

Glencare Homes Ltd

# Penhellis Nursing Home

## Inspection report

Cross Street  
Helston  
Cornwall  
TR13 8NQ  
Tel: 01326 565840  
Website: [www.penhellis@gofast.co.uk](http://www.penhellis@gofast.co.uk)

Date of inspection visit: 20 July 2015  
Date of publication: 12/08/2015

### 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 

### Overall summary

Penhellis Nursing Home is a care home that provides nursing care for up to 26 older people. On the day of the inspection there were 24 people using the service.

There was a registered manager in post who was responsible for the day-to-day running 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.

We carried out this unannounced inspection of Penhellis Nursing Home on 20 July 2015. At this visit we checked what action the provider had taken in relation to concerns raised at our last inspection on 5 November 2014. At that time we found people living with dementia, were not supported with information to help orientate them to day and date. Menus were not available to help remind people of the lunch choices. There were no records of when people and their families had been involved in the planning of their care. People's consent had not been sought for photographs being displayed in their care records and care records were not kept

# Summary of findings

securely. The front door was locked and the code was not available for people who had the ability to manage their own safety. People, visitors and staff told us they did not find the registered manager approachable.

At this inspection we found the service had purchased a clock to display the time and date in the main lounge to help orientate people to the day and time. Menus were on display and staff reminded people at lunchtime of the meals they had chosen. This supported the needs of people living with dementia.

People were asked to sign to give their consent to their care plans and for photographs being displayed in their care records. People's care records were stored in a room fitted with a coded lock and this meant people's information was kept securely.

The service had made changes to the environment to enable people to have access to appropriate outdoor areas and use the front door independently. This included the refurbishment of a courtyard area, the addition of a sun lounge in the garden and a new door entry system.

People, visitors and staff told us they found the registered manager supportive and approachable. Staff said, "[registered manager's name] has always been approachable and supportive with any issues raised, excellent listener" and "[registered manager's name] is very supportive towards all staff".

People told us they felt safe living at Penhellis Nursing Home and with the staff who supported them. People told us, "I feel safe" and "They [staff] have a nice attitude with me". A relative said, "I definitely wouldn't want dad to be anywhere else". A healthcare professional told us, "Have always found staff to be knowledgeable and caring about the residents".

Staff interacted with people in a caring way, appropriate to people's individual needs. People told us, "You don't

get treated as an old person", "They [staff] look after you so well". A relative said, "Yes, the care is very good. I wouldn't put my dad anywhere else. We looked at a few homes but chose this one because of the atmosphere".

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

There were good opportunities for staff to receive on-going training and for obtaining additional qualifications. Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety. There were enough skilled and experienced staff to help ensure the safety of people who used the service.

People were supported to maintain a balanced diet appropriate to their dietary needs and preferences. People were able to choose where they wanted to eat their meals, in either a lounge, dining room or their bedroom. People were seen to enjoy their meals on the day of our visit.

Staff supported people to be involved in and make decisions about their daily lives. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their families were given information about how to complain and people told us they knew how to complain. There was a management structure in the home which provided clear lines of responsibility and accountability. There were effective quality assurance systems in place to ensure that any areas for improvement were identified and addressed.

# 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 told us they felt safe living in the home and relatives told us they thought people were safe as well.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

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

Good



### Is the service effective?

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw healthcare professionals when they needed to so their health needs were met.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good



### Is the service caring?

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

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Good



### Is the service responsive?

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

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with staff and were confident they would be listened to.

Good



### Is the service well-led?

The service was well led. There was a positive culture within the staff team with an emphasis on making people's daily lives as pleasurable as possible.

Staff said they were supported by the management and worked together as a team.

People and their families told us the management were approachable and they were included in decisions about the running of the home. There were effective quality assurance systems in place to ensure that any areas for improvement were identified and addressed.

Good



# Penhellis Nursing Home

## 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 20 July 2015. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. Their area of expertise was older people's care.

We 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 seven people living at Penhellis Nursing Home and five visiting relatives. We looked around the premises and observed care practices on the day of our visit. After our visit we received feedback from a community psychiatric nurse, a General Practitioner (GP), the local church and a hairdresser who regularly visited the service.

We also spoke with four care staff, the registered manager, the clinical lead, the nurse in charge, the activities co-ordinator and the maintenance person. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Penhellis Nursing Home and with the staff who supported them. People told us, “I feel safe”, “They [staff] have a nice attitude with me” and “staff are kind with no shouting”. A relative said, “I definitely wouldn’t want dad to be anywhere else”.

