YMICARE Limited

Pennsylvania House

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The unannounced inspection visits took place on 8 and 17 February 2015. The visit on the 8 February was on a Sunday.

Our inspection on 23 May 2014 found that people's care and welfare, the handling of people's medicines and the home environment posed a potential risk to people. Our following inspection on 05 September 2014 found people's care and welfare and medicine management posed no risk. We did not inspect the environment during that visit but they had submitted an action plan that addressed the issues. During this inspection we checked what they had done and found the environment was now safe.

Pennsylvania House is registered to provide accommodation with personal care for up to 25 people. It offers a service for people who may have dementia, mental health needs or learning disabilities. People's health needs are met through the community health services, such as community nurses. There were 24 people using the service at the time of our first visit.

Summary of findings

Pennsylvania House has a registered manager. 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.

People's safety was promoted through the staffing arrangements. These ensured that skilled and experienced staff were provided in sufficient numbers to meet people's needs. Staff were able to be as flexible as necessary, such as when an unexpected incident happened. Staff recruitment checks were robust so that only staff suitable to work in a care home were employed.

People were protected from abuse because staff understood the types of abuse and how to alert concerns. Staff practice was closely monitored and any shortfalls addressed. Risks to people's health and welfare were assessed and monitored but people were able to move freely and were supported to do as they wished in a safe way.

Medicines were managed in a safe way on people's behalf and people were protected from cross-contamination and unhygienic conditions. This included a new sluicing facility, staff training and equipment.

Staff received a range of training which supported them to understand and meet people's needs. Staff received supervision of their work and felt well supported by more experienced staff and the registered manager.

People, or family on their behalf, were fully involved in decisions about their care and the staff understood legal requirements to make sure people's rights were protected.

People received a varied and nutritious diet which they enjoyed. People's diet was closely monitored to ensure they received food and fluids necessary for their welfare.

People's health care needs were understood and met. Health care professionals praised the care provided at the home and a social worker said, "Things improved dramatically" for one of their clients when they moved to the home.

The environment was homely, adequately maintained and people were able to influence the décor. There had been much upgrading and plans included more emphasis on adaptations for people living with dementia.

People were treated with great respect and dignity in the way they were consulted, supported and helped to feel valued. This started from staff induction and continued as integral to the ethos of the home. A community nurse described "Total compassion and commitment" by the staff. End of life care included support for people's families and recognising the little personal things that make a difference, such as fresh flowers on the bed when bereaved family visited.

The assessment and the planning of people's care were thorough and ensured staff had good information of people's individual needs and preferences. People had a variety of activities available to them and the staffing arrangements helped to provide a flexible approach, such as taking two people out for a pub meal.

People's views were sought through a variety of methods, including surveys, complaints and care planning reviews but mostly through the availability of the registered provider, registered manager and deputy managers who were available throughout the week and week end.

There was a strong culture of respect at the home led from the top. The registered manager was dynamic in her approach to monitoring the quality of the service people received and she received the support required from the registered provider and the deputy managers she had trained.

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.

Staff understood how to protect people from abuse and protect them from avoidable harm.

There were sufficient staff to meet people's individual needs and provide flexibility to promote their well-being.

Medicines were handled in people's best interest and recruitment was robust so that only staff suitable to work in a care home were employed.

Risks were assessed and managed in a way that provided safety but without undue restrictions on people.

People were protected from preventable infections

Good

Is the service effective?
The service was effective.

The home environment met individual needs and was homely.

Staff were trained, supervised and supported to provide the care and support people needed.

People's health and care needs were met and their health promoted.

People received a balanced and varied diet.

People, or family on their behalf, were fully involved in decisions about their care and the staff understood legal requirements to make sure people's rights were protected.

Good

Is the service caring?
The service was caring.

Staff understood people as individuals of worth. They showed commitment and compassion in their role. People were treated with dignity and respect. If additional time was required to do this it was provided without hesitation.

There was a strong family atmosphere at the home.

End of life care was provided to a very high standard and included supporting people's families. A community nurse described "Total compassion and commitment" by the staff.

Outstanding

Is the service responsive?
The service was responsive.

The standard of care assessment and planning was high. This enabled staff to provide person centred care in a consistent way.

