Melita Care Limited

Polventon Residential Care Home

Inspection report

Polventon House
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Cornwall
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Date of inspection visit:
16 December 2020
21 December 2020

Date of publication:
18 February 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Polventon Residential Care Home is a residential care home providing personal care and accommodation for up to 19 people who are predominantly elderly. Accommodation is spread over two floors. The service also had a supported living service adjacent to the care home. This does not provide personal care, and subsequently is not registered with CQC. Polventon Residential Care Home is situated in the village of St Keverne which is in south west Cornwall.

People's experience of using this service and what we found
Safeguarding procedures were not always robust so suitable action had not always been taken to minimise the risk of abuse.

Risk assessment procedures were not always satisfactory. Documentation did not always accurately detail what risks were and how risks should be minimised. Suitable action to mitigate risk was not always taken.

The service had a pleasant atmosphere, people were happy and assistance with people's lives was well organised. People who used the service, and staff members, were positive about the registered persons, and supervisory staff. However quality assurance systems were not always effective at picking up problems and ensuring these were resolved.

People we spoke with were all happy with the service. Comments received included, "It is very good, it has always been good," and "I cannot find fault with anything." A relative reported, "Everything is first class." A visiting professional said, "I wish I could place all my clients here." People were positive about the food, said they had enough to eat and were offered a choice. People could make a hot or cold drink when they wanted. People said there were some activities available such as arts and crafts, singing, quizzes, bingo, and baking. The service employed an activities co-ordinator.

Staff were recruited appropriately and satisfactory recruitment procedures were followed. The service had sufficient staff available to assist people. Staff were observed as attentive, kind and caring. Comments, from people who used the service about staff included, "They always do their best," and "They are excellent."

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised. Management of the service had been vigilant in their approach to minimising the risk of Covid 19 infection, and very good procedures were in place to ensure people were protected.

The team worked well together and had the shared goal of providing a good service to people who lived at the service. A staff member told us, "I love working here. It is like my family."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 15 March January 2018).

Why we inspected
The inspection was prompted by whistleblowing concerns about a series of incidents when people had been put at risk by another person who used the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the 'Safe' and 'Well Led' sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Polventon Residential Care Home on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

At this inspection we have identified breaches in relation to safeguarding, safe care and treatment, notifications required by law by the Care Quality Commission, and good governance.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There service was not always safe.

Details are in our safe findings below.

Requires Improvement

Is the service well-led?

There service was not always Well Led.

Details are in our safe findings below..

Requires Improvement

Polventon Residential Care Home

Detailed findings

Background to this inspection

The inspection

The inspection was completed under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak.

Inspection team
The inspection was completed by one inspector.

Service and service type
Polventon Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. However the manager had resigned and was in the process of applying to have their registration cancelled. The registered provider was in the process of recruiting a new manager. A registered manager, alongside the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. The provider was not asked to complete a provider information return prior to the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with eight people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, representatives from the registered provider, and care workers.

We reviewed a range of records. This included eight people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The inspection was triggered by whistleblowing concerns about a series of incidents when people had been put at risk by another person who used the service. Records showed there had been a series of incidents which the registered persons had failed to report to the local authority, under multi agency safeguarding procedures. The provider had failed to report the concerns to CQC, and other relevant authorities such as the police.
- The provider was aware of multi-agency safeguarding procedures, and what action should be taken if they had a concern. We were provided with copies of safeguarding referrals the provider made to the local authority. The provider had not informed the Care Quality Commission of the majority of these concerns.
- Other incidents such as people, who lacked mental capacity, leaving the building unarranged and unaccompanied; people experiencing a high frequency of accidents or incidents; people being subject to aggressive incidents had not been reported, or were not reported in a timely manner to relevant authorities.

