Penns Mount Limited

Penns Mount Residential Care Home

Inspection report

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Ratings

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

Overall summary

This inspection visit took place on 3 March 2015 and was unannounced.

Penns Mount is a care home providing accommodation and personal care for up to 22 older people, some of whom are living with dementia. There were 22 people using the service at the time of our inspection. People appeared happy and relaxed on the day of our visit.

People's nursing and healthcare needs are met by the staff group and monitored through the local community services, such as district nurses and GPs.

The service 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'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and the associated regulations about how a service is run,

People were cared for by staff that were skilled, trained and supported in their role. There were enough staff on duty throughout the day and night to meet people's needs. It was clear from our observations and discussions that staff knew people well.

Staff understood people's vulnerability and how to protect them from abuse, harm or injury.

Staff were aware of the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005. Currently there are no people at Penns Mount subject to an authorisation to restrict their liberty under this legislation.

Staff recruitment procedures were robust. This protected people from staff being employed who might not be suitable to work at Penns Mount.

The registered manager set the standards the staff were expected to meet. She was available to hear the views of people and their families and to support the staff in their work. Any problems, issues or complaints were investigated and this led to improvement. We saw the standard of service provided was based on people's health and social care needs, their views and audits. Changes were made which improved people's lives where possible.

We saw that people were treated as individuals with respect, care and kindness. People were supported to pursue activities of their choice and to maintain links outside of the home. People received a nutritious diet.

Peoples care was delivered in a person centred way, with staff using clear care plans. The registered manager had developed quality assurance methods and there was a clear complaints procedure. Medicines were managed in a safe way to ensure people received the medication they were prescribed in a timely and safe way.

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.

People were protected from abuse and discrimination. The staff had clear understanding of their responsibilities.

The staff recruitment programme was robust to ensure that the staff employed were suitable to the role.

Sufficient staff were on duty to ensure that appropriate care was given in a planned and timely way.

Risk assessments had been undertaken and potential risks thus reduced or eliminated.

Is the service effective?

Requires Improvement

Staff had a good understanding of the Mental Capacity Act 2005 and their responsibilities under that legislation. They understood issues of consent to treatment and care and were skilled in supporting the people to be as independent as possible.

We found that some people were not able to freely move around the premises because of locked doors. We understand that this is to maintain peoples' safety, however the people that it affected had not been assessed under the Deprivation of Liberty Safeguards. .

The staff team were knowledgeable and had benefitted from ongoing training and updates. They received regular supervision.

People received effective care and support to promote their health and well-being. People were referred appropriately to GP's and district nursing in a timely manner.

People received an adequate and nutritious diet which took into account their individual tastes and dietary requirements.

Is the service caring?

Good

The service was caring.

People who used the service were supported by staff who had built caring and trusting relationships with them.

Staff fully understood the peoples care needs and treated them with courtesy and dignity.

Care was delivered based on personalised care plans, with people (or their representatives)fully involved in decisions about their care

Summary of findings

Is the service responsive?

Good

The service was responsive to peoples' individual needs.

Peoples care needs were assessed by the staff and written care plans produced reflecting how best to meet those needs. These plans were reviewed regularly.

People could choose to undertake activities and were supported to do so where necessary.

People could raise any concerns with the staff / managers ,who carried out any appropriate actions

Is the service well-led?

Good

The service was well led

The registered manager was available to listen to the views of people using the service and their representatives.

The staff reported that they always felt able to approach the manager or owner if they had queries or needed support in their work.

The registered manager monitored the service through a series of audits and from gaining feedback from the people.

Penns Mount Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 3rd March 2015 and was unannounced.

The inspection team comprised one adult social care inspector.

Before the inspection we reviewed the information CQC holds 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.

We spoke with nine of the 22 people living in Penns Mount and four peoples' families to obtain their views of the service provided by the home. We spoke with the registered manager, four members of the care staff and the cook. We looked at the records relating to four people's care planning, including medication administration records.

During our inspection we looked around the home, observed the interactions between the people and the staff, watched a member of staff giving medicines and observed the handover between shifts.

We looked at staff files for three staff. We looked at the homes' policies and procedures, including those relating to the running of the home such as quality monitoring audits and equipment servicing.

