is the service effective?

The service was effective. Staff were sufficiently skilled to meet people's care needs and the service had systems in place to manage staff training needs.

Staff understood the requirements of the Mental Capacity Act and appropriate applications had been made for the authorisation of potentially restrictive care plans.

The service's kitchen had been updated. The menu options were varied and appetizing.

Good 

Is the service caring?

The service was caring. Staff team knew people well and provided support discreetly and with compassion.

People's privacy was respected and relatives and friends were encouraged to visit regularly.

Good 

Is the service responsive?

The service was responsive. People's care plans were detailed and personalised. These documents contained sufficient information to enable staff to meet their identified care needs.

People were supported to engage with a variety of activities within the service by both care staff and the service's activities coordinator.

Good 

The service regularly received compliments and where minor issues had been reported these were addressed and resolved.

Is the service well-led?

The service was well led. The provider had ensured the service received effective leadership.

Staff morale had significantly improved and issues reported to manager were now addressed promptly.

There were appropriate quality assurance systems in place.

Good ●

Philiphaugh Manor

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 17 November 2016 and was unannounced. The inspection team consisted of one inspector and one expert by experience with experience of supporting people who accessed older person services.

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

During the inspection we met and spoke with 11 people who used the service, three relatives who were visiting, six members of staff, the duty manger, the acting manager, the provider's nominated individual and a director. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included four care plans, four staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Is the service safe?

Our findings

Staff and everyone we spoke with told us people were safe at Philiphaugh Manor. People's comments included, "I feel safe because nothing is too much trouble for the staff" and "There's nothing to worry about living here." A relative said, "[My relative] is here on respite and the staff have been very friendly towards him and ourselves. That makes my [relative] feel safe." Staff told us, "People are very safe" and "People are definitely, definitely safe."

Staff understood their role in protecting people from abuse and avoidable harm. All staff had received safeguarding training and information about local safeguarding procedures was displayed in the service's reception area.

Risk assessments were detailed and had been regularly updated. These documents provided staff with guidance on how to protect people for identified areas of increased risk. For example, where risks to people's skin integrity had been identified staff were provided with guidance on the types of pressure relieving equipment to be used with details of how each item of equipment should be operated. Where people were at risk of becoming upset or anxious staff had been provided with clear guidance on how to safely meet their care and support needs.

We observed staff using appropriate and safe techniques to support people's mobility needs. One person told us, "I feel safe because when the staff move me, there is always two of them to help." People appeared calm and relaxed while receiving this support. All moving and handling aids had been regularly serviced to help ensure they were safe and suitable for use.

During our previous inspections we found that incidents were not always recorded or appropriately investigated.

At this inspection we found the service's accident and incident investigation procedures had significantly improved. Accident or incident reports had been completed for any significant events. Completed reports had been passed to the acting manager for further investigation where necessary. Each month the acting manager completed a detailed review of accidents and incidents to identify any trends or areas of increased risk within the service. Where additional risks were identified people's care plan and associated risk assessment were updated to provide staff with guidance on how to protect people from these risks.

Fire-fighting equipment and the service's alarm system had been regularly serviced by qualified technicians to ensure their effective operation. Care staff had completed regular fire alarm tests and the service had an emergency evacuation plan. We discussed this plan with the nominated individual who was aware of the need to develop personal emergency evacuation plans for individuals who were unable to evacuate the building independently.

The service was fully staffed on the day of our inspection. Staff rosters showed that the service was now consistently staffed at safe levels. We reviewed the services rota for the next two weeks and found there were

only two care shifts in the week following our inspection where additional care was required. Managers were aware of these gaps and were in the process of agreeing with staff how these shifts would be covered. People's relatives told us, "When I visit there always seems to be enough staff on duty." Staff told us, "Four staff are usually on each morning and usually three in the afternoons", "There is loads more care staff" and "I think everyone is a lot happier now, we are not stressed out all the time." Managers and the providers nominated individual told us, "We have employed extra staff" and "We are fully staffed and we have recruited a bank worker."

Staffing levels had been reviewed since our previous inspection. An additional full time kitchen porter role had been employed as the provider had identified care staff were spending significant periods of each day helping with meal preparation. This addition to the staff team had enabled care staff to spend more time with people providing care and support. Staff told us, "the kitchen porters have helped a lot because you have time to sit and talk to the clients now." The acting manager said, "The kitchen porters have been releasing the care staff lovely to let them spend more time with people."

A new carer allocation system had been introduced. Each morning care staff were tasked to ensure the care needs of a small group of named people were met. Staff told us the combination of the new allocation system and their increased time with each person had been a significant improvement. Staff told us, "I think the new system is working now and we have more time with the residents", "The allocation means you can spend a lot more time with people. Time to chat while shaving and things like that. It is very positive" and "In the morning you are allocated who you are responsible for so you are not being rushed all the time."