Staff understood people's needs well and ensured their individuality was supported.

Good

Summary of findings

People were able to engage in a variety of activities of interest to them.

There were many ways in which people's views were sought and responded to, including complaints management and the availability of the registered manager.

Is the service well-led?

Good

The service was well led.

There was a culture of respect for people using the service and the staff employed.

There was a strong emphasis on quality monitoring so that standards were maintained according to expectations.

The home's staffing and management structure and arrangements ensured accountability. Staff responsibilities were understood and met.

Pennsylvania House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 8 and 17 of February 2015. The visits were unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. Before our inspection, we reviewed the information in the PIR along with information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

Most people using the service were unable to verbally share with us their experiences of life at the home. This was because of their dementia/complex needs. We therefore 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.

During our visit we spoke to three people who used the service, four people's families/visitors, six staff, the registered and deputy managers and the representatives of the provider organisation. We looked at records which related to three people's individual care and three people's medicine records. We looked at three staffing records and records which related to the running of the home, such as staffing rotas, training records, equipment and utilities servicing records and quality monitoring audits. We spoke to three community nurses and three social care professionals during the inspection to ask their views about the service.

Good

Is the service safe?

Our findings

People received their medicines as prescribed and were protected by the way medicines were managed on their behalf. The home used a monitored dosage system which reduced the risk of mistakes. Only senior staff who had received training administered people's tablets. Medicines were stored within a locked cupboard. However, more than one senior member of staff held keys for that cupboard so it would be more difficult to identify who had dealt with the medicines should there be a problem. However, there were several medicine safety checks in place. For example, staff signatures could be checked against the staff name, codes were used where a medicine was not taken for some reason, body maps were used to clearly define where creams needed application and two staff signed every hand written entry on the medicine administration record. Medicine administration records were clear and we saw how medicines were checked into and out of the home to monitor their use.

People appeared relaxed in the home in that they responded positively to staff engaging with them and providing the care and support they needed. People were safeguarded from abuse. Staff said they received training in the safeguarding of adults and staff training records confirmed this. Staff demonstrated a good understanding of what might constitute abuse and described how they would take any concerns to a deputy or the registered manager. A care worker new to the home spoke of how the neglect of people would also be a form of abuse. They said the deputy manager talked about safeguarding people with them as part of their induction.

Staff knew they could report concerns, should they be unhappy with the registered manager's response, to the provider organisation. They understood they should take concerns to the local authority, police and the Care Quality Commission (CQC) if they felt the concerns were not being dealt with within the home. Staff knew where to find information on safeguarding and whistle blowing and how to alert any concerns which might indicate poor care or abuse. The registered manager and provider demonstrated a clear understanding of their safeguarding role and responsibilities and where they were requested to investigate concerns they did so thoroughly.

Risks to individual people were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, there were risk assessments for the prevention of falls, skin damage from pressure, monitoring of diet and moving people safely. Risk reduction strategies were translated into people's care plans and care delivery. For example, one person had a bespoke pressure relief cover for their seating.

Equipment was regularly serviced and kept in a fit state for use. Staff confirmed they had no concerns about the equipment provided and they were always shown how to use it in a safe way.

People's needs were met in a safe way through the staffing arrangements, which were based on people's individual needs. Our Sunday morning visit found two deputy managers, four care workers and a 'general' staff member whose role was to oversee people's breakfasts and drinks during the morning. In addition, a cook and kitchen assistant were on duty. People were being supported without rush or hurry; the home was calm and relaxed. Staff were available to provide assistance as needed and to ensure people's safety. Staff and people's families felt there were enough staff to meet people's needs. An unexpected event, requiring immediate attention, during our visit did not adversely affect the care other people received because there were enough staff to manage the situation. A community nurse confirmed there were always staff available to help or provide information when they visited.

There were robust recruitment and selection processes in place. Recently recruited staff confirmed they were unable to start work at the home until recruitment checks had been completed. Staff files for the most recently recruited staff included completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work with people using the service.