After the visit we asked two healthcare professionals for their opinions of the care provided.

Good

Is the service safe?

Our findings

People told us they felt safe in Penns Mount, with one saying “they do everything they can to make sure I am alright”.

People told us that they felt that there were always enough staff on duty to keep them safe. We were told that the normal staffing quota for the home would be the registered manager, a senior care worker, three care workers and the cook (during the day). At night two carers provide all support. We saw that people were responded to quickly when they needed help.

There were robust recruitment and selection procedures in place. Staff files included copies of application forms, interview questions, and copies of references from previous employers. Staff had to provide proof of identity and undergo Disclosure and Barring Service (DBS) checks. The DBS check is a safeguard for employers to ensure that the person they are employing is suitable for care work. We found that appropriate checks had been undertaken for all the staff to ensure that only people suited to the role were employed, thus ensuring the safety and well-being of people living at Penns Mount.

Peoples’ medicines were managed so that they received them in a safe way, with medication being given in a timely manner and as prescribed. The home had just started to use a monitored dosage system, with medication supplied in ‘blister’ packs to minimise the chance of error. Staff confirmed they had received training in the usage of the new medication system.

Records were kept of medicines requested, delivered and returned to the pharmacy so medicine use could be monitored. Each dosage of medication was signed for on a chart, this was checked each night to identify any gaps /errors and allow remedial action to be taken if necessary. Two people were managing their own medicines and appropriate consents and risk assessments were in their records to show they were able to do this. Medicines were stored securely

The registered manager showed a clear understanding of their safeguarding role and responsibilities. The safeguarding policy set out a description of the types of abuse and how to recognise these. It set out the steps to be followed if abuse was suspected and explained the procedures for reporting, working in collaboration with the local social services and when to seek medical attention. The staff group demonstrated a good understanding of the policy and knew who they should report to if they had any concerns. The staff group reported they had received regular training in safeguarding and written records kept by the home confirmed this.

People had individual care plans incorporating risk assessments with the aim of minimising or eliminating risks to them. We saw risk assessments regarding falls and mobilising, with clear direction to staff in minimising risk by ensuring obstacles and hazards were removed. We saw assessments for skin care (including pressure area care), and self –medicating with clear information for staff about how to keep people safe.

We saw slings for hoists used to assist people with their mobility were stored centrally and were not named for individual people. This could have presented a risk of cross infection with potential for the sling to be used for more than one person: the registered manager was advised and took immediate action to remedy this, removing the slings and arranging for a member of staff to put peoples’ names on their slings. Personal protective equipment for example, gloves and aprons, were readily available and we saw that staff used these appropriately throughout our visit.

Each person had a personal evacuation plan (PEEP) detailing the help they would need in the event of an emergency, such as a fire.

We saw that a gate had been installed across a fire exit door, which might have impeded exit from the building in an emergency. It had been put there to prevent people leaving by the exit and possibly falling down the stairs at the other side of the door. The registered manager removed this at our request.

Requires Improvement

Is the service effective?

Our findings

Penns Mount provides residential care to people with dementia and physical health needs. Staff were aware of how to meet these needs, and how to promote independence and choice.

Staff told us they always seek appropriate advice from local Healthcare services if they needed support in providing care., One said they "wouldn't hesitate" to contact the GP or District Nurses if they felt they had a problem because they were "confident they would be supported". A District Nurse told us "Staff at Penns Mount always talk to us about any issues, they are really on the ball".

People and their families were positive about the quality of the food they received. Care staff checked with the people what they wanted to eat on the day from a menu devised by the cook, and mealtimes could be flexible to fit in around people's activities. People told us "the food is very good" and "I like it that I can choose something different if I don't like what's on the menu". One person was very proud to tell us "I have my breakfast in bed each day".

People were consulted about their likes and dislikes and specialist diets were catered for. There was a list for the cook in the kitchen of specialist diets and allergies. Four people needed a pureed diet and it was clear from their care plans that the Speech and Language team had been involved to provide advice to the home on assisting people with eating and minimising choking risks.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and their responsibilities under that legislation.

