

# Cornwall Care Limited

## Penberthy

### Inspection report

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#### Ratings

<b>Overall rating for this service</b>	<b>Inadequate</b> 
Is the service safe?	<b>Inadequate</b> 
Is the service effective?	<b>Inadequate</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Inadequate</b> 

#### Overall summary

This inspection took place on 05 and 07 January 2015 and was unannounced.

The inspection was triggered following information of concern being brought to the attention of the Care Quality Commission (CQC). Areas of concern related to the poor environmental standards within the home. This included poor availability of bathing facilities and ineffective continence management in the home. It was alleged carpets within the home were in a poor condition, peoples rooms were sparse, with damp on the walls with

wallpaper peeling away, maintenance of fire systems were incomplete and a lack of activities for people living at the home. Our inspection found these allegations were true.

Penberthy is a care home which provides care and support to older people some of whom have been diagnosed with a form of dementia. The home does not provide nursing care. The home can accommodate up to 35 people. There were 31 people living at the home at the time of the inspection.

# Summary of findings

The home had a registered manager in 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 and associated Regulations about how the service is run.

The home did not have suitable procedures to ensure the maintenance of cleanliness and hygiene standards. Carpets had not been cleaned sufficiently. There were severe incontinence odours evident throughout the home.

We found the standard of maintenance was poor. There was poor maintenance of windows resulting in draughts in people's rooms, and the residue of damp on the walls of some people's rooms. Rooms had not been decorated following the repair of a roof leak. The service had not repaired a door with a faulty closure resulting in a staff member receiving an injury. This put people at risk of harm. Maintenance requests were not always being actioned resulting in people living in an environment which was not of a satisfactory standard.

The service development plan showing what action would be taken to comply with the noncompliance requirements of the fire service was incomplete. Significant internal work was required but this had not begun at the time of our inspection.

The number of bathing facilities in the home was inadequate to meet the needs of people living at Penberthy. Of the four bathrooms one was not used as it was not appropriate to meet the needs of the people that lived in the home. A first floor bathroom with assisted hoist was not working. Two remaining bathrooms were being used to meet the bathing needs of up to thirty five people, many of whom had continence management needs. There were no showers available to people which staff said would have made bathing easier for some people.

Supervision of staff was taking place but there was little record of these meetings and some supervision sessions were very brief. Cornwall Care supervision policy committed to providing staff with twelve hours of care supervision annually. Staff were not receiving supervision in line with its own contractual agreement with staff.

There were no meaningful activities taking place other than staff making time to play some board games and providing hand massages and manicures. There were no trips out of the home. People told us they were bored. People with dementia conditions did not receive activities which would stimulate and support them.

Complaints were being addressed by the manager when raised at a local level. However, there was no record kept of the complaint, investigation or outcome. This meant they could not be audited and specific trends identified and acted upon.

There were a limited number of surveys taking place to gain the views of people using the service including service users and staff. This showed people did not have the opportunity to contribute and provide feedback to improve the service.

Staffing levels were suitable to meet the needs of people using the service. In order for staff to have the time to gain updates on each shift there was an overlap between shifts. This ensured staff were informed of any changes in people's care and support needs and could respond effectively.

Staff had access to regular training in areas of care and support to meet the needs of people using the service. This included how to protect people from abuse. Our discussions with staff demonstrated they understood how to safeguard people against abuse. Staff we spoke with said they would have no hesitation in reporting abuse. They were able to describe the action they would take if they became aware of abuse. This showed us they had the necessary knowledge and information to understand about safeguarding people.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

We found a number of Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the end of the full version of the report.

# 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?

The service was not safe.

The service did not have suitable cleaning procedures or schedules to ensure the premises were kept clean and provide a suitable odour free environment for people to live in.

We found people were not always being kept safe due to poor maintenance of the environment

Maintenance of fire systems were incomplete.

There were enough staff on duty to meet the needs of people using the service.

