

Penns Mount Limited

Penns Mount Residential Care Home

Inspection report

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Devon
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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 ●

Summary of findings

Overall summary

Penns Mount residential home offers accommodation with care and support to up to 22 older people. (Nursing care is not provided by the service). At the time of this inspection there were 21 people living there. At the last inspection, the service was rated Good overall. However it was Requires Improvement in Effective because some people were not able to freely move around the premises because of locked doors. At this inspection we found the service remained Good.

Why the service is rated Good

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. At the last inspection we noted security locks on doors at the bottom and the top of a staircase may have restricted some people from moving around the home. At this inspection we found people were able to go up and downstairs freely using the lift. Applications had been submitted to the local authority for authorisations where people may have been restricted to keep them safe.

People continued to receive a service that is 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 staff employed were suitable for the job. 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 were reduced or eliminated. A relative told us, "I have peace of mind after visiting Mum here. I know she is safe and will be well cared for."

People received an effective service. The staff team were knowledgeable and received regular training and supervision to enable them to carry out their roles effectively. People were supported by staff to maintain their health and well-being and were referred to GP's and health professionals promptly if a change in their health was noted.

People received an adequate and nutritious diet which took into account their individual tastes and dietary requirements. Comments from people included, "There's a lovely menu here. It's always a choice of a hot meal for lunch, and in the evening it's either hot or sandwiches," and "The food here is really good. I always eat in my room and that's my choice"

People received a service that was caring. People who were supported by staff who had built caring and trusting relationships with them. Staff fully understood 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.

People continued to receive a service that was responsive to their individual needs. Care plans described how the person wanted to be supported by staff. The 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. A person told us, "The staff here are very attentive. I don't ever really need to use my buzzer, but when I do, they always come straight away". A relative told us, "First impressions count, no smell and so very welcoming. The most striking feature about Penns Mount, however, is just how people centred the staff all are."

People continued to receive a service that 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 registered 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.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

People now received an effective service because the service had sought advice and legal authorisations for those people who may be prevented from moving freely move around the premises because of locked doors

People received care from staff who were well trained, skilled, supervised and supported.

Staff had a good understanding of the Mental Capacity Act 2005 and their responsibilities under that legislation. People were supported to be as independent as possible.

People received effective care and support to promote their health and well-being.

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

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 9 October 2017 and was unannounced. The inspection was carried out by one inspector and one Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience in caring for a family member with dementia.

Before the inspection we reviewed the information we had received about the service since the last inspection. This included notifications we received from the service about deaths and any significant incidents or accidents. Before this inspection the registered manager submitted a Provider Information Return (PIR). This is a document that gives a range of information about the service and how it is managed.

During the inspection we met and spoke with most of the people living in the home. We spoke with 11 people at greater length to find out their experience of living in the home. We also spoke with four relatives, one visiting health professional, five members of staff and the registered manager. We walked around the home and looked at communal areas, the kitchen, laundry, bathroom and some bedrooms. We looked at the care records of four people living in the home. We checked the storage and administration of medicines, we looked at staff rotas, staff training and supervision records, menus, activities records, and records relating to the maintenance and management of the service.

Is the service safe?

Our findings

People told us they felt safe. Comments included, "It feels safe to live here. I am worried about falling but still feel so much safer here than when I was at home," "It's a safe feeling home – yes, very safe" and "I haven't been away from here for over two years as I only feel safe inside". A relative told us, "I have peace of mind after visiting Mum here. I know she is safe and will be well cared for."

People were protected from abuse and harm because the registered manager took care when recruiting new staff by carrying out checks to make sure they were suitable for the job and safe to work with vulnerable adults. Staff confirmed they had not started working in the home until satisfactory checks had been completed.

Risks were well managed and staff knew how to protect people from risk while at the same time supporting and enabling people to lead their lives as they wished. Risk assessments were completed on all potential areas of risk. Staff knew people well and understood the risks to each person and how to protect them. Guidance was sought from health and social care professionals where necessary, for example if people were at risk of choking guidance was sought from the Speech and Language Therapy team (SALT). Risk of falling was closely monitored and action had been taken to reduce the risks where possible.

People were supported by sufficient numbers of staff. The registered manager monitored the dependency levels of people living in the home and staffing levels were adjusted when needed. During our inspection we saw staff spending time with people, giving people the time they needed to complete each task without feeling rushed. Staff told us there were busy times of the day, but generally call bells were answered promptly and people did not have to wait long for assistance. Care plans listed each person's daily routines, including usual times of rising and going to bed, and the electronic care records showed the times each task was completed. A relative told us, "Being reassured that Mum is well cared for by the right number of staff who are genuinely interested in the residents is very important to me".

