Care Quality Commission

Swallowcourt Limited

Ponsandane

Inspection report

Chyandour Terrace
Penzance
Cornwall
TR18 3LT
Tel: 01736 330063
Website: www.swallowcourt.com

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Ratings

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

Overall summary

We inspected Ponsandane on the 9 November 2015, the inspection was unannounced.

Ponsandane is part of the Swallowcourt group and is a registered nursing home for up to 58 older people. At the time of the inspection 40 people were living at the home some of whom were living with dementia. Ponsandane is required to have 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. At the time of the inspection there was no registered manager in post. However the manager was in the process of applying for the position.

At the last inspection in May 2015, we asked the provider to take action to make improvements to systems for the recording and administration of medicines and people's care and treatment. At this inspection we saw this action has been completed.

Summary of findings

People and relatives told us they considered Ponsandane to be a safe environment and that staff were skilled and competent. The premises were in a state of good repair, clean and odour free. There was a lack of signage around the building to support people to move around independently.

Pre-employment checks such as disclosure and barring system (DBS) checks and references were carried out. New employees undertook an induction before starting work to help ensure they had the relevant knowledge and skills to care for people. Training was regularly refreshed so staff had access to the most up to date information. There was a wide range of training available to help ensure staff were able to meet people's needs.

People were supported and encouraged to take part in a wide range of activities organised in the service. There were two full time activity co-ordinators employed and they worked with groups of people and with individuals. People were asked about their interests and hobbies in order to identify activities that were meaningful for them.

Systems were in place to monitor people's health and well-being regularly and effectively. When there were changes in people's health this was quickly identified and action taken to address the issue. Staff were confident there were effective systems in place to keep them up to date with people's changing needs

Staff were caring and considerate in their approach to supporting people in day to day routines. We saw positive interactions between people and staff with staff checking frequently on people's well-being. People were supported to make decisions about how and where they spent their time and maintain their independence. When people chose to spend most of their time in their rooms staff checked on their well-being regularly. The activity co-ordinators spent one to one time with people to protect them from becoming socially isolated.

Relatives and external health care professionals told us they found the service to be welcoming and open. Management were described as friendly and approachable and the staff team; "Brilliant."

There were systems in place to assess and monitor the quality of the service which involved all stakeholders. These included regular audits of all aspects of the service, care reviews, staff meetings and meetings for residents and relatives. Swallowcourt were working to make links with the local communities.

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?

Good

The service was safe. There were enough staff to meet people's needs.

Systems were in place to support the safe management of medicines.

Risk assessments were informative and guided staff as to how to help people maintain their independence.

Is the service effective?

Good

The service was effective. Staff were well trained and regularly supervised.

New employees carried out a thorough induction which included training and shadowing more experienced staff.

People had access to a healthy and varied menu.

Is the service caring?

Good

The service was caring. People chose where and how they spent their time.

Staff were aware of people's communication preferences and respected them.

Staff were kind and considerate in their approach to people.

Is the service responsive?

Good

The service was responsive. Care plans were informative and up to date.

There were two full time activity co-ordinators and people were supported to take part in a range of activities.

Complaints were dealt with promptly.

Is the service well-led?

Good

The service was well-led. There were clear lines of responsibility and accountability within the service.

Staff meetings were held regularly to allow staff to air their views regarding the running of the service.

The management team were working to establish links with the local community.

Ponsandane

Detailed findings

Background to this inspection

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

This inspection took place on 9 November 2015 and was unannounced. The inspection was carried out by one adult social care inspector and a specialist pharmacist 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. We reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we looked at three people's care plans, Medicine Administration Records (MAR) for five people, three staff records and other records in relation to the running of the home. We spoke with the manager, deputy manager and Swallowcourt's head of elder care. We also spoke with five other members of staff. We spoke with four people who lived at Ponsandane. Following the inspection we contacted five relatives and three external healthcare professionals to ask them about their experience of the care provided at Ponsandane.

Due to people's health needs we were not able to communicate verbally with everyone to find out their experience of the service. We spent some time observing people in communal areas using the Short Observational Framework Inspection (SOFI) tool. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People and their relatives told us they considered Ponsandane to be a safe environment. Comments included; “Oh yes she’s very safe.” And, “The care is good. I’m pleased with the way mum’s looked after.” External healthcare professionals also told us they considered Ponsandane a safe service.