The failure of the provider to ensure multi agency safeguarding procedures were followed put people at serious risk and is a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider had a satisfactory safeguarding policy and procedure. Staff we spoke with had a good understanding of how to recognise abuse, and the action which must be taken if abuse was suspected. Records show all staff had received safeguarding training.
- People we spoke with said they felt safe. If they had a concern, we were told people would speak to staff, the registered manager, a friend or relative about their concerns. People said they were confident staff would resolve the problem. Staff also said they thought people were safe. Staff had a good understanding of how to recognise abuse, and what to do if they had a concern. Staff told us that they had, "No concerns about anyone." A visiting professional said, "I have no issues or concerns."

Assessing risk, safety monitoring and management

- The service had a suitable risk assessment system in place. However not all risks were recorded; for example, people at risk of absconding, exhibiting aggressive behaviour or subject to seizures. Other agencies such as the deprivation of liberties team at the local authority, (i.e. if someone was subject to Deprivation of Liberty Safeguards (under the Mental Capacity Act 2005), were not always updated of changes in people's behaviour, so they could assist in minimising risk.
- The local authority, and subsequently the Care Quality Commission, were made aware of several incidents (for example one person acting in a sexually inappropriate manner; people leaving the service

unaccompanied when there was a risk to their well being going out alone, where the system had failed to record the risk, and had not been effective at taking suitable action to minimise or mitigate the risks. This caused unnecessary harm, or significant risk of harm to people who used the service.
●Risk assessments and care plans were reviewed by managers at weekly meetings. We were told these reviews were minuted, but not provided with a copy of the minutes. This did not give confidence that accuracy was always assured. Otherwise records showed that care plans, and risk assessments were only routinely reviewed and updated every three months.

The failure of the provider to ensure satisfactory risk assessment procedures, and to always take suitable action to mitigate risks is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

●Staff understood when people required support to reduce the risk of avoidable harm.
● We observed staff working with people in a safe manner, for example, when assisting people to walk or transfer from a chair, while maximising people's opportunities to be independent. Where people needed help with moving and handling, we observed appropriate equipment being used.
● People who used the service adhered to government guidance about Covid-19. Risk assessments had been completed to minimise any risks individuals were subjected to in respect of Covid 19.
● Systems were in place to record and monitor accidents and incidents. However, as outlined above, suitable action was not always taken.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely
● Systems for administering, storage and monitoring medicines were safe. Medicines were regularly checked by senior staff to ensure no errors were being made.
● Medicines were kept securely in locked trolleys and cupboards. Stock levels were satisfactory and staff said there had been no supply problems throughout the period of the pandemic. Where medicines needed to be stored with additional security, suitable storage facilities were in place, and appropriate records were kept.
● Medicine records were fully completed and well organised. Where necessary there were body maps to indicate to staff where to apply creams and lotions. When medicines were prescribed for use 'when required' there was sufficient written guidance for staff to know when these medicines should be given.
● Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines. Staff received appropriate training to ensure they were able to administer medicines appropriately.

Staffing and recruitment

● People who used the service said there was enough staff. People said if they rang the call bell, when they were in their bedrooms, and needed emergency help, staff would come quickly.
● People were positive about the staff who worked with them. For example we were told staff were, "Excellent," and "All very good."
●On the day of the inspection three care staff were on duty until 8pm. At night on the premises there was one waking night member of staff and one member of staff on call. Management staff were on duty during the day, and on-call throughout the 24 hour period. There was an activities co-Ordinator. Catering, cleaning and maintenance staff were also employed.
● Staff were recruited safely to ensure they were suitable to work in the care sector. Where necessary, relevant information was obtained before or shortly after staff commenced employment.

Learning lessons when things go wrong
● We were assured there were regular discussions in the staff team, and management meetings regarding what improvements could be made particularly if there had been an incident or an error made.
●We were concerned that appropriate actions were not proactively taken in line with the Duty of Candour. These concerns are outlined later in the report.
● In respect of concerns raised above, the registered provider took suitable action to review current procedures, and assured us that changes had either been made, or plans were in place to ensure changes would occur.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Several incidents had not been reported to the Care Quality Commission. The incidents included acts of aggression towards other people who use the service, high frequency of falls, people at risk of leaving the service unaccompanied. These incidents had put people at risk. Reporting, and obtaining assistance from other professionals may have helped ensure the incidents or further incidents may not have occurred.
- The registered manager said they had overlooked the need to report some incidents. However the registered provider had failed to have suitable systems in place to check the registered manager, and other senior staff had ensured relevant matters had been reported to the appropriate authorities.