Inadequate



### Is the service effective?

The service was not effective:

The standard of maintenance and decoration of the home was poor and did not provide a comfortable surrounding for people to live in.

Maintenance and redecoration requests were not always being actioned resulting in people living in a home which did not have satisfactory environmental standards.

There were only two of the four baths in working order for up to thirty-five people. There were no shower facilities for people.

The service was not providing staff with effective supervision in line with its own organisational policy document.

Peoples nutritional and hydration needs were being met by staff who understood their needs and provided a varied diet with daily choices.

People had access to healthcare professionals including doctor's chiropodists and opticians

Inadequate



### Is the service caring?

The service was caring:

People told us and we observed staff were caring and respectful when people needed support or help with personal care needs.

Staff showed a commitment in respecting and understanding peoples' needs by taking time to listen to people.

Relatives were very positive about the standard of care they felt their relatives received from the service.

Good



# Summary of findings

Staff understood the principles of treating people with privacy and dignity and were seen to respect this.

## Is the service responsive?

The service was not always responsive:

The service did not provide a suitable range of activities for people to participate in.

The service did not have systems in place to effectively support people with dementia.

Concerns and complaints were not being recorded so no audits could take place to monitor outcomes and trends.

**Requires Improvement**



## Is the service well-led?

The service was not well led:

Requirements identified in audits were not always being actioned meaning risks were not being managed.

No action was being taken when infection control and environmental audits had taken place.

There were a limited number of surveys taking place to gain the views of people using the service including service users and staff.

Responsibility within the management team to act on what was required for the service to maintain safety and improve standards was not evident.

**Inadequate**



# Penberthy

## 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 05 and 07 January 2015 and was unannounced. The inspection was in response to concerns received by the Commission relating to poor environmental standards, poor level of activities, and poor continence management.

The inspection team comprised of four inspectors.

During the inspection we looked at four care plans, staffing rotas for a four week period, two maintenance records, quality assurance audits from October, November and December 2014, resident and staff meeting minutes for

November and December 2014, fire service report for October 2014, fire risk assessment, emergency evacuation procedures, the services business plan, current medication records and the cyclical menus for one month.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This involved observing staff interactions with the people in their care on several occasions throughout the days.

We inspected the environment both internally and externally on both days of inspection.

We spoke with the Chief Executive officer of Cornwall Care Limited, two members of the senior management team, the registered manager and deputy manager of Penberthy. We spoke with care workers, ancillary and catering staff on both days of the inspection. We also spoke with eight people who lived at the home and 14 relatives.

During the inspection and following the inspection visits we spoke with the fire service, social work manager and the district nursing team, to gain further information about the service.

# Is the service safe?

## Our findings

When we entered Penberthy there was an immediate unpleasant continence odour throughout the ground floor, specifically in the area between the dining room and conservatory. The continence odour was also identified in a number of people's bedrooms. A housekeeper told us, "When the carpet cleaner broke in October (2014) (the staff member) tried to fix it but it was not possible" There was evidence the registered manager had applied to the organisation for a replacement carpet cleaner in November 2014. The registered manager had reminded the organisation in December 2014 as no agreement to replace it had been received by them. This was followed by confirmation the carpet cleaner would be delivered in early January 2015. This was a gap of approximately two months, during which time staff had to rely on physically cleaning carpets by hand. This process did not adhere to the code of practice and guidance on the prevention and control of infections.

The service had a number of people with incontinence needs. Staff told us they had been concerned about the impact of not having a carpet cleaner and recognised it was difficult to manage the odour. Comments included, "People wee all over the floor" and "We have been using cloths to clean up excrement from the floor". The lead housekeeper's notes reported three occasions in October and December when staff were asked to clean faeces from people's carpets. One person told us, "It's a hard building to keep clean". One room in particular had a strong continence odour. The person living in that room had a particular incontinence pattern recognised as difficult to manage. Staff said, "For years the carpet had not been removed". This demonstrated the service did not have suitable cleaning procedures or schedules to ensure the premises were kept clean and to provide a suitable odour free environment for people to live in. There was no evidence of checks taking place and no individual was accountable for maintaining the standard of each room.