At our focused inspection in May 2015 we found the administration and recording of medicines was not always robust. For example people were not always receiving their medicines as prescribed. This was a breach of Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw action had been taken to address these concerns. The provider had developed a new role within the service for Specialist Health Care Assistants, (HCA), to assist the nursing staff with the administration of medicines. This demonstrated the provider was able to use innovative methods to help ensure the management of medicines was carried out efficiently and safely. At the time of the inspection there were 11 Specialist HCA’s in post. On the day of our visit two nurses and two Specialist HCA’s were administering medicines. We looked at Medicine Administration Records for five people and saw there were no gaps in the records. This indicated people were receiving their medicines as prescribed. Nurses were completing daily audits of the records as an additional safeguard. We did not see any records of any delegation of task by registered nurses to the Specialist HCAs as per the Nursing and Midwifery Council (NMC) guidance. We discussed this with the manager and deputy who said they would address this immediately. By the end of our visit the deputy manager had developed a document for nurses to sign to indicate they had delegated responsibility for the administration and management of medicines to named Specialist HCA’s.

Some people had received seasonal flu vaccinations and this had been recorded appropriately. Adrenaline was available in case anyone developed an adverse reaction and staff who would be required to carry out the administration of this had received the appropriate training.

There was a dedicated medicines room which was clean and tidy with little excess stock. The temperature was being monitored to help ensure the safe storage of medicines. The temperature of the refrigerator used to store medicines was also being monitored. However the recording chart did not indicate the minimum and maximum temperatures. This meant staff may not have been aware if the medicines were being stored outside the correct temperature range. We discussed this with the management team who immediately put a new system in place to include this information.

We looked at records for medicines to be given as required (PRN) such as pain relievers. MARs indicated where these were available for people. However there were no clear guidelines for staff as to when they should administer or offer these medicines. This meant staff may not have been consistent in their approach when dealing with PRN medicines. We discussed this with the manager and deputy manager who agreed they would update care plans to include clear guidance for staff.

Staff received training in safeguarding adults when they joined the service. This was refreshed at regular interviews to help ensure staff had access to the most up to date information. Training records showed eight members of staff were due to receive this refresher training. This had been scheduled to be completed by the end of the year. Staff told us they had no concerns about any working practices or people’s safety. They would be confident to report any worries to the manager and believed they would be dealt with appropriately. If staff felt their concerns were not being taken seriously they knew where to go outside of the organisation to report concerns.

Care plans included risk assessments which identified what level of risk people were at from various events such as falls and pressure sores. The assessments contained guidance for staff on how to minimise identified risks. For example, there was information on how staff should support people when using equipment and how many staff would be required to support each activity. Where people had been identified as being at risk from developing pressure sores there was guidance as to how often people should be moved while in bed. Monitoring charts demonstrated this was being carried out in line with the risk assessments.

When people required assistance from staff to mobilise around the building they were supported safely. Staff carried out the correct handling techniques and used equipment such as walking frames or wheelchairs as appropriate to the individual person. Where people

Good

Is the service safe?

required a higher level of help, for example a hoist to move from a wheel chair to a chair, staff worked together to help ensure it was done safely and reassured people throughout the process.

There was a system in place to record any accidents or incidents and help ensure action was taken to prevent a re-occurrence. Accidents were analysed monthly to identify any patterns or trends. One person had fallen on several occasions over the previous weeks. This increase in falls had been identified and a referral made to the local falls team for advice.

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 references and Disclosure and Barring Service (DBS) checks.

Staffing numbers were determined using a dependency tool which took into consideration the number of people living at the service and their level of needs. On the day of the inspection the service was overstaffed and people's needs were attended to quickly. Staff and relatives told us there were occasions when the service was short of staff due to unexpected sickness. However one relative told us; "Even when they're short they turn up trumps in the end." Staff told us mornings could be rushed as people were supported to get up and given breakfast. One commented; "The staff are brilliant but we need more, especially in the mornings." We discussed this with the manager, deputy manager and head of care who told us the organisation was pro-actively recruiting in order to maintain staffing levels. If staff absences resulted in low staff numbers both the deputy manager and manger were able to support the staff team during particularly busy periods. The head of elder care told us they were aiming to overstaff the service to allow them to cover any sickness or other absence without the need to use agency workers. Following the inspection the deputy manager told us they were reorganising the way staff were deployed throughout the day in order to improve how care was delivered.