People were protected from unhygienic conditions and cross contamination. We had received one anonymous complaint and a 'whistle blow' from an anonymous source which included information about a lack of cleanliness at the home. Although some furniture was a little stained, the home was clean and there were no unpleasant odours. The

Good

Is the service safe?

registered provider told us most sitting room chairs had been replaced in the last 12 months and there was a regular cleaning programme in place. A community nurse said they always found people's rooms clean and tidy and one person's family commented that, should a bed need changing, this was done straight away. The provider had just completed a sluice facility and was upgrading the home with a 'wet room'. Staff received infection control training and were observed using the personal protective equipment available to them to reduce any likelihood of cross contamination. A deputy manager and care worker spoke of raising any issue of poor practice, such as glove use, with staff so that this would be addressed straight away should it occur.

Good

Is the service effective?

Our findings

People's families spoke highly of the care provided. Their comments included, "The home looked after her very well." They told us dental, foot and eye care was arranged for people and people's records confirmed this. Health and social care professionals said they had no concerns about the care provided and three community nurses praised the care provided. They said the staff "definitely" contacted the community nurses quickly enough when necessary, knew the people in their care well and met people's needs "with enthusiasm". Staff said people were always present, and their involvement was encouraged, when their care and care options were reviewed and families and health care professionals were also offered the opportunity to participate.

Staff appeared competent when providing care and support to people. They were trained and supported in their role. Staff said the training they received gave them the information they required to do their work. A care worker, new to the role, said they were "really happy with the training". They described how the training covered topics such as moving people safely, but also "the way older people want you to (assist) them." They described how they were only allowed to observe at first and then, as they gained confidence and competence, they were allowed to provide some care.

Staff were encouraged to obtain qualifications in care. The registered manager and provider showed a commitment to assisting staff to advance in their career. For example, both deputy managers had achieved National Vocational Qualification to level 4. The home's training matrix included food hygiene, fire safety and moving people safely, as well as training relevant to the individual needs of people. This included conflict resolution, eye care and dementia awareness. Staff were receiving training in infection prevention and control, from an external training provider during our inspection. The registered manager actively looked to extend opportunities for staff training. For example, an opportunity for additional training in continence was being taken advantage of.

Staff were fully supported in their role. Staff spoke of their regular supervision and support. A deputy manager told us they monitored staff performance, training and supervision "every two months and at a yearly appraisal." A new care worker, asked if she felt supported said, "Yes, definitely."

Asked about the food one person said, "All very nice." One person's family said the food was very good, adding "(The person) always ate well." A social worker told us people they visited always commented about the nice food they received.

People had a wide choice of food available to them and a picture book of the menu helped people who might be unable to make that choice otherwise. The second day of our inspection there were three choices of food available at lunch time; a fish dish, jacket potato or salad. All were nicely presented. There were two lunch sittings at the home, the first for people requiring assistance to eat. Staff accurately recorded what people had been offered to eat and what they actually ate. People's weight was recorded and action taken if there were concerns about it, for example, if they were losing weight. People were provided with regular drinks and given encouragement, where necessary, to take enough fluids.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We saw that end of life care decisions were in place, such as whether the person wanted active intervention in the event of collapse, and GPs had discussed this with people.

Where people did not have the capacity to make particular decisions about their care and support due to their health condition, there was evidence of staff supporting people to understand. For example, staff explained to one person the consequences of them refusing personal care. They knew how to encourage them whilst responding to their preference not to receive care. A social worker said how well the home had managed another person who wished to live in a way which some would consider neglectful. Staff explained how medical decisions were made following a capacity assessment by the health care professional providing that medical care, for example, community nurses giving winter flu jabs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection

Good

Is the service effective?

for those vulnerable people who are, or may become, deprived of their liberty. The home had felt it necessary to make some applications following a Supreme Court judgement on 19 March 2014 which had widened and clarified the definition of deprivation of liberty. These applications had not yet been assessed by the local authority. However, no people were being deprived of their liberty when we visited. We were told that if a person wanted to leave the home they could and if necessary for their protection a member of staff would offer to accompany them. The home had sufficient staff to achieve this.

People appeared comfortable and relaxed in the home environment and one person was able to confirm they had what they needed in their room. People were supported to make decisions about the décor of their room. For example, one person was taken to a shop to choose wall paper and soft furnishings and they were very pleased with the result.

