

MPS Care (Hayle) Limited

Penmeneth House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Penmeneth House provides accommodation with personal care for up to 14 people. There were 14 predominantly older people using the service at the time of our inspection. The service is an older style property over two floors with a range of communal areas. These included dining spaces and lounges.

People's experience of using this service and what we found:

The medicines system was not managed effectively. Some medicines records did not tally with what was in stock. Medicines which were handwritten on to medicine administration records were not countersigned by two members of staff to confirm instructions were correct. Medicines that required cold storage were not being monitored and staff were not observing people take all their medicines. Some staff had received training in medicines management. However, it is a concern that the issues as described had not been identified by the management team to ensure ongoing safe practice.

Staff were not always recruited appropriately. For example, suitable references were not always obtained when new staff had previously worked in a caring capacity.

The service was generally managed effectively. However, systems to monitor service delivery were not always satisfactory. For example, medicine audits had not picked up concerns and recommended changes to the system to address the issues found at this inspection.

The provider and registered manager took over the management of Penmeneth House in November 2018. They had implemented new systems, such as care plans and risk assessments. Staff felt the electronic care plan system that was implemented ensured staff knew more clearly how people wished to be supported. Comments included "Systems are better, more organised".

Staff felt supported by the management team and communication had improved. Comments included, "Love it here, staff nice, management you can raise issues" "Staff morale is quite good" and "Things are better. Good management support, more approachable."

People were positive about the new management. Some people said they would like more communication. Some people felt a residents meeting would be beneficial, so they could all share ideas and suggestions about the service.

One person told us, "All very nice here." Relatives told us, "Staff are fantastic. They really communicate. They have tried to make it so welcoming and "Nothing is too much trouble."

People, relatives and staff felt that staffing levels in the service were satisfactory at all times. We observed people receiving prompt support from care staff when required. People said they were happy with the support they received, and they did not have to wait too long.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.

There were systems and processes in place to monitor the Mental Capacity Act, and associated Deprivation of Liberty Safeguards assessments and records.

Staff had received appropriate training and support to enable them to carry out their roles safely.

The food provided by the service was enjoyed by people.

People told us they enjoyed the opportunity to participate in some activities at Penmeneth house and spent time within the wider community.

People received care and support that was individual to their needs and wishes. Care plans were regularly reviewed and updated and were an accurate reflection of people's needs and wishes.

The service is an old house that has only has one bathroom. People told us that this could impact on when they chose to have a bath as there was a lack of bathroom facilities. The provider was aware of the impact for people and stated the lack of bathing facilities would be reviewed. We have made a recommendation about this in the effective section of the report.

Risk assessments provided staff with sufficient guidance and direction to provide person-centred care and support.

We observed many kind and caring interactions between staff and people. Staff spent time chatting with people as they moved around the service.

A complaints process and procedure was available to people. The manager told us there were no on-going complaints at the time of this inspection.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

People, relatives and staff had confidence in the management of the service.

Rating at last inspection and update:

The last rating for this service was Good (published 27 February 2017) when registered under the provider Mr & Mrs Richards. Since this rating was awarded the provider and registered manager has changed.

Why we inspected:

This was the first planned comprehensive inspection of the service. This service has an overall rating of requires Improvement.

We have found evidence that the provider needs to make improvements. Please see Safe, Effective and Well-led section of the report.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Enforcement

We have identified breaches in relation to staff recruitment, medicines, quality assurance and governance at this inspection. You can see what action we have asked the provider to take at the end of this full report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
please see detailed section below.

Good ●

Is the service caring?

The service was caring
Please see detailed section below.

Good ●

Is the service responsive?

The service was responsive.
please see detailed section below.

Good ●

Is the service well-led?

The service was not always well led.
Please see detailed section below

Requires Improvement ●

Penmeneth House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by two inspectors.

Service and service type:

Penmeneth house is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did before the inspection:

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We used all this information to plan our inspection.

The provider had not been requested to complete a provider information return prior to the inspection.

During the inspection:

We spoke with six people who used the service, four relatives, five staff members, the care lead, deputy manager, the registered manager and the provider. We reviewed the care records for three people and medication records for the people who used the service. We reviewed records of accidents, incidents, staff

recruitment, training and support as well as audits and quality assurance reports. Some people were not able to tell us verbally about their experience of living at Penmeneth House. Therefore, we observed the interactions between people and the staff supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe –this means we looked for evidence that people were protected from abuse and avoidable harm

At this inspection this key question was rated as requires improvement. This meant people were not always safe and were at risk of avoidable harm.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff spent time with people helping them with tasks. Two care workers and a manager were on duty throughout the week day. At weekends this is increased to three carers. At night two waking night staff are on duty. An on-call manager rota was in place when no manager was at the service.
- There were no staff vacancies at the time of this inspection.
- People had access to call bells to summon assistance when needed. People told us staff responded promptly when they called for assistance.
- Staff were not always recruited safely to ensure they were suitable to work in the care sector. For example, there were gaps in employment histories with no evidence the registered provider had investigated to identify the reasons for the gaps. References were not always sought from previous employers when staff had previously worked with vulnerable adults. However there was evidence the registered provider had obtained a Disclosure and Barring check for all staff.