Good

Is the service effective?

Our findings

People were cared for by staff who had a good understanding of their needs. Relatives were complimentary about the staff team describing them as; "competent" and, "hard working." An external health care professional told us the staff they had observed were; "Competent and well trained."

Staff were supported by a thorough training programme. Newly employed staff were required to complete an induction before starting work. This included completing the Care Certificate which replaces the Common Induction Standards and is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. A member of staff told us they had been nervous about starting work in the care sector but the induction had given them confidence.

Swallowcourt had three in-house trainers to enable them to deliver a structured and regular programme of training across the organisation. Training in areas identified as necessary for the service was organised centrally and staff alerted when refresher training was required. Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. In addition, the deputy manager oversaw the training needs for staff at Ponsandane. Staff told us they had enough training to do their jobs effectively and that it was of a good standard.

Staff received regular supervisions and annual appraisals. They told us they felt well supported by management and were able to ask for additional support as needed. During the inspection we heard one member of staff requesting to meet with the manager later that day. The manager immediately agreed to the request.

The Mental Capacity Act (2005) 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. The associated Deprivation of Liberty Safeguards (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. Swallowcourt's policy in respect of the MCA and DoLS reflected changes to the legislation following a court ruling last year.

This ruling widened the criteria for where someone may be considered to be deprived of their liberty. Applications for DoLS authorisations had been made to the local authority. We did not see any evidence of mental capacity assessments or best interest meetings which should precede any DoLS applications. We discussed this with the deputy manager who told us this had been identified and was being addressed by them. Both the manager and deputy manager demonstrated an understanding of the requirements of the MCA.

We observed the lunch time period in the dining room using SOFI. People were supported to eat as independently as possible. Staff were supportive and helpful in their approach to people, asking if they needed help and clarifying how much assistance was required. For example, we heard staff ask if people wanted help to cut food up. People had access to specialist equipment to help them to eat independently. Where people needed full assistance staff sat alongside them and engaged with them and others at the table throughout the meal. The chef ensured they were aware of people's preferences and encouraged people to request any meals they particularly enjoyed. People and relatives told us the food was usually of a good standard and the portions were generous. They told us there was always a choice of meals and if anyone wanted something other than that offered it could be provided. One person said; "I can have whatever I want. On Friday I didn't fancy fish and chips so they'll give you egg and chips or bacon and chips. Smoked fish or white fish. It's like the Ritz!" A relative told us the chef had asked their family member about their likes and dislikes and any specific dietary needs.

People had access to external healthcare professionals such as dentists, chiropodists and GP's. Care records contained records of any multi-disciplinary meetings and any appointments people had attended.

The building was in a good state of repair and free from odours. We found the environment to be clean and bathrooms were well equipped with hand wash and paper towels. The service was spread over three floors and there was a working lift in use. The dining room and two lounges

Good

Is the service effective?

had large bay windows which overlooked well-tended gardens. There was a lack of signage throughout the building to help people find their way around independently. Clear signage can aid people living with dementia to orientate themselves in their environment and help them maintain a level of independence.

Good

Is the service caring?

Our findings

Not everybody was able to verbally communicate with us about their experience of care and support at Ponsandane. Those people we did speak with were complimentary about the care they received. Relatives were happy with the care provided and were keen to talk with us about this.

Comments included; "The care is good. I'm pleased with the way mum's looked after." And: "The carers are brilliant. I can't fault them in any way." An external health care professional told us; "The care home feels like it has developed into a more person centred service, where it considers all residents individual needs, wishes and feelings."

While walking round the building we saw one person's daily care notes and monitoring charts had been left outside their room. This meant anyone passing could have looked through their confidential information. We discussed this with the manager who told us they would take steps to avoid this happening again.

People were able to make day to day decisions about how and where they spent their time. On our arrival at the service at 9:30 some people were eating their breakfast or were about to while others had eaten earlier according to their preference. There were various areas of the building where people could choose to sit watching the television, listening to the radio, taking part in activities or sitting quietly with a newspaper. Other people chose to spend most of their time in their rooms. One person told us; "I don't need to ring my bell because there's so much good attention. As they're [staff] passing they ask if I'm alright and if I need anything."