Staff had received training in safeguarding adults and were aware of the service’s safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. All told us they would have no hesitation in reporting any concerns to the registered manager as they wanted people in the service to be safe. One member of staff said, “I feel very safe and supported if I was to raise any concerns about resident’s care”. Staff received safeguarding training as part of their initial induction and this was regularly updated.

Risks were identified and assessments of how risks could be minimised were recorded. For example how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. Records about any risks included a manual handling plan. This provided a clear summary of how staff should assist people and how many staff would be required for each activity.

Staff assisted people to move from one area of the premises to another safely. Staff carried out the correct handling techniques and used equipment such as walking frames or wheelchairs as appropriate to the individual person. People told us they were satisfied with the equipment available to them and how staff supported them to use it. One person told us they had a walking frame that they used independently for short distances, such as in their room. When they wanted to go to the lounge or dining room staff supported them to use a wheelchair

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. For example, nurses reviewed the control measures in place when people had falls. If individuals had repeated falls appropriate professionals were involved to check if their health needs had changed or additional equipment was required.

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.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. On the day of the inspection there were five care staff and one nurse on duty from 8.00am until 2.00pm and three care staff and one nurse from 2.00pm until 8.00pm to meet the needs of 24 people. In addition to these staff were the registered manager, the clinical lead, the activities co-ordinator, kitchen and domestic staff. People told us they thought there were enough staff on duty. We saw people received care and support in a timely manner. People had a call bell in their rooms or wore an emergency alert necklace to call staff if they required any assistance. People said staff responded quickly whenever they used their call bell.

Safe arrangements were in place for the storing and administration of medicines. All Medication Administration Records (MAR) were completed correctly providing a clear record of when each person’s medicines had been given and the initials of the nurse who had given them. Medicines were securely stored in portable metal cabinets, which when not in use were stored in a locked room. Some medicines were required to be stored in a refrigerator and the service had one specifically for that purpose. At our last inspection we found that the temperature of the refrigerator was not being checked every day as required. At this inspection we found the temperature had been checked daily and was within the required range. Training records showed staff who administered medicines had received suitable training. 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.

The environment was clean and well maintained. Carpets and decoration were all in good condition and there were not any unpleasant odours. The service employed a maintenance person to undertake decorating and any repairs to the premises. The visiting hairdresser told us, “I have found that the hygiene level is one of their main priorities as the place is a clean establishment for the residents to live and for me to work effectively”. Equipment,

## Is the service safe?

such as hoists and stand aids, were regularly checked and maintained. There were appropriate fire safety records and maintenance certificates for the premises and equipment in place.

# Is the service effective?

## Our findings

At our inspection on 5 November 2014 we found people living with dementia, were not supported with information to help orientate them to day and date. Menus were not available to help remind people of the lunch choices. There were no records of when people and their families had been involved in the planning of their care. People's consent had not been sought and care records were not kept securely. The front door was locked and the code was not available for people who had the ability to manage their own safety.

We found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we checked if the provider had made the necessary improvements to comply with the regulation. We found the service had purchased a clock to display the time and date in the main lounge to help orientate people to the day and time. The registered manager told us that people had not responded to the clock and another one had been ordered that would be better suited to people's needs. Menus were on display and staff reminded people at lunchtime of the meals they had chosen. This supported the needs of people living with dementia.

People were asked to sign to give their consent to their care plans and for photographs being displayed in their care records. People's care records were stored in the staff room, which at the last inspection was unlocked. At this inspection we found that the door had been fitted with a coded lock and this meant people's information was kept securely.

At the last inspection the front door was locked and the code was not available for people who had the ability to go outside independently. Since the last inspection the service had carried out individual assessments of everyone's needs in relation to their safely outside of the main building.

The service had ordered a new locking system for the main door, which could be opened by either using the key pad or by individual people's finger print being programmed into the system. We were advised that this would be fitted

within two weeks of our inspection. This would enable individual people who had been assessed as able to manage their own safety, and wished to go out on their own, to unlock the front door by touching a pad.