The failure to ensure staff are recruited appropriately is a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Using medicines safely

- Systems for administering, storage and monitoring medicines were not always safe. Medicines which required regular administration were accounted for. However, medicines that were prescribed as PRN (as required) did not tally with the Medicines Administration Records (MAR) records held.
- Medicines which require stricter conditions for storage and administration were reviewed. We found medicines were recorded in the controlled drugs book but there was no entry of a person being prescribed these medicines on the MAR records. This meant staff may not know it was available for the persons use, if needed.
- When staff made handwritten entries on MAR sheets (called transcribing), this was not witnessed by two staff to ensure that the medicine prescribed and instructions for use were recorded accurately. This process must be followed to minimise medicine errors.
- Medicines which required cold storage were stored in a fridge. However, the fridge temperature had not been recorded since the 24 August 2019. Therefore, it was not certain if the cold storage of medicines had been assured.
- We observed, and people told us, that they were not observed taking all their medicines, in particular pain relief or calcium tablets. This meant there was a risk that people may not take them or someone else could gain access to the medicines.

- Staff had received training in medicines management. However, it is a concern that the issues as described above had not been identified by the management team to ensure ongoing safe practice.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate the medicines' system was managed safely. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse.

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. Appropriate safeguarding concerns had been shared by the service with the local authority safeguarding unit.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse.
- People told us they felt safe and well cared for.
- The service supported some people to manage some aspects of their finances. There were appropriate procedures and systems in place to protect these individuals from financial abuse.

Assessing risk, safety monitoring and management

- Risks were identified, assessed monitored and regularly reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence.
- Where people presented with behaviour that challenged staff and other people there was guidance and direction for staff in care plans, on how to help reduce the risk of this behaviour.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

Preventing and controlling infection

- The service appeared clean and was free from malodours.
- Suitable measures were taken to minimise the risk of infection. The building, carpets and furnishings were all very clean. The home smelled fresh. Cleaning staff were employed, and suitable routines were in place to ensure cleaning and infection control standards were maintained to a high standard.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Issues raised by people or their families had been listened to and addressed. For example, some people had raised concerns regarding the hot water in the service not reaching certain bedrooms. The provider sourced an external contractor to ensure that new boilers were fitted to resolve this issue.

Is the service effective?

Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At this inspection this key question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were gathered prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- People and their relatives told us that they were fully involved in the pre-admission process.
- Care plans showed people's needs had been robustly assessed and planned for. Clear guidance and direction were provided for staff on how to meet those needs.

Staff support: induction, training, skills and experience

- Relatives told us they found staff were competent and skilled and they had no concerns about the care and support provided.
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.
- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Training methods included face to face training and competency assessments. Specialist training was completed by external organisations such as epilepsy, first aid and fire.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meetings were held to enable staff to raise any issues and share ideas. Staff told us they were well supported by management.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assisted people to maintain good nutrition and hydration, encouraging them to eat a well-balanced diet and make healthy eating choices.
- Relatives had informed the service of people's food likes/dislikes and these were catered for.
- People were offered a choice of food and drink.
- People told us they enjoyed the food provided. People told us, "Very good food" and "Good portions, and its hot"
- Some people required support with their meals and staff were available to provide this assistance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- There were processes for managing MCA and DoLS information and there were accurate records held of which people had DoLS authorisations.
- There were two authorisations in place at the time of this inspection, any conditions were being supported and recorded.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.
- People told us staff always asked for their consent before commencing any care tasks.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Families were given the opportunity to be involved in people's care plan reviews.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were encouraged to attend regular health appointments, including the GP, dental examinations and vision checks.
- A relative told us that when their family member complained of pain staff responded promptly and sought medical advice.
- The service worked with other agencies to help ensure the person's needs were met. When staff recognised changes in the person's health or wellbeing this was reported to managers. Records showed appropriate and timely referrals had been made to health professionals for assistance.
- Multi-disciplinary notes were seen in people's care plans. Some people saw specialist nurses and social workers as required.

Adapting service, design, decoration to meet people's needs

- One person wanted to remain in their bedroom but had difficulty managing a few stairs leading to their room. The provider installed a chair lift so that the person could safely access their bedroom.
- The service is an old house that has only has one bathroom. People told us that this could impact on when they chose to have a bath as there was a lack of bathroom facilities. The provider was aware of the impact for people and stated the lack of bathing facilities would be reviewed.

We recommend the provider takes steps to assess and review bathing facilities and the impact this has caused for people.

- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- People did not have their names displayed on their bedroom door to help them identify their own rooms. There was little pictorial signage on the toilets/bathrooms. This did not assist people, living with dementia, to identify their surroundings more easily.
- As bedrooms became vacant they were redecorated and updated. The provider was aware that some

areas of the service needed refurbishing and redecoration. There was a programme of renovation and redecoration of the service in progress.

Is the service caring?

