Integrity Care Services Limited

Penny Pot Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Penny Pot is a 'care home'. People in care homes received accommodation and nursing or personal cars as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Penny Pot accommodates up to 38 people in one adapted building. At the time of our inspection there were 37 people living in the home.

At the last inspection, the service was rated good. At this inspection, we found the service remained good.

A new manager in post was in the process of being registered by the commission. In the interim, the provider on a day-to-day basis supported them.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe.

Medicines were generally managed safely, but we did observe some unsafe practice on the day of inspection. Environmental risk assessments were in place but actions taken needed to be highlighted on audit forms to ensure clear oversight.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. Management and staff understood their responsibility in this area. Staff were committed to ensuring all decisions were made in people's best interest.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were not always managed safely

Environmental risk were identified but not always managed effectively.

Staff had a good understanding of how to recognise and report any signs of abuse.

There were sufficient staff who had been safely recruited to meet people's needs.

The home had robust infection control measures in place.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service remained well-led.

Penny Pot 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 7 February 2018 and was unannounced, and was completed by two inspectors. We reviewed the information we held about the service including safeguarding alerts and statutory notifications, which related to the service. A notification is information about important events, which the provider is required to send us by law.

During the inspection, we spoke with six people using the service and two care staff, the senior, the manager, and the activities coordinator. We also spoke with four relatives and one visiting healthcare professional. We observed people taking part in activities, having lunch and throughout the day. We observed medicines being administered.

We reviewed four people's care records, medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

For a more comprehensive report regarding this service, please refer to the report of our last visit, which was published on 23 July 2015.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, this key was rated good. At this inspection, this area requires improvement.

We found that medication was in the main safely managed safely. Medication was securely stored in a locked cabinet whilst not in use, however, during the administration we noted that two medicines had been pre dispensed into plastic pots with the persons initial on a piece of paper in each pot and left on top of the medicines trolley whilst the staff administered medicines to other people. This practice was not safe because the wrong person could potentially be given the incorrect medication and the medication could not be identified.

We discussed our finding with the manager who told us this was not part of their policy and that staff would be given further supervision and training. After the inspection, the manager sent us confirmation this had taken place.

People were given the support and time they needed when taking their medicine and were offered a drink of water, the staff member checked to make sure that the medicine had been taken. The staff member checked people's medicines on the medicines administration record (MAR) and medicine label, to make sure they were getting the correct medicine. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. The MARs showed staff had recorded when people received their medicines and entries had been initialled by staff to show they had been administered. Monthly medicines audits were carried out to check medicines were being administered safely and appropriately. Staff showed us how unwanted or out of date medicines were disposed of and records confirmed this.

The service had effective safeguarding systems, policies, and procedures and investigated any safeguarding concerns promptly. Staff knew how to recognise signs of abuse and they understood their responsibility to report any concerns to senior staff and, if necessary, to the relevant external agencies.

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments, which identified risks and what support was needed to reduce and manage the risk. The staff team gave examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks. For example, risks of falls and pressure areas. Staff worked with people to manage a range of risks effectively. We saw evidence of referrals and input from other health professionals.

We saw records, which showed that equipment at this service, such as the fire system was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation. Environmental risk assessments had been carried out and this included regular checks of hot water temperatures. We checked these and noted some sinks in people's bedrooms despite

having mixer valves, were running at a high temperature. The recommended temperature for baths, showers, and sinks for bathing is 43 degrees. Some of the recorded temperatures of peoples sinks were 50 degrees. Although this had been recorded and actioned by the maintenance team, they had not notified the manager immediately or highlighted their actions on the audit form. We found this to be an issue of recording rather than impact. The day after our inspection, the manager confirmed they have put measures in place to ensure they sign off each audit.

The manager told us how staffing levels were assessed and organised flexibly. This was to enable people to have their assessed daily living needs as well as their individual needs for social and leisure opportunities to be met. Relatives and staff told us there was enough staff to meet people's needs and to keep people safe. There was a 24-hour on-call support system in place, which provided support for staff in the event of an emergency. Our observations on the day of inspection showed us there were enough staff to meet people's needs. Call bells were answered promptly staff did not appear rushed and took time to listen and respond to people's requests.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited, is not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people.