Records showed the service had robust recruitment practices. The identity of staff had been confirmed and appropriate checks completed before new staff began working at Philiphaugh Manor. This included Disclosure and Barring Service (DBS) checks and references from previous employers.

People's medicines were stored securely and there were appropriate storage facilities available for medicines that required stricter controls by law. Medicine administration records (MAR) had been completed in accordance with best practice and these records had been regularly audited by the acting manager. Staff who were responsible for providing support with people medicines were able to focus on this responsibility and wore a do not disturb tabard that was respected by other members of the staff team.

Communal areas and people's bedrooms were clean and free of odour. On the day of our inspection there were three members of cleaning staff and a laundry person on duty. The service's laundry system was well organised and staff told us, "We have had new towels and new sheets, it is all looking up." We observed staff used appropriate personal protective equipment and hand wash gels were provided for use by visitors to reduce the risk of infection.

Is the service effective?

Our findings

During both previous inspections we found the service's system for the induction and training of staff required improvement to help ensure staff were sufficiently skilled to meet people needs.

At this inspection people told us care staff were skilled and able to meet their care needs. The service had developed appropriate procedures for the training and induction of new members of staff. These included formal training courses and working alongside more experienced colleagues while getting to know and understand people's individual care needs. Since our previous inspection new staff had also completed care certificate training. This nationally recognised training was developed to provide staff new to the care sector with a good understanding of current best practice. One recently recruited staff member told us, "I had an induction and I have done all my on line courses. There was a lot of training."

The service had introduced a new system to manage staff training needs. Staff files showed that staff were now regularly receiving training designed to help ensure their skills reflected current best practice. Staff recognised they had received significant additional training since our previous inspection. Their comments included, "It is good that we have had training", "Courses have come thick and fast", "I have just finished a course with Cornwall College on dementia" and "The training is absolutely spot on."

Records showed staff now received regular supervision and annual performance appraisals had been reintroduced. Staff told us they were well supported and service's managers and on the day of our inspection one staff member's annual performance appraisal was completed. Staff told us, "I have had a supervision not so long ago", "[The manager] cares about the staff as well", "I am due an appraisal soon" and "I am having my appraisal tomorrow."

People told us they were supported to access external healthcare professionals such as dentists, chiropodists, specialist nurses and GP's when necessary. One person said, "I can get a doctor if I need one and they also arrange a chiropodist to visit me." Care records demonstrated the service had worked alongside health professionals to help ensure people's care needs were met.

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. The registered manager understood the requirements of the MCA and staff consistently respected people's decisions and choices. For example, one person made a detailed request in relation to a visitor and staff complied with this request. Where the service had identified issues with a person's ability to make specific decisions appropriate systems were used to assess their capacity to make those decisions. The service had consistently acted in people's best interests and records showed relatives and health professionals had been appropriately involved in best interest decision making processes. However, we noted that where capacity assessment had been completed these were of a general nature and did not always assess the person's capacity in relation to specific decisions. We discussed these issues with the

acting manager and nominated individual who agreed in future to ensure capacity assessments were completed in relation to specific decisions. Where capacity assessments had identified that a person's ability to make decisions was variable staff had been provided with additional guidance. This included specific details on how best to provide information to the person to enable them to make decisions independently. Records showed staff had received MCA training and when asked staff told us, "It's about protecting the guy's rights and choices."

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. We found the service had made a number of appropriate applications for people's restrictive care plans to be authorised. Where people's care plans had become more restrictive, while awaiting authorisation, as a result of the person's changing care needs, this information had been shared promptly with the local authority.

People were consistently complimentary of the standard of food served at the service. People told us, "If you can't eat the food in here then there must be something wrong with you", "They try to get you what food you like" and "The food is very good and a great choice." During lunch time one person declined both menu options. Staff spoke with the cook and the person was then offered a third option which was accepted. People said this was not unusual and one person commented, "If you don't like what they offer you at meal time, they will do you something else." The atmosphere in the dining room was friendly and relaxed. We observed free flowing conversations between people and their support staff. Where people required support this was provided discreetly by staff who sat next to the person they were supported. Appropriate aids were available to enable people to eat independently. The food served looked appetising, smelt delicious and we overheard a number of people praising the quality of food they received. Fresh fruit and vegetables were delivered each day and the service's store cupboards were well stocked with a variety of branded goods.

The service's kitchen had been replaced and new flooring and wall lining installed since our previous inspection. The cook told us, "The kitchen environment is a lot better" and a recent inspection had awarded the service a five star food hygiene rating.