The environment was homely and the variety of rooms available for people's use provided areas for quiet time or activities, as we observed. However, some of the environment did not promote the well-being of people living with dementia. For example, the dining room was poorly lit. The registered manager described how the home layout adversely affected the lighting options in that area. She took immediate steps to get information about environmental adaptations for people living with dementia. The home did have physical adaptations, for example, hand rails, to promote physical independence and a wet room was nearing completion.

Outstanding ☆

Is the service caring?

Our findings

Staff were caring and kind. We saw many examples of a kind word, gentle touch to wake somebody, kneeling to talk to a person and responding to people's requests and anxieties. One person's family told us, "We're so happy with (my family) being there. She sounds very, very happy. Wonderful, wonderful crew there." A person using the service told us staff were kind and she felt safe.

People's privacy and dignity were upheld. Care workers told us they would be discreet, for example, when they recognised a person needed their hygiene needs met, such as a change of clothes. They said that if a person refused that help they would return a while later or ask another care worker who might be more successful. We found that personal care was delivered in private.

People were treated with respect. When talking to an individual staff used their name; they did not make impersonal announcements to a group of people but spoke to people individually. Staff explained how some people preferred specific staff to attend to their needs and this preference was met whenever possible. Staff training included equality and diversity and staff knew that people's individual life preferences were to be supported, for example, any faith needs.

People were supported to express their views. For example, there were picture books available to help people make decisions. These included the activities available and menu choices. Staff said people were always included in reviewing their care plan. The registered manager explained how they asked "simple questions in line with people's understanding" and provided help with "in the moment" decisions to help optimise their involvement. People's families said how well they were kept informed.

The registered manager took steps to gain people's views about the service. These included a yearly survey of opinion from people using the service, their families and health and social care professionals. The 2015 survey was about to be started. The 2014 survey included: opinion on the décor, facilities, cleanliness and accessibility of management. The results indicated people had been satisfied with those arrangements. The PIR recorded, 'We are going to introduce more resident/family and friends meetings by way of postal invitation due to poor response by use of posters, giving people the opportunity to voice their views in a more appropriate way. We will take this opportunity to discuss their views/suggestions on improving, in the main, activities to meet needs of residents more effectively.' No timescale was provided.

Pennsylvania House provides end of life care to people with the support of the community nursing teams. Comments from three community nurses included "They are genuinely upset when people die"; "They really care. You find them holding hands and they're very quick to give us a ring" and "Very compassionate carers who do have (people's) best interest at heart. Total compassion and commitment." The family of a person recently deceased said, "The home looked after her very well" and "I can't speak highly enough" of the home. They said they always found staff with their relative when they visited and could not think of anything the home could have done better.

The ethos was one of care for the family as well as the person. Staff attended people's funerals during our inspection. The PIR recorded, 'Carers also support and show compassion to relatives of those who may be near end of life and it is the home's policy that they are able to come and go as they please, stay for as long or as short as they like and also stay overnight if they wish to do so. Staff are always supported in the event of a death and in memory of the service user and in support of family and friends the room is left empty and memories are put on to the bed and table such as photos and flowers'. Photographs showed that during 2014 people's families were invited back to the home in a joint celebration of the lives of their family members who had died there.

Good

Is the service responsive?

Our findings

People's care was planned following a comprehensive assessment of their needs. Each person had a care file containing a care plan. Care plans are a tool used to inform and direct staff about people's health and social care needs. A care worker said, "They make sure people get the right care and everybody is singing from the same hymn sheet." People's care plans contained detailed information which showed a person-centred approach to their care. For example, one plan said, "(The person) will often say she wants to go to bed quite early. This is her choice but she must be (assisted with) a hot milky drink and a snack beforehand." This demonstrated that the person's vulnerability to taking insufficient drinks and diet was understood and managed.

A robust assessment of a person's needs prior to admission ensured the home only admitted people who they would be able to support fully. Two social workers stated that the registered manager always assessed people's needs and would refuse an admission if they felt those person's needs could not be met at Pennsylvania House. One person, looking at whether the home was suitable for their family member told us they had visited the home and been met by the registered manager who had been "extremely helpful". They said they had been given detailed information about the day-to-day running of the home and had received answers to all their questions.