Some people needed support to make decisions, because they were not able to do this for themselves. For example one person living with dementia was not able to understand the risks of mobilising without a frame, and frequently tried to walk around without it, thus putting themselves at risk of falls. Staff were clear about the risks and each time the person tried to mobilise supported them by gently reminding them to use the frame, and then walking alongside them to provide reassurance. A risk assessment was in place for each room in the home that the person used, identifying hazards within each individual environment.

The MCA provides the legal framework to ensure peoples' rights are upheld if they lack capacity to make decisions around their health, welfare or property matters. The Staff understood issues of consent to treatment and care. They were skilled in supporting the people to be as independent as possible whilst promoting individual choice. The registered manager and staff were clear on the need for capacity assessment to be undertaken if major decisions were needed, and were aware of the need to undertake a Best Interest Meeting with all involved if an individual's' capacity were doubted.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLs) which applies to care homes. Penns Mount had made no applications to deprive people of their liberty. The manager was aware of the Supreme Court judgement in March 2014 and stated that if they had any concerns or queries regarding Deprivation of Liberty and how the legislation affected the people, they would seek advice from the local social services about how to proceed.

We found that some people were being deprived of their liberty as they could not leave the first floor lounge if they wanted to, as there were code operated locks on the doors.(The code is displayed and there is also a lift , however some people would still be unable to leave) We were advised this was to protect people from harm such as wandering away from the building or falling down the stairs. Whilst understanding the reasoning behind this, the key coded exits could constitute a deprivation of liberty without the necessary authorisations having been sought.

Care records showed that people were consulted about their care needs. Two of the four care plans we looked at showed capacity assessments had been undertaken by staff at the home. It was clear that families/carers/ advocates were consulted about changes in peoples' care from recordings. One family member told us "I have every confidence in the home, they always ring me with any changes". Another said "they know he gets confused but they explain everything to him and us so there are no misunderstandings".

Staff had received induction on commencement of their employment and there was evidence of on-going training to keep skills updated, including training in moving and handling, administration of medication, infection control, food hygiene, fire safety, special diets and swallowing problems, mental capacity and first aid. The registered manager is in the process of devising a matrix to ensure that any outstanding training, for example annual moving

Requires Improvement

Is the service effective?

and handling updates, can be quickly identified. The staff were slightly overdue on annual fire training and Infection Control and the registered manager was in the process of organising training for this. Two of the four staff interviewed had completed NVQ 2 qualification.

Staff received training in topics relevant to the care of the people living at the home, for example, a training session had been arranged for the District Nurse to train staff in pressure area care

Staff told us they received regular supervision and found this a helpful way of reflecting on practice and updating their knowledge.

People's specific health needs were understood and monitored by the care workers and registered manager. There was evidence that appropriate professional advice was sought if a person's condition changed, for example a Tissue Viability Nurse had been consulted regarding appropriate equipment for one person who had developed a pressure sore. The senior care assistants confirmed they can refer people directly to local physiotherapy and occupational therapy service if they feel it is indicated. Staff were complimentary about local primary healthcare services.

Good

Is the service caring?

Our findings

People were complimentary about their care. One person told us "Day or night, they [the staff] always come when you need them and do anything you want, they are wonderful.

This viewpoint was supported by two peoples' families who described the staff as "caring", "really kind" and "always willing to go the extra mile".

We found that care was provided in a calm and unhurried fashion, with staff offering people choices. We saw that the people and staff interacted in a friendly and respectful way. For example, over the lunch period, we saw staff ask people "can I give you a spoon to make eating your meal easier" and earlier in the day "if you would rather stay in bed a bit longer, I'll come back".

Staff were able to give us examples of how they would maintain peoples' privacy, dignity and independence. One said "we always try to get people to do as much as they can for themselves, and not take over".

People received care tailored to their individual needs and we observed staff seeking peoples' permission before attempting to carry out care or move them. The staff gave clear explanations of what they were about to do and reassured those that appeared unsure. For example, one person didn't appear to want to have a shower – the staff patiently reassured the person and moved away, returning a bit later to try again. This allowed the person to settle and they then happily went off for a shower.

Staff had the confidence and skills to deal with people who became upset or distressed for example as we were observing lunch one person became very agitated. A staff member quickly noticed this and intervened, moving the person away. This was done in a very gentle and discreet way, with words of reassurance. This diverted the person's attention and ensured everyone was safe.