Since our previous inspection the provider had continued to make improvements to the environment. On the day of our inspection there were three maintenance staff working in the service to make improvements to car parking arrangements and to replace the toilet suite next to the lounge. At this inspection we found the service was well maintained and that numerous areas had been redecorated since. Records showed the acting manager completed regular checks of the standards of decoration in people's rooms and that prompt action was taken to address any issues identified. However, we found that the provider had continued to store additional equipment and furniture in both the room opposite the manager's office and in the flat above the service. This was discussed with the nominated individual who told us that a new garage had been built at another of the provider's locations and all these items were due to be removed.

During this inspection staff commented that it was unfortunate that there were no windows in the lounge. We discussed this concern with the nominated individual who explained that the intention was to extend the lounge once the stored equipment had been removed. These works were scheduled to begin shortly after our inspection and staff told us, "Windows have been measured and are due to be replaced". This, combined with the provider's intention to install a new passenger lift in the new year, demonstrated their on-going commitment to improve the facilities and quality of the environment at Philiphaugh Manor.

Is the service caring?

Our findings

People consistently told us they were well cared for. Their comments included, "Everybody is so nice, kind and friendly", "I like the girls because they support me" and "I'm not a very sociable person but all the staff are very nice to me." A relative commented, "My relative has only been here a few days but we have noticed how very friendly the staff are."

People were relaxed, comfortable and happy at Philiphaugh Manor. People were dressed in clean and coordinating clothes and looked well cared for. During our inspection we observed that staff were not rushed and took time to provide people with reassurance in addition to care and support. For example, one person became tearful in the lounge area, care staff noticed this quickly. They then sat with the person, providing comfort and reassurance until their mood lifted. People were relaxed and comfortable in the service and one person told us, "I was lucky to be brought here, it's a lovely home." Staff consistently told us they now had more time to spend with people and one staff member commented, "Because we have time and are not rushing, people tell us little things and we can sort things out." We saw staff responded quickly to people requests for support and one person told us, "If I use my call bell you don't have to wait long."

Staff knew people well and when asked were able to provide information about each person's life history, likes and current interests. We observed staff spending time with people in the service's lounge both in the morning and afternoon; chatting, singing, laughing and enjoying each other's company. Staff told us, "I love working here", "I actually look forward to coming to work" and "They are our family in the end."

Staff acted to ensure people's privacy and dignity was respected. They always knocked on doors before entering people rooms and where staff offered support this was done discreetly.

People were able to move around the service without restriction and staff respected people's decisions and choices. Although staff encouraged people to engage with activities in the lounge they respected people's decisions if they chose not to engage with a planned activity. People told us, "I like to sit in my room and read, it's too noisy in the lounge", "I like my own company so they don't bother me if I don't want to join in" and "When I want to go to bed I just go. The staff are so lovely they don't make me feel lonely."

Relatives and friends were encouraged to visit at any time. We overheard a family member asking the acting manager about Christmas arrangements and when it was possible to visit. The manager encouraged the family member to visit whenever possible and provided them with an outline of planned festive activities. Relatives told us they always felt welcome and that the service ensured they were kept well informed of any changes to people needs. Their comments included, "When I visit I am warmly greeted by the staff who are very obliging" and "The staff and managers keep me well informed about my relative."

Is the service responsive?

Our findings

Care records showed that people's individual care needs had been assessed before they moved into the service. The acting manager told us they normally visited a person at home to assess their individual needs and help ensure the service was able to meet those needs before the person moved in. In addition, the service operated a "Taster day" scheme where people were encouraged to visit the service, overnight if they wished, to gain a better understanding of how the service operated before deciding whether or not to move into the service.

People's care plans provided staff with detailed and informative guidance on how to meet their individual needs. These documents included information about how the person preferred to be supported and explained in detail the amount of support the person needed with specific care tasks. Staff recognised that the quality of the service's care plans had improved over the past year and told us, "The care plans are fine. The systems are much better" and "The care plans are better." All of the care plans we inspected had been regularly reviewed by the acting manager. Where changes to the person's needs had been identified during the review process their care plan was updated to help ensure it accurately reflected the person's current care needs.

Each of the care plans we reviewed included information about the person's life before they moved into the service. This information was provided to staff to help them understand how the person's background and interests could affect their current care and support needs. During the inspection we heard the acting manager discussing these records with a relative. The acting manager encouraged the relative to provide as much detail as possible to help staff gain a better understanding of the person's specific needs.

Each day staff completed notes of the care and support they had provided to each person. These notes were informative and included information on the support staff had provided and how the person spent the day. In addition staff told us a more formalised process for handing over information between care staff had been introduced. One staff member commented, "The hand over system is better than before. It's a lot better. They let you know about changes and who has gone to hospital. It is a good system."