People's bedrooms were decorated to reflect their personal tastes and preferences. People had photographs on display and flowers in their room. Some people had chosen to bring their own furniture and bedding into the service. This meant they were able to arrange their bedroom to satisfy their own preferences. One person told us, "I have everything I need. I have my own kettle and teapot and they got me a little fridge to keep milk."

Relatives told us they were able to visit whenever they wanted and were always made to feel welcome by staff. One commented; "I feel part of the place really." Another told us they shared a Sunday lunch with their relative every week at the service. They added: "I get treated very well and so does he." One relative told us of an occasion when their husband was unwell and they had stayed overnight with them.

People's privacy and dignity was respected. People told us carers always knocked before entering and asked permission before giving personal care. If visitors were present when carer's came to give care they apologised for interrupting and offered to return later. One relative told us their family member required a hoist when being moved but carers always adjusted clothing to help ensure their dignity was maintained when this was being used. Staff asked people's permission before moving them or delivering any care or support. We heard carers ask people if they wanted clothes protectors on before they ate. When people declined this was accepted without further comment.

During the inspection we saw staff interacting with people in a friendly and respectful manner. When supporting people to eat or drink carers sat with people and established eye contact. We observed one person needed a lot of encouragement to eat a meal and this was given kindly and with patience. It was clear the priority of the carer was to help ensure the person had enough to eat regardless of how long it took.

Care plans contained information about people's likes and preferences as well as health related information. For example one person's care plan said; "[the person] likes cats and listening to classical music." There were sections about people's communication preferences and how to support people when they were anxious or distressed. One person's care plan stated; "Give [person's name] plenty of time to reply to questions and plenty of reassurance." Some people did not communicate using words or had very limited verbal skills. Staff took account of people's individual needs when communicating with them. One member of staff described in detail to us how they were able to meaningfully engage with people. They told us; "You've just got to concentrate on what they're trying to tell you." A relative told us their family member did not speak, they told us; "He's never ignored. Even as they're just passing staff will give him a touch on the arm and ask how he is."

Good

Is the service responsive?

Our findings

At our focused inspection in May 2015 we found people's needs, in terms of their care and treatment was not always met. For example records used to monitor people's health were not consistently completed. Information in records was not detailed enough to guide staff as to how to treat and monitor health conditions. People did not always receive the care they needed in a timely fashion. This was a breach of Regulation 13(1)(4)(d)&(6)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found monitoring records were completed regularly in order to reflect people's health and well-being. This meant the staff team was aware of the most up to date information and were able to give care and treatment which was appropriate for people's individual needs. There was clear guidance as to the treatment required, for example information as to how often to change dressings. Records to monitor skin integrity for those people identified as being at risk of pressure damage were completed as directed in care plans. Wound review sheets and body maps were in place to help ensure nursing staff and carers had access to a thorough overview of people's current health conditions. This enabled staff to identify any worsening of conditions or improvements made and assess the effectiveness of any care interventions. Food and fluid charts were filled in appropriately and included details of the amounts people had eaten and/or drank. When people had been identified as being at risk from poor nutrition their weight was monitored regularly. This meant any deterioration in health would be identified quickly.

Care plans were detailed and contained information about a wide range of areas. For example, there were sections on mobility, communication, social needs and night time routines. This meant staff had a complete picture of any issues which might have an impact on people's well-being. The care plans were regularly reviewed to help ensure the information remained up to date and relevant. Life history books were being developed for individuals. This information is important as it can give staff an understanding of what events have made the person who they are today and help them to engage in meaningful conversations. These books had been shared with relatives so they could contribute to their development.

Relatives told us they were always kept informed of any changes in their family members' health or well-being and were involved in care planning reviews. This was clearly evidenced in care plans. They told us they were confident people's health and social needs were being met. One relative commented; "I can phone whenever I want. I'm kept up to date."

People had access to a wide range of activities which were chosen to reflect people's interests and preferences. Relatives all said they felt there were plenty of opportunities for people to join in activities if they wished. Two full time activity co-ordinators were employed and they were able to plan and organise group activities as well as spend one to one time with people. One of them told us they were hoping to develop sensory experiences for people, particularly those who chose to stay in their room and were therefore at greater risk of social isolation. They gave an example of using sound and music reminiscent of the sea with objects of reference such as shells to compliment the experience. Meetings with activity co-ordinators from Swallowcourt's other two residential homes for older people were held in order to exchange ideas. The head of elder care told us they were encouraging activity co-ordinators to develop new ideas as people are; "Moving away from wanting the White Cliffs of Dover. They're becoming more likely to be into the Rolling Stones and the Beatles." Activities included knitting, craft sessions, visiting entertainers and board games. Recently a Shetland pony had been brought into the service for people to see. In order to make sure as many people as possible were involved the pony had visited people on all floors using the lift.