There was a secure courtyard area in the middle of the building, with doors opening out from the lounge and a door from the corridor on the ground floor. People were not able to go out into this courtyard without staff assistance because the cobbles were difficult for people to walk on, particularly with walking frames or wheelchairs. At this inspection the courtyard was in the process of being covered with wooden decking and ramps from the external doors. The registered manager told us once this work was completed the doors into the courtyard would be left unlocked so people could go in and out independently. We also saw that a greenhouse in the grounds was being converted into a sun lounge where people could sit outside while still being protected from the sun or adverse weather conditions. This meant people would have access to appropriate outdoor areas.

People and visitors spoke positively about staff and said staff had the knowledge and skills to meet people's needs. Healthcare professionals told us, "Have always found staff to be knowledgeable and caring about the residents" and "The manager/nursing staff have a comprehensive, detailed knowledge and understanding of people's needs and clearly demonstrate that they know their client's in an in-depth manner".

Care records confirmed people had access to health care professionals to meet their specific needs. This included staff arranging for opticians, dentists and chiropodists to visit the service as well as working closely with healthcare professionals. A local GP told us they visited the service weekly to discuss people's health needs. They said, "We hold joint nursing home ward rounds where we discuss all residents and visit proactively anyone that nurses are concerned about, or those who wish to see me".

Relatives told us staff kept them informed of any changes or concerns about people's health. One relative said, "I have just come back from holiday but was informed straight away that mum had been ill. I would rather have her here than in hospital".

The service monitored people's weight in line with their nutritional assessment. Some people had their food and fluid intake monitored each day and records were



## Is the service effective?

completed by staff. These records were checked daily by a nurse to ensure people were appropriately nourished and hydrated. People were provided with drinks throughout the day of the inspection and at the lunch tables. People we observed in their bedrooms all had access to drinks.

We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. People told us they enjoyed their meals and staff asked if they wanted any more. Some people took up the offer of a second dessert. Staff assisted one person who had impaired vision to eat their meal. The staff member spoke with the person throughout, advising them what they were doing and reassuring them.

People and their relatives said about the meals, “The food is very good and I can have it in my room when one of my relatives visit”, “If there is something I don’t like they get me something else”, “Mum can have her meals in her room which come covered and hot” and “There is enough food, but sometimes mum just wants soup which is brought to her in a ‘feeder cup’ so she can manage independently”.

Staff completed an induction when they commenced employment. The service was developing a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary and familiarisation with the service and the organisation’s policies and procedures. There was also a period of working alongside more experienced staff until the worker felt confident to work alone.

Staff told us there were good opportunities for obtaining additional qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. One member of staff told us, “There is lots of training”. Staff told us they felt supported by the registered manager and head of care and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

The registered manager was aware of changes to the legislation following a recent court ruling. This ruling widened the criteria for where someone may be considered to be deprived of their liberty. We saw the service continually assessed any restrictions placed on people and removed them when circumstances changed. For example, one person had a pressure mat in their bedroom to alert staff if they moved around. However, the person was aware of the mat and tried to ‘step over’ it which put them at risk of falls, so the pressure mat was removed. The service did not have anyone who required a DoLS authorisation.



# Is the service caring?

## Our findings

On the day of our inspection there was a calm and relaxed atmosphere. We observed people had a good rapport with staff. People and visitors told us staff were kind and attentive to their needs. Staff interacted with people in a caring way, appropriate to people's individual needs. People told us, "You don't get treated as an old person", "They [staff] look after you so well". A relative said, "Yes, the care is very good. I wouldn't put my dad anywhere else. We looked at a few homes but chose this one because of the atmosphere".

Staff were enthusiastic about their work and told us they thought people were well cared for. Staff told us, "We [staff] love coming in to see the residents" and "Residents are looked after well".

The care we saw provided throughout the inspection was appropriate to people's needs and staff responded to people in a kind and sensitive manner. Staff interacted with people respectfully chatting to them while they provided care and support. For example at lunchtime staff helped people who required assistance with eating their meal. Staff were patient and supported the person at their pace, explaining what they were doing and sitting next to them so they could maintain eye contact.

Some people had a diagnosis of dementia or suffered memory difficulties and their ability to make daily decisions and be involved in their care could fluctuate. The service had worked with relatives to develop life histories to understand the choices people would have previously

made about their daily lives. Staff had a good understanding of people's needs and used this knowledge to enable people to be involved in decisions about their daily lives wherever possible. Care records detailed the type of daily decisions people could make for themselves to help ensure people were involved in making their own decisions wherever possible.