Care files were well organised with information readily available to staff for reference. For example, dietary monitoring was done on the yellow pages of the file and so easy to find. We saw staff regularly making entries in people's care files so the information would be accurate and timely. Health and social care professional said they found people's records were well managed. One staff member told us, "Paperwork is a lot better now."

The home was responsive to people's individual needs. A social worker told us, "Things improved dramatically" for one person when they moved to the home. We were told, "(The staff) really know the residents." A care worker, explaining what made them happy about their role described the "little twinkle" from a service user who could not communicate verbally but which indicated they were happy with the help she was giving them.

Staff had a good understanding of the needs of people in their care. Frail and immobile people were protected from pressure damage, for example, through specialist equipment. People requiring assistance with eating and drinking received help and where a person was anxious we saw their anxieties were allayed when comfort and reassurance was given. One person had put themselves to bed in an unoccupied room. The registered manager left them to sleep undisturbed and told staff to check them regularly.

People were able to spend their time in a variety of activities. A community nurse commented on how frequently she saw activities in progress when she visited. She said, "They do so much for people" adding that on red nose day there was red everywhere and for breast cancer support everywhere was draped in pink. A magazine was produced called "The Weekly Sparkle" at the home which included historic events for that week and quizzes. This provided talking points for people. Two people had recently had a pub meal, we saw one playing a quiz with an activities worker; there were people reading newspapers and many visitors. Time was allotted for one-to-one sessions with people to ensure they did not become isolated. The front of the house was equipped with seating and raised planting and the people were able to walk in an enclosed park directly opposite the home. The activities worker worked at the home with people three days a week.

Each person had information in their care plan to inform staff about their past, their interests and things of importance to them. One care worker said how this helped them know how to make contact and give a focus for conversation. A community nurse said, "They have dementia off to a tee. They get in touch with where people still have memories left" and "The relationship with patients is superb."

Complaints and comments were addressed. Information was displayed for people on how to make a complaint. The complaints procedure was included in staff induction. The registered manager, registered provider and deputy managers were frequently available at the home to receive information and people's comments. The PIR recorded that there had been four complaints in the last 12 months and three had been resolved. CQC were aware of the events around the fourth complaint which is under investigation by other agencies. There had been 17 compliments about the service in the 12 months.

Good

Is the service well-led?

Our findings

People received a service which ensured their safety and well-being were promoted. This was evident from the relaxed atmosphere at the home, staff's concern for the people in their care and the effective relationships between people, their family, professional visitors, the management and staff.

The culture at the home was one of compassion and respect for the people receiving the service. Three community nurses and two social workers were very satisfied with how the home was run for their clients. Comments included "The deputies and manager really know their residents" and "Documents are 'on the ball' and the manager is very hot on things being done properly. They always work with us". A social worker asked about the culture of the home said, "Comfortable. Lived in. A family." They added that the registered manager "brings out the best in staff."

The registered provider said that the home had a family atmosphere and "everyone is included in decision making." Examples included activities and décor. A staff member said, "It feels like a home."

Every aspect of the home was monitored. Audits were regularly undertaken to ensure the home's systems were working. These included record keeping, equipment, protective clothing and medicines management. One change following audit was a need for improvements in night time recording and we were shown an improved version of a form staff were now using. A second change following audit was some senior care worker records not completed. The registered manager said this was addressed with each of the senior care workers.

Staff were clear that any drop in standards of practice would be dealt with quickly and fairly. The registered manager said that staff knew to expect her to visit "at any time". There had been a recent night time visit to check night staff were working as expected, which showed one staff member's performance was below that which was expected. Conversations with the management and staff indicated they worked in close cooperation and we observed this in practice.

An open and inclusive culture ensured the service was developed around people's needs. To this end the registered manager had good links with community services, such as social workers and health care professionals who praised the service their clients received. People had a key worker whose role included acting as advocate for them. The lines of responsibility within the home worked well, with the registered provider and registered manager supported by two deputy managers, senior care workers and care workers. Care workers said how well they were kept informed through the arrangements for communication. Staff expressed a lot of confidence in the management arrangements.

Responsibilities under the home's registration were met. The registered provider and registered manager understood their responsibilities as registered persons. For example, the CQC was notified of events such as deaths and any event which affected people using the service. Requests for information were provided within any requested timescale.