Failure to report matters notifiable by regulation is a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

- The previous inspection report and the service's rating were displayed in the hallway.
- The registered manager was supported by a deputy manager, and a head of care. The owners of the care home were actively involved in its operation. A senior carer was always on duty during waking hours.
- Staff and people who used the service were positive about the registered manager. Staff told us the registered manager was supportive and approachable. We were told, "Management are really good," and "the atmosphere is brilliant."
- The current manager was registered with the Care Quality Commission but had resigned and would not be working at the service from the end of February 2021. We were told that a new manager would be recruited imminently, the Care Quality Commission would be informed of new management arrangements, and the person would submit an application to be registered with the Care Quality Commission as soon as possible.

- Staff had handovers between shifts. Good handovers helped ensure good communication between the team and consistency of care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- Where there was a significant incident, where a person had been harmed or put at serious risk of harm, there was no evidence that the person and / or their representatives received appropriate information, in a timely manner, subsequently reasonable support, or an uninitiated apology.

●In relation to relevant incidents we saw no records outlining what action was subsequently taken in line with the Duty of Candour. We were told the service did subsequently show remorse, after a safeguarding enquiry into allegations received by the local authority.

Continuous learning and improving care

● The service had audit systems in place for example in respect of care planning, maintenance, accidents and incidents, cleanliness, staff training and medicines. Some systems were not always effective as outlined elsewhere in the report.

● We were also concerned that systems, in operation, by the registered provider, were not effective in detecting any problems or omissions at the service. For example, other agencies and CQC have picked up several concerns which we have summarised in this report. These are for example, in regard to the recording and reporting of any risks or significant issues that occurred at the service.

The failure of the provider to effectively assess, monitor and improve the quality of the service provided is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Staff and people who used the service were positive about life in the home, found management and the staff team supportive. People told us, "They (staff and management) do their best," and "management are good." A visiting professional told us that the service "worked very well with people, ad staff were helpful and supportive."

● On the day of the inspection visit, we felt there was a comfortable, warm, friendly atmosphere at the service. Staff were observed as helpful and supportive in their communication and interaction with people who used the service.

● Staff said the team worked well together and they all enjoyed working at the service. Staff told us, "The team are very supportive," "Staff are really caring," and, "We communicate very well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The service was welcoming and friendly. People and staff appeared to have positive, friendly and professional relationships.

● The registered manager and the team regularly consulted with people and relatives on an informal basis, as well as in resident meetings.

● The registered persons had completed a survey of various stakeholder groups (such as relatives and staff) about how they felt regarding the quality of service. The report was very detailed, with a suitable action plan. The results of the survey were positive.

Working in partnership with others

●The service had positive links with statutory bodies such as health service and relevant local authority teams. District nurses and GP's regularly visited the service.

● People had opportunities to maintain positive links with their community, families and friends. The service had ensured people could maintain contact with friends and relatives, throughout the pandemic period, for example by telephone or the internet, if it was not possible for people to receive visits. Staff kept people's relatives updated, where this was appropriate, about any concerns or developments.

● The registered persons had worked constructively and in partnership with other organisations throughout the recent safeguarding process where concerns had been expressed about the care of some people who

had used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered persons did not always notify the CQC of matters which by law they were required to.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessment procedures were not robust. Risks to people who used the service were not always documented, reviewed or action taken to mitigate them.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Actions to minimise the risk of abuse were not always taken in line with multi agency procedures and the policy developed by the registered provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not effective at detecting and taking appropriate remedial action to ensure suitable standards are maintained