Good

Is the service effective?

Our findings

At this inspection people continued to be supported by staff that were trained and effective in their role. The rating remains good.

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

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person their liberty were being met. We found people were being supported appropriately, in line with the law and guidance.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas, which included; safeguarding, medication and communication. Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. The manager carried out observations to ensure staff were competent in putting any training they had done into practice. We observed one person transferring with the support of two staff using a hoist, this was done competently, and reassurance was given to the person throughout.

People and relatives we spoke with told us they thought the staff met their individual needs and that they were happy with the care provided. One person told us, "They are all so good here they know exactly what I need." One relative told us, "The staff take time to get to know people it is not all about completing tasks they actually take the time. They know how to look after my husband as well as I do."

People were supported to eat and drink sufficient to their needs and their weight was monitored to try to help prevent unplanned weight loss. We saw evidence of input from speech and language therapist and the dietician had been asked for when appropriate. Staff gave us examples of how they fortified people's food with extra calories if they were prone to weight loss under the instruction of the dietician.

We observed the lunchtime meal and people looked like they were enjoying the food. People told us the food was good one person told us, "The food is pretty good, and you can always ask for a sandwich." We observed staff supporting people to make a choice of what they wanted to eat. However, people living with dementia would benefit from having 'show plates' in order to help them make an informed choice around food and drink. We discussed this with the manager who told us they were in the process of assessing the overall mealtime experience for people and would be putting these into place. Staff were able to tell us

about each individual's likes and dislikes around food.

People's care records showed their day-to-day health needs were being met and they had access to healthcare professionals according to their individual needs. For example, psychiatrists, speech and language therapists, chiropodist, dentist and GP's. Referrals had been made when required. Details of appointments and the outcomes were documented in people's care plans. We saw that people's health needs were reviewed on a regular basis. Heath professionals told us, "If I ask the carers to do something, it is followed."

The environment was suitable for people in regards to safety and cleanliness. The service was in a good state of décor and repair and there was planned and routine maintenance. The building was old with different levels and was in constant need of repair and maintenance. The upstairs was accessed via stairs or a lift.

The manager had only worked at the service for a few weeks and told us of their plans to enhance the environment to make it more dementia friendly. They had already arranged to have the toilet doors painted in blue in order for people to recognise them easily. They told us of their plans to purchase some items of reminiscence for people living with dementia in order to enhance the environment.

The service had three communal areas, which enabled people to have their own space if required. The provider told us they had plans to refurbish one of the communal rooms and were in discussion with people that lived in the service and their relatives as to what they would like the room to be used for. One option was a sensory room, as the manager felt that quite a few people would benefit from this. However, the manager told us the final decision would be made by the people that lived in the service and their relatives and this was going to be discussed at a relatives meeting.

Good

Is the service caring?

Our findings

This key question has a continued rating of Good.

During the inspection, we observed staff interactions with people were positive. They were kind and considerate; the atmosphere within the service was welcoming, relaxed, and calm. Staff demonstrated affection, warmth, and compassion, for the people they were supporting. For example, people made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly. People were not rushed they were given time to respond to a question. We observed staff being tactile, placing an arm around someone, and holding another person's hand when talking to them. People were comfortable with staff interactions.

We looked at four people's care plans and saw that they contained information about people's likes and dislikes and their personal history. Staff understood people's care needs and the things that were important to them in their lives because some of them had worked in the service for a long time, for example members of their family, key events, and their individual preferences.

We observed people being encouraged to make day-to-day choices, and their independence was promoted and encouraged where appropriate according to their abilities. People had adapted crockery and cutlery to use to enable them to eat as independently as possible. We saw that staff knocked on bathroom doors and waited for a response before entering, this showed us that people were treated with respect. We observed people being spoken to discreetly about personal care issues so as not to cause any embarrassment.

People and their relatives were actively involved in making decisions about their care and their independence was promoted. People told us, "I get up early and I go to bed anytime I want to they don't tell you what to do." One relative told us, "They keep a good eye on [name of relative] this is the next best place to home the staff are so patient."

Staff supported people to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Relatives confirmed this and told us they were able to visit their relative whenever they wanted and at a time of their choosing. One person said, "I come every day never a problem I am always made to feel welcome."