Cornwall Care's infection control policy had been implemented in December 2011 and was due to be reviewed by December 2014. The policy did not refer to systems for the cleaning of, and standards of cleanliness. Standards of cleanliness and cleaning are included in the organisations decontamination policy. The infection control policy stated the head housekeeper was the

infection control lead for the service. At the time of the inspection there had been no lead housekeeper in post for one month. No staff member was taking responsibility for the standards of cleanliness in the service. The organisations infection control audit for October 2014, identified there were no hand washing facilities in sluice rooms. There was no evidence of any action having been taken or planned to address the issue of no hand washing facilities in the sluice rooms.

The registered person was not maintaining appropriate standards of cleanliness and hygiene for people who used the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found people were not always being kept safe due to poor maintenance. In October 2014 a member of staff had two fingers fractured due to the door release of a resident's room being defective, which resulted in the door trapping the staff member's fingers. This was reported formally by the deputy manager on a defect report following the incident. At the time of the inspection on the 05 and 07 January 2015 no action had been taken and the door remained a hazard. At the time of the accident the room was occupied by a person living at the home therefore they were at risk of harm. There was no indication by signage the door closure was a hazard. This put people at significant risk of harm.

There were a number of defects and poor standards of environmental maintenance seen during the inspection. These included, a hole in the vinyl floor of the conservatory, damaged hand rails in two service user toilets, the damaged floor of the passenger lift, wooden wall boarding in the lift being left unpainted, severely worn carpets in several bedrooms, damaged walls in three bedrooms. In one persons room we found that an electrical socket cover was missing. It was possible to reach into this socket to access the electrical wires.

The registered person was not ensuring people were protected against the risks of unsafe premises. This was breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were some concerns reported to us about the safety of the fire protection systems. We looked at the most recent fire report from October 2014. A draft action plan by the organisation was submitted to the fire service on 18

## Is the service safe?

December 2014. The service had addressed some of the actions but others were incomplete. At the time of the inspection. Significant internal work was required to provide an internal fire escape route to improve the current external route. At the time of the inspection there was no planning permission in place for the necessary work or a timescale for anticipated completion.

There was routine maintenance taking place for equipment including hoists, wheelchairs and stand aids. For example three hoist straps had been replaced in November 2014.

There were systems in place to protect people from the risk of abuse. Staff told us that they had received safeguarding training and that it was updated annually as part of their mandatory training schedule. There was evidence on staff files that training was taking place and recorded. Staff we spoke with had an understanding of how to keep people safe from abuse and reduce the risk of harm to people. One staff member said, "We all have had training in this area, I certainly would not hesitate to report any abuse that I saw."

Care and support was planned and reviewed regularly. Records showed people's risks were identified and reviewed on a regular basis. The records demonstrated the process used to identify and manage individual risk in respect of people's health needs. This included hazards related to, for example, nutrition, use of bedrails, behaviour management and falls. A professional we spoke with told us, "The service manages fall risks very well". However there were no environmental risk assessments recorded to demonstrate how environmental risks might be managed.

We looked at staffing levels at the home and the balance of skills of the staff that supported people who lived at the Penberthy. Most of the staff we spoke with felt there were enough of them to deliver care and support to people living

at Penberthy. We observed staff were not rushed, answered call bells promptly and spent time on an individual basis with people. There was a skills mix on each shift including care staff who had been employed for a number of years working together with staff who had joined the service more recently. One person told us, "Some of us have worked together for years it's a tight knit team and we all work well together". Staff were seen to work together as a co-ordinated team throughout the inspection. There were staff overlaps for each shift which facilitated a formal 'staff handover'. We observed an afternoon handover where staff were informed of any changes in people's needs or organisational issues. There were enough staff available to people whilst this took place. There were enough staff with the knowledge and skills to deliver care to people living at Penberthy.