Throughout the day we observed staff dealing with the people in a very professional manner, always mindful of others in the room, ensuring communication was clear, and that privacy was respected.

Good

Is the service responsive?

Our findings

People's care files were presented in a format that was easy to understand. Staff confirmed they used the care files to understand the care needs of the people and keep updated with any changes. The care plans described in depth how people's individual needs should be met, with information on their personal preferences. Care plans detailed how to respond if people became unwell or distressed. For example, one person had had a recent hospital admission and their care plan reflected the change in their level of confusion. Details of the advice from the Community Psychiatric nurse regarding these changes were recorded and acted on.

Care plans were reviewed monthly to ensure people's needs were identified and met. People, their relatives, the staff and health care professionals may be involved in the reviews. One person told us "They always talk to me about any changes". Two family members told us "I can always ring up if I have concerns" and "the staff are very good at noticing any problems and acting on them quickly".

We saw people using the communal lounges sitting and chatting together. There was music playing and we saw a staff member ask one of the people if she liked the music. When she expressed that she didn't the staff member went through some alternatives and some music she liked was then played. People were supported to continue with their hobbies and interests, and these were recorded in their care plans. One person was keen on photography and they had become involved in taking photographs of group activities in the home. These were on display as visual cues for some of the more confused people. People could participate in board games, bingo watching TV and occasional trips outside of the home. Some of the people were regularly taken out by their families. People also took part in cake and bread making, creating greeting cards and flower arranging. The home produces a weekly newsletter, with people involved in collecting news stories and details of historical events for inclusion.

There was a hairdresser who visited weekly and a chiropodist also attends the home.

People and their families told us they had no complaints about the service. They were aware of the complaints procedure and were confident they could approach the staff and management if there were to be an issue. We reviewed the complaints records and in the last twelve months only one complaint had been received. This concerned the speed of the broadband connection, and had been resolved very quickly.

Good

Is the service well-led?

Our findings

People at Penns Mount told us that they feel able to approach the registered manager about any issue. One said “they [the registered manager] always say hello and ask if I’m alright” , with another saying “it’s easy to tell the manager is something is upsetting you, they always put it right”.

The registered manager had been in post for four months prior to this inspection and had clearly made progress in establishing systems to ensure the expected standard of service was provided. These included spot checks, staff meetings and supervision, feedback questionnaires, and audits. The registered manager had weekly meetings with the cook and maintenance staff to identify any areas for action.

Issues regarding practice were raised both in staff supervision and in staff meetings for example –the home operate a checklist of tasks that need to be undertaken on each shift. Staff told us that these are often discussed at these meetings and updated. This meant that the staff could understand where improvement could be made and were involved in problem solving.

The registered manager carried out audits of medication, equipment, first aid boxes, and people’s monies held for safekeeping by the home: these audits ensure procedures are being following appropriately and people kept safe. Equipment had been regularly service to ensure it was in safe working order.

Accidents and incidents were recorded and monitored by the registered manager to identify any trends. The registered manager was aware of the need to inform the Care Quality Commission of serious injury, abuse or unexpected death and records showed that the home had complied with notification requirements.

Staff told us they felt supported by the registered manager and the whole staff team, saying “this is a good place to work, it feels like we’re a team” and “the manager is really good and shares all the information we need to know to do our job well”. They described good working relationships with the local primary healthcare teams.

There were clear systems for records and data management, which were overseen by the registered manager. The home uses a computerised record system which was password protected, this meant records were kept securely whilst being accessible to those with the right to see them.

Regular feedback about the service was sought from people and their families by way of questionnaires, a suggestion box and regular meetings. The registered manager described a supportive relationship with the owner who visits the home at least weekly to discuss any issues and agree changes as required.

The registered manager said they will be introducing meetings for the residents to discuss any issues in the home including any concerns or suggestions they may have. There are regular senior carer and carer meetings to allow staff to raise any issues, these are recorded and actions assigned to ensure resolutions to problems are found quickly.

The registered manager reported that they had good support from the home owner who is in regular contact by phone and visits the home at least weekly.