There were resident meeting and relative's meetings held to encourage general discussions of any improvements required or what people wanted to change in the future. For example, discussions had been held around the change of use for one room with people that lived in the service.

Good

Is the service responsive?

Our findings

This key question has a continued rating of Good.

People's care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. The manager told us all care plans were in the process of being reviewed, especially in the area of dementia to provide more advice to staff. They were person centred and gave detailed guidance for staff so they could consistently deliver the care and support people needed. People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs.

The service employed a skilled activity coordinator who was shared with another service owned by the same provider nearby. They had previously worked full item at Penny Pot but found that people did not want activities all day therefore it had been decided to trial a period of splitting her time between the two services this had been positive. There was also a 'floater' staff member who was designated each day and responsible for spending one to one time with people who did not want to take part in group activities. The activity coordinator was enthusiastic about their role and enjoyed exploring different activities for people to take part in. They told us that each day they established what people wanted to do including one to one support for people who did not leave their rooms. They also showed us how they recorded peoples feedback this was done on individual basis which meant people's activities were as person centred as possible and relevant to their interests and hobbies. For example, one person told us they were interested in gardening and they were going out on a trip to the garden centre to purchase some plants for the garden.

We observed activities taking place in the communal area it was a nice atmosphere. There were various tables with games set up and people were all doing something different. The activity coordinator told us they had started a weekly exercise class, which people were enjoying. Some people were reading the newspaper and told us they have one delivered daily.

The senior member of staff told us they had been in discussion with the provider and manager about arranging more activities outside of the home and this had been agreed. They told us they were in the process of arranging some forthcoming days out.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. The manager confirmed that the service was not dealing with any complaints at the time of our inspection. Relatives told us that they had a good relationship with the provider, manager, and staff and could speak to them about any concerns and things were dealt with immediately.

People's preferences of care were known and where people were willing staff recorded peoples wishes when they were approaching the end of life. The new manager told us they planned to contact the local hospice

for support and advice on end of life care.

Good

Is the service well-led?

Our findings

At this inspection, we found the service was as well-led as we had found during the previous inspection. The rating continues to be good.

There was a manager in place who was in the process of being registered by the commission. They were being supported on a day-to-day basis by the provider who had been managing the home on a daily basis in the interim period of the previous registered manager leaving until the new manager took up post. 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.

The manager was enthusiastic and motivated and showed us a development plan they had in place where they had started to achieve some of the actions. Actions highlighted included, sourcing befrienders and volunteers to come into the service on a regular basis to give people one to one interaction. We observed them talking to people and relatives and they showed compassion and empathy and told us they were enjoying getting to know people and their families. One relative told us, "The place is different with the new manager brighter, the staff are happier."

The manager was committed to making a difference and the day after the inspection, they sent through documentation to show they have taken on board our comments and have taken the necessary actions to minimise the risk of error when people are receiving their medicines. They have also amended some recording forms to clearly highlight who is responsible and the actions that should be taken if they have any concerns around someone's weight or fluid intake.

Staff told us they enjoyed working in the service they said the provider and manager had a visible presence within the home and in the daily running of the home. They knew the people they supported and regularly worked alongside staff. They also told us that they were treated fairly, listened to and that they could approach them at any time if they had a problem.

The service carried out a range of audits to monitor the quality of the service. Records relating to auditing and monitoring the service were clearly recorded. We looked at records related to the running of the service and found that the provider had a process in place for monitoring and improving the quality of the care that people received. However, the actions taken on one audit of the hot water had not been highlighted with the manager although the staff had actioned it. For example, new temperature valves had been ordered. Surveys had been completed on annual basis by people living in the service and their relatives.

We recommend the manager signs off all audits carried out by other staff to ensure the necessary actions are highlighted and actioned and therefore they have a clear overview of the service.

Regular meetings took place with the manager and the people and staff to talk about any concerns or

problems as well as anything they would like to do in the forthcoming month. The manager also had regular meetings with the provider it was evident from our discussions with the staff and management team that everyone had the upmost respect for each other and worked as a team to provide in order to meet the needs of the people that lived in the service.