Everyone told us staff respected their privacy and knocked on their bedroom door before entering. People told us doors and curtains were closed when staff supported them with personal care in their room. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People were able to make choices about their daily lives. Some people used the lounges and dining room and others chose to spend time in their own rooms. Individual care plans recorded people's choices and preferred routines for assistance with their personal care and daily living. Staff asked people where they wanted to spend their time and what they wanted to eat and drink. People said they chose what time they got up, when they went to bed and how they spent their day. One person told us they liked to have breakfast in bed and staff provided this for them.

People were supported to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounges and dining room or in their own room.

# Is the service responsive?

## Our findings

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their wishes and expectations. The registered manager made decisions about any new admissions by balancing the needs of a new person with the needs of the people already living at Penhellis Nursing Home.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were informative and accurately reflected the needs of the people we spoke with and observed. They were reviewed monthly or as people's needs changed. Where people lacked the capacity to consent to their care plans staff involved family members in writing and reviewing care plans. Most relatives we spoke with were aware of people's care plans and told us they were invited to reviews. When relatives were involved in reviews this was recorded in the person's care records.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at Penhellis Nursing Home. Staff told us care plans were informative and gave them the guidance they needed to care for people. For example one person's care plan described in detail how staff should assist the person with their personal care including that the person could wash their own face and hands.

The service employed an activities co-ordinator who had recently reduced their hours to two days a week. A second activities co-ordinator had been appointed to work the other three days each week. People had the opportunity to take part in a range of group and individual activities of their choice and they were given a daily activity sheet for

the month. These included regular church services, quizzes, craft work and weekly music sessions. People told us about the activities, "I go out once a week with my family for a meal"; "My favourite activity is when Bracken the dog visits. When he comes into my room he is all over me". The activities co-ordinator visited people who stayed in their rooms to advise them of the activity for the day and to spend one-to-one time talking with them. This ensured that people who may not wish to join in group activities or wished to stay in their room were not socially isolated.

In the afternoon we observed 17 people in the lounge taking part in a quiz. They either wrote down or shouted out their answers depending on what suited them best. After this there was a music quiz where the residents were asked what the title of the music was being played and who sang it. Everyone seemed to enjoy and participate in these activities. We also saw one person who was having their nails painted by a member of staff.

Staff told us they encouraged people to use their skills and people also told us they were actively encouraged to pursue their hobbies and interests. One person proudly showed us two cushions they had embroidered. A relative said, "My dad loves to talk about the war and he has photos and pictures around the room". The service had a well presented reminiscence lounge on the first room with furnishings, decoration and items such as an old telephone and radio.

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. Although, most said they had not found the need to raise a complaint or concern. One person told us, "I have raised a few issues which were acted upon".

# Is the service well-led?

## Our findings

At our inspection on 5 November 2014 we found that people, visitors and staff did not find the registered manager approachable. People did not feel involved in how the service was run.

We found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the registered manager had taken this feedback on board and had changed her routine so she walked around the service each day. This enabled her to chat with people and give them the opportunity to express their views of the running of the service. People, visitors and staff told us they found the registered manager supportive and approachable. Staff said, “Good team work”, “Management are so approachable” and “They are a good organisation to work for and I feel they are always striving to improve”.

Questionnaires had been given out to people, their families and staff to ask for their feedback of the service provided. Comments from people and their families had been positive about the service. People we asked for their feedback on the activities on offer and for any suggestions for different activities.

Staff survey comments included, “[registered manager’s name] has always been approachable and supportive with

any issues raised, excellent listener”, “they [management] were really helpful in changing my hours to fit with my childcare arrangements”, “[registered manager’s name] is very supportive towards all staff” and “Head of care very supportive doing of period of personal problems”.

The service worked in partnership with other professionals to make sure people received appropriate support to meet their needs as well as asking for feedback about the care provided. Healthcare professionals told us, “I have found the care staff and manager are very open to feedback and sharing constructive advice and support from our team” and “If I had to move to residential care I would consider myself to have done well to be there”.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the day to day running of home. They were supported by a clinical lead, who managed the nurses, and the head of care, who managed the care staff. There were also senior care workers who organised the shifts and allocated staff to specific people to care for each day. One member of staff said, “Everything is so organised, we know what we are doing”.

The registered manager, head of care and the clinical lead completed a variety of regular audits to assess and monitor the quality of care provided at Penhellis. These included audits of medicines, care plans, incidents and accidents, infection control processes and health and safety procedures.