People received their medicines safely from staff who had completed training. There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Medicines that required additional security were accurately recorded.

People lived in a home that was clean, safe and well maintained. Visitors told us the home always smelled fresh and clean when they visited, for example one relative said, "We have been very impressed with how clean Penns Mount is, and with the care that Mother receives." Staff wore protective gloves and aprons when carrying out tasks that may present a risk of cross infection. Safe procedures were followed for laundry. A person told us, "The laundry service is wonderful. Our clothes are clearly marked and seldom do things get muddled up."

Records showed that equipment was well maintained and regularly checked and serviced. They had recently reviewed their fire risk assessment and fire safety procedures to ensure people were fully protected from the risk of fire. Hoists and lifting equipment was regularly checked and serviced.

Is the service effective?

Our findings

At our inspection of 3 March 2015 we found that some people may have been restricted because doors at the top and bottom of a staircase could only be opened by a security coded lock. These locks had been put in place to protect those people who may be at risk of serious injury from falling down the stairs. At this inspection we found that people who wanted to go downstairs or upstairs could do so freely using the lift. Alternatively people who were able could open the doors using the code that was displayed above the door, or people could ask staff to assist them if they wished. Applications had been submitted to the local authority for those people who may have been restricted.

The service now provided effective care from staff who were experienced, well trained and competent. A person living in the home told us, "I am very content here – I can't fault it". A relative told us, "We chose this home after visiting several others, none of which was anything as good as this one".

People were supported by staff who were well trained. All the staff agreed the training provided was relevant to their role and regularly updated. All new staff undertook a thorough induction, which included shadowing experienced staff and time to read important information about the service and how people needed to be supported. Staff without formal care qualifications were being supported to gain the Care Certificate (A nationally recognised set of skills training). Staff told us the training they received was good, and was delivered in a variety of ways including on-line, in house and external training courses. A member of staff told us "(Registered manager) is very hot on training" and said she would chase staff to complete any training that was overdue.

Staff were well supported. They told us they received regular supervisions and annual appraisals. Supervision records that showed supervisions were thorough and covered a range of topics to ensure staff were working effectively.

Staff had received training and guidance on the Mental Capacity Act (MCA) 2005 and understood the principles of the Act and the importance of supporting and enabling people to make choices about all aspects of their daily lives. Where people had lacked capacity to make important decisions, for example where medical treatment may be needed, best interest decisions had been reached through consultation with relatives and professionals who knew the person well.

The staff sought medical treatment and advice appropriately when necessary. Community nurses visited the home regularly and records contained evidence of their visits and treatment given. People were supported to attend medical appointments, accompanied by staff if required. A health professional who was visiting the home during our inspection told us, "I don't call here regularly, but no matter, whenever I visit I always find the Manager and staff very helpful"

People were supported to eat, drink and maintain a balanced diet. The menus were varied and balanced and people were offered a choice of meals to suit their individual dietary needs and preferences. Where people were at risk of choking, or at risk of weight loss, staff had sought guidance from medical

professionals and staff ensured that the guidance was followed at all times. Where people needed assistance from staff to eat their meal we saw staff gave people individual attention and displayed a good awareness of the needs of the individual.

Comments from people included, "There's a lovely menu here. It's always a choice of a hot meal for lunch, and in the evening it's either hot or sandwiches," "The food here is really good. I always eat in my room and that's my choice". During the day we saw people were offered plenty of hot and cold drinks of their choice.

Is the service caring?

Our findings

People received a caring service.

There was a warm and welcoming atmosphere in the home, and people told us they were happy living there. A person told us, "There's nothing I would change, it's a wonderful place to live and it's my home." Further comments included "I think they care for me wonderfully well – nothing is too much trouble." A relative said, "Everyone here is so very kind and caring." Another relative said, "Care levels are really good, and my family and I are very satisfied with the care that Mum receives". Relatives and visitors were welcomed and involved in the home. During our visit we saw a number of visitors to the home who were made to feel welcomed.

Staff were attentive, kind and caring. A member of staff told us they felt it was really important to reassure people. They described how people who were feeling low or anxious were often reassured with a smile and by spending time with them, listening and showing understanding. Staff described people's preferences and personalities and spoke positively and with knowledge and understanding of each person.

Staff also told us how they respected people's privacy and dignity, for example by always knocking before entering a room, and entering carefully waiting for a response before walking in.