Our findings

Caring –this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At this inspection this key question was rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- We observed many kind and caring interactions between people and staff. For example, staff regularly checking with people that they were comfortable or if they wished to move to another area or back to their rooms.
- Without exception people told us they felt the service provided good care.
- The service was aware of how important it is to meet people's individual needs. For example, one person liked to spend time outside of the service. They needed two staff to support them in the community. The manager increased staffing levels to ensure the person had the opportunity to go out, and the service remained staffed at its correct levels.
- Relatives told us "Staff are fantastic. They really communicate. They have tried to make it so welcoming and "Nothing is too much trouble."
- Staff had been provided with training to help ensure people's rights were protected at the service.

Supporting people to express their views and be involved in making decisions about their care.

- People told us they felt able to speak with staff about anything they wished to discuss. Relatives felt able to raise any issues with the provider, registered manager or care staff.
- Care plans did not clearly indicate that people had been involved in their own care plan reviews. The registered manager assured us people and their families were provided with the opportunity to be involved with care plan reviews if they wished.
- The registered manager told us people's views had been sought about their choice of décor when rooms were re-decorated and there had been discussions with people, around the use of a lounge/dining area.

Respecting and promoting people's privacy, dignity and independence

- Care staff were person-centred in their interactions with people. They knew people well and held relevant conversations with people throughout the inspection visit.
- People were supported to maintain and develop relationships with those close to them. Relatives were regularly updated about people's wellbeing and progress.
- People told us they felt respected. We observed staff respecting people's wishes.

Is the service responsive?

Our findings

Responsive –this means we looked for evidence that the service met people's needs.

At this inspection this key question was rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a good understanding of people's individual needs and provided personalised care.
- Care plans described people's individual needs, preferences and routines. Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs.
- People told us staff responded to their requests for assistance promptly.
- Daily notes reflected the care and support people had received. Details of how the person spent their day were also recorded.
- Some people had been assessed as requiring pressure relieving mattresses. These were provided and set correctly for the person using them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An activity coordinator was employed 15 hours a week. Activities were provided for people. Games and crafts were available. Some external entertainers visited the service.
- People were pleased with the activities provided, for example in house activities such as quizzes, skittles and reminiscence work. People were also supported to participate in local activities such as the TLC (Tea, laugh and cake) group which they enjoyed. People were also offered a choice of having their hair done at Penmeneth house or at the local hairdressers. A relative told us "The local primary school came in last week, she (relative) loved that."
- Visitors were encouraged at any time. Comments included, "The staff are friendly. I can also bring the dogs in to visit."

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service.

- We were told there were no formal complaints in process.
- Relatives and people were aware of the complaints process. They told us they felt confident to raise any issues with the management team or staff.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection. There were systems and procedures in place to enable people's wishes and preferences in relation to end of life care to be recorded.

Is the service well-led?

Our findings

Well-Led –this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At this inspection this key question was rated as requires improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- People had not been assured services were free from risk and were of good quality. The provider and manager had failed to have effective systems which identified concerns with the quality and safety of care and services. For example, we identified concerns about staff recruitment and medicine management. These concerns have failed to be identified by the provider's quality and monitoring systems.

The provider's failure to establish satisfactory governance arrangements is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was previously registered under the provider Mr & Mrs Richards. They remain the owners of the property. In November 2018 a new provider and registered manager were registered with the Commission and they lease the property from the owners. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- The provider and registered manager had implemented new systems, such as care plans and risk assessments. Staff felt the electronic care plan system that was implemented ensured staff knew more clearly how people wished to be supported. Comments included "Systems are better, more organised".
- Staff felt supported by the management team and that communication had improved. Comments included, "Love it here, staff nice, management you can raise issues", "Staff morale is quite good" and "Things are better. Good management support, more approachable."
- Managers had oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and all staff demonstrated a thorough understanding of people's differences and individual preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.
- When something had been identified as not having gone as well as expected, this was recognised, discussed and a plan made to help ensure the event did not re-occur.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- Some people said they would like more communication. They were aware that the manager was available and had responded to their queries. However, some people felt a residents meeting would be beneficial, so they could all share ideas and suggestions about the service. The registered manager told us that he had planned to implement this.
- The registered manager had planned to ask for official feedback from people and relatives and staff following its first anniversary of running the service.

Continuous learning and improving care

- The provider and registered manager stated they met regularly to support shared learning and share information about the organisation. However, these meetings were not recorded.
- The registered manager said he was open to feedback and felt this was important, so the service could develop and improve. People, their relatives and staff who we spoke with were all positive about their experiences of the service.

Working in partnership with others

- The service had positive links with statutory bodies such as health service teams.
- Records clearly demonstrated where external health and social care professionals had been involved in people's care and support.
- People had opportunities to maintain positive links with their community, families and friends. People's relatives said they always felt welcome to visit and were able to visit or telephone at any time.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The medication system was not managed effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audit systems were not satisfactory. For example, we found that medicines' audits had failed to pick up concerns we found about the medicines' system being managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had failed to ensure satisfactory recruitment procedures were followed when recruiting staff.