People told us, "I enjoy the activities, they make them fun", "We all have a good laugh and we all get on well" and "They (staff) keep me active and keep my brain going." The service had employed an activities coordinator for four hours each week day and people's visitors were encouraged to take part in activities within the home. An activities schedule had been introduced and during our inspection we observed people enjoying a variety of activities including; hangman, karaoke, dancing and craft activities. In addition, we observed that care staff were able to spend more time with people in the lounge laughing and chatting together during the day. Notice boards around the service included recent photographs of people enjoying the variety of activities now available in the service.

Staff told us activities within the service had improved and commented, "We are doing the activities that people enjoy" and "There is lots more going on." However, staff also recognised that more could be done and reported there had been limited opportunities for trips away from the service since our last inspection.

We discussed this with the acting manager who agreed to provide the necessary support to enable trips in the provider's mini bus to be arranged.

People and their relatives told us they did not have any serious complaints about the service. They also reported that all minor issues they raised had been addressed and resolved. The service regularly received compliments and thank-you cards. These were displayed on a notice board and one recently received card read, "Nothing was ever too much for you and I know mum appreciated all you did for her."

Is the service well-led?

Our findings

People were consistently complimentary of the service provided by Philiphaugh Manor and told us, "I really highly recommend living here", "The staff and management are excellent" and "I can't speak too highly of the home." One person's relative told us, "I saw an advert in the paper and just turned up to see the home unannounced. I got a good feeling about the home and decided to move my relative here."

Staff consistently told us that the service had significantly improved since our previous inspection. Staff said, "It has improved", "It is a hell of an improvement over when you were here a few months ago" and "I have to say it is 100% better than it was." One recently appointed staff member told us, "I have been here five months and it has improved in that time." The providers nominated individual commented, "I am happy it has turned around big style" while a health professional confirmed they had noticed significant improvements in the services performance.

On the day of our inspection both the registered manager and deputy manager were unavailable. The provider had recognised that this was likely to impact on the service's performance and had taken action to ensure staff received appropriate management support. The provider's training manager had become the service's acting manager. In addition a duty manager from another of the provider's services had worked in the service for the three weeks prior to our inspection to provide additional support for the staff team. Staff told us they had been well supported by the temporary management team and commented, "The new acting manager is absolutely fantastic, she listens and gets things done", "[The acting manager] is amazing, what a difference", "the new duty manger is also very good" and "[The acting manager] is amazing she comes to you and asks can we help?" The provider's nominated individual told us these interim management arrangements were, "Working really well."

All of the staff we spoke with reported that the service was, "more organised" and the new systems introduced since our previous inspection were working well. One staff member told us, "Everything is running smoothly. It's all hunky-dory."

The morale of the staff team had significantly improved since our 2015 inspection. All of the staff we spoke with during this inspection told us how much happier they felt when coming to work. Their comments included, "things are definitely improving, staff and clients are a lot happier", "I am happy going to work and look forward to it" and "It is a nice place to work now. You can have a laugh and a joke with people. It is a lot better than it was." One staff member said, "Morale is definitely, without a doubt, on the up."

During our previous inspection staff reported that issues and concerns raised with the registered manager were not always dealt with effectively. At this inspection staff told us that any concerns they raised with the current management team were always dealt with promptly. Staff said, "The manager does sort things out she really is brilliant, She comes back to you the same day with an answer", "We are asking questions now and they get answered", "It is nice to know somebody has got our back" and "It is more relaxing working with the [acting manager] as you know she will deal with it."

Previously staff had reported difficulties they experienced while attempting to book annual leave as a result of staffing shortages and poor rota administration. At this inspection staff said these issues had been resolved and commented, "Even holidays have been sorted out" and "Holidays, you can book them now and she does fit you in."

Staff meetings had been held regularly at the service on consecutive days to enable all staff to attend. Records of these meetings showed that had provided an opportunity for managers and staff to discuss changes to the service's systems and processes. In addition these meetings provided an opportunity for staff to ask questions and share information about observed changes to people's care and support needs.

Managers, the nominated individual and directors completed a variety of regular audits designed to drive improvements in the quality of care the service provided. These included unannounced visits by directors, during which the director toured the service and discussed its current performance with people, visiting relatives and staff. A report of each inspection was completed and action plans developed to help ensure any issues identified were addressed and resolved. The nominated individual visited the service regularly and each month held a formal meeting with the service's manager to discuss and review performance.

The service's managers also completed a variety of regular quality assurance checks, these included medicine audits, regular room checks and care plan reviews.

During our inspection in April 2016 we found the service had not displayed a link to the most recent inspection report on its website, this was a breach of the regulations. At this inspection we found that a copy of the most recent inspection report was available on a notice board in the reception area. In addition the service's website now included a link to their most recent inspection report on the Care Quality Commission's website. This meant the service was now compliant with the requirements of the regulation.