People received care at the end of their lives that had been planned with them, and respected their wishes. Staff worked closely with health professionals including the local hospice team to ensure people received compassionate care and attention. The home had received a number of compliments from relatives after the death of their loved ones. One relative had written, "Thank you all for the loving care you gave to my beloved husband." Another relative had thanked all of the staff for the care they had given, and added a special note "To those of you who looked after Mum during the last three or four days I have to say you were really great with me and with Mum. She really did have excellent care!" During our inspection a relative told us "My Mum was a resident here until she passed away. I didn't want her in any other home and fought tooth and nail to get her here."

Is the service responsive?

Our findings

People continued to receive a service that was responsive. A person told us, "The staff here are very attentive. I don't ever really need to use my buzzer, but when I do, they always come straight away". A relative told us, "First impressions count, no smell and so very welcoming. The most striking feature about Penns Mount, however, is just how people centred the staff all are."

People had a assessment completed before moving into the home. People, and where appropriate, their relatives and professionals involved in their care, were consulted and involved in planning their care. Care plans were comprehensive and covered all areas of people's care needs. The home used a computerised care planning system which gave care staff access to people's care records through the use of hand held devices similar to a mobile phone. The plans set out clearly each person's usual daily routine, their health and personal care needs, and their preferences. The care plans were reviewed regularly and were up to date. Daily records were completed by staff and the records provided up-to-date information of the care provided. With the person's consent, relatives were able to access the person's care plans and daily records through a secure internet system. This gave relatives peace of mind that their loved ones were receiving good care, and their health and social needs were being met. A relative told us, "I have been involved in my Mum's care planning. The staff here keep me up to date with what is happening with her health".

People were given information about how to raise a complaint. The complaints procedure was displayed in the entrance hallway. The home had received no formal complaints since the last inspection. However, we were assured that all minor grumbles were listened to, taken seriously and acted on promptly. People and staff told us they would not hesitate to speak with the registered manager or the provider if they had any concerns or complaints. Comments included, "I have no complaints whatsoever, they are here for me in every regard" and "I feel confident that if I had to raise any concerns about my Mum's care, that (registered manager's name) or any of the seniors would listen and act."

People's social needs were assessed and there was a programme of activities to suit all individual interests and preferences. Information about each person's past life, cultural needs, family and hobbies was gathered during the care planning process. A monthly calendar was given to people to let them know about group activities and outings planned. If people chose not to participate in group activities staff spend time with them on a one-to one basis. People told us, "I have the choice of what to do each day. There's a monthly activity programme, and although I tend to stay in my room, I could join in if I wished", "I think they put on a wide range of activities. I don't involve myself as much as I should, but that's my choice".

Is the service well-led?

Our findings

People received a service that was well-led.

There was a registered manager in post who was well liked and respected by staff, people who used the service and relatives. 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. Staff told us the registered manager had an 'open door' management style and was always available for advice or guidance. The registered manager was always available by telephone when not on duty. People told us the registered manager was always very visible in the home and very approachable. Comments included, "I see (registered manager's name) whenever they are on duty. I feel they always have time for me" and "I have no complaints. (Registered manager's name) always listens and even the most minor of niggles that I've raised in the past have been quickly seen to."

Staff also told us they saw the provider at least once a week and would not hesitate to speak with them if they had any concerns, suggestions or queries. A relative told us, "I've met with the owner of Penns Mount and been told of the investment planned for the future. This is a good sign in my view, as it means the owner has aspirations for the home, and that this will have a positive spin off for the care of the residents".

Staff told us they enjoyed their jobs and said they were well supported through staff meetings, regular supervision, and through informal support on a daily basis. Handover sessions were held twice a day to ensure staff received updates on each person's health and personal care needs and any changes. A member of staff told us "I think we all work well together. We communicate." Another member of staff said "Everything is really good. I can ask questions if I don't understand anything."

The provider completed detailed monthly reports showing the areas they had looked at during their visit. The reports showed they had monitoring systems in place covering all aspects of the service including the buildings and equipment. They spoke with people living in the home, visitors and staff during their visits, and the report showed people's views on the service had been valued.

People's views on the service, and those of their relatives had been sought through questionnaires. We saw their comments had been listened to and acted upon. For example, one person said they would like to go out more often and we saw this had happened. Staff took people out to shops and day centres on an individual basis, and they were in the process of looking at ways of enabling small groups of people to go out regularly.

The provider and registered manager demonstrated an open and transparent approach which demonstrated their understanding and recognition of the Duty of Candour. The Duty of Candour means that a service must act in an open and transparent way in relation to care and treatment provided when things go wrong. As far as we are aware, the registered manager has informed us of all notifiable events and incidents. The registered manager told us their ethos was to provide people with a 'home from home' and

during our inspection we saw that this had been achieved.