There was a complaints policy in place which outlined the timescales within which people could expect to have any concerns addressed. We saw a complaint had been made by a relative the month preceding the inspection. Action had been taken to address the issue and a meeting arranged with the relative to discuss any further concerns they may have had. The complaint had been dealt with in a timely fashion and resolved satisfactorily.

Good

Is the service well-led?

Our findings

People and relatives told us the service was well run and the manager was approachable, friendly and open. One relative said; "You feel you can go and see her any time, the door is always open." During the inspection visit we observed the manager was available for residents and staff to speak with. External health care professionals told us the service had improved over recent months. One noted; "The care home manager has been transparent and communication has been professional and a positive experience." Another stated they had gained; "an impression of more openness and warmth at the home."

There were clear lines of accountability and responsibility within the service. The head of elder care told us the new Specialist HCA role gave carer's an opportunity for career development that had not previously been available. The deputy manager said they encouraged HCA's to register with the Royal College of Nursing website where there was a section dedicated to the role. This would help ensure they were kept updated with any developments in the care sector. Individual nurses and HCA's had been identified as 'champions' for certain aspects of care. Examples of areas selected for specialisation included, end of life, wound care and nutrition.

Staff told us Ponsandane was a good place to work and management and the staff team were supportive and welcoming. One commented; "The nurses are always willing to help." Another said "[The manager and deputy] always welcome us to go in and get anything off your chest. And they always sort it out." Staff at all levels were supported in their personal development with opportunities for training across a wide range of areas. For example; end of life care, venepuncture, syringe driver, verification of death and dementia training. The deputy manager was studying for their Health and Social Care Level 5.

There was a maintenance worker based within the service who was supported by Swallowcourt's maintenance team. The maintenance worker carried out daily sense checks of the premises as well as weekly audits for areas such as fire doors and emergency lighting. People and relatives told us any repairs were carried out quickly. The maintenance book used by care staff to report faults, indicated repairs were usually addressed within two days.

Staff meetings were held regularly and these were an opportunity for staff to air any grievances and for management to communicate any developments or changes within the service. Separate meetings were held for carer's, HCA's and nursing staff. This helped ensure the information shared was relevant for all.

Residents and relatives meetings were held every other month to allow people the opportunity to voice any concerns, ideas or suggestions and be involved in the development of the service. The manager told us they made this a social occasion offering cream teas for example, in order to encourage people to attend. Ponsandane had recently started producing a newsletter in order to inform any family members who were unable to attend meetings. The second of these had just been written and the plans were to issue four a year. Seasonal events such as summer fetes and Christmas fairs were held and all relatives and members of the local community were invited to attend.

Efforts were being made to establish links with the local community. Swallowcourt had sponsored a local football team, equipment had been lent to a life-saving club and schools were invited in to meet with people. The manager told us; "It's about building positive relationships."

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, both internally and by external auditors. Swallowcourt was part of the Quest for Care pilot being rolled out in Cornwall by NHS England. This involved using a newly developed audit tool in order to assess its effectiveness. Monthly audits of the three Swallowcourt homes were carried out by managers and deputy managers. Each audit was based around one of 12 regulations in the Health and Social Care Act. Mangers and deputy managers carried out the audits in a service which was not their own in order to get a more objective view. Over the course of the year all areas were covered. Audits by external contractors were carried out twice a year. These were also based on the regulations.

In addition the manager identified a group of individuals each month that might be at increased risk due to pressure sores, increased number of falls or hospitalisation for example. They then carried out a series of checks on the individual's care plans, risk assessments and monitoring charts to establish all documentation was up to date and reflected the person's current needs.

Good

Is the service well-led?

Checks were completed on a weekly or monthly basis as appropriate for fire doors and alarms, emergency lighting and Legionella checks. Hoists and slings were regularly serviced to ensure they were fit for purpose.