One person who lived at the home said, "There is always staff around the place." A staff member said, "I feel we work well together and have enough of us around."

We looked at how medicines were administered and records in relation to people's medicines were kept. We found medicines were dispensed at the correct time they should be. This was confirmed by observing the staff member administering lunchtime medication. Only staff who had received training were responsible for administering medication. The organisation carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe. Where issues had been identified we found they had been addressed. Topical creams were being applied in accordance with instruction and recorded on the person medication records. The storage of refrigerated medication was being maintained regularly as were the maintenance records.

# Is the service effective?

## Our findings

The standard of maintenance and decoration of the home was poor and did not provide comfortable surroundings for people to live in. For example, Carpets in communal ground floor areas, corridors and first floor corridors were heavily stained and worn. Carpets in several bedrooms were stained or worn. Comments included, “We have reported those carpets so many times. It is so frustrating” and “It’s a tired building. Carpets need cleaning, work needs to be done”.

Where deficiencies were identified by the home a defect request was forwarded to the organisation to complete the maintenance required. We found occasions during the previous twelve month period where urgent requests had been made. For example it was reported a window seal coming away from the wall which was allowing wind and rain to come into the room. This was reported as an emergency in February 2014 but had not been carried out at the time of the inspection in January 2015. This is a period of almost twelve months. In another instance during July 2014 a window would not close causing a draft. This had not been addressed by the time of the inspection. A new carpet had been requested for a person’s room in October 2014. It had not been replaced by the time of the inspection. It was reported in October 2014 that in another room, “A window seems to have dropped making the room very cold and draughty”. This had not been addressed. We visited a further room where a person’s bed had been moved away from the window as it was cold and draughty. This showed people were living in areas of the home which required urgent maintenance and were adversely affecting their comfort. Staff we spoke with were very upset about the condition of the home. They told us, “Everybody knows what Penberthy is like. Penberthy is the poor relative. We can ask but we never get it”. Also, “We want to be proud of Penberthy, you feel you are apologising all the time to people”.

Damage to a roof of the building had been repaired in January 2014. However, the resulting internal water damage had not been addressed. We saw several people’s rooms where water damage was evident. None of the rooms had been redecorated. In the lounge it was noted damp patches were evident above the window. In the communal lounge and dining area we noted twelve light

bulbs required replacement from a number of light fittings. There was evidence of paint that was missing or chipped in corridors and in individual rooms. There was no structured plan to redecorate individual rooms.

A number of wall tiles were missing in a first floor toilet. There was no evidence to show when they would be replaced. When we asked staff about this they told us, “that’s been like that for ages”. The ground floor visitor’s toilet had a cistern cover that was meant for another cistern and did not fit correctly. There was a large gap between the cistern and lid. We alerted staff to this because it had not been recognised.

A stair lift used to access two levels on the first floor required a replacement belt as a buckle had broken. The replacement was agreed by the maintenance department in December 2014. However the belt had not been replaced at the time of the inspection in January 2015. If people used this stair lift they would be at risk without an adequate belt to secure them.

When we looked at bathing facilities in the home we found there were four bathrooms. Of these one bathroom had never been used, as the bath was of domestic nature and unsuitable to meet the needs of people living at Penberthy. At the time of the inspection a first floor bathroom with assisted hoist was not working. There was no defect request form in place to inform the maintenance team of this problem. This left two remaining bathrooms to be used for up to thirty five people. Staff told us some people received “bed baths”, “Because we cannot always get them to the bath. We do our best with what we’ve got”. We were told by staff, that recently, “The intermittent fault in the downstairs bathroom was an issue. All three baths were out of action for a period of time. Repairs have been done so two now (are) OK. One is not used”. This showed there was a period when no bathing facilities were available to people living at the home. There was no evidence in place to demonstrate how this period was managed and how people’s personal hygiene was maintained.

There were no suitable showers available to people living at the home. One person living at Penberthy preferred showers to baths. This had been supported to some extent by the addition of a shower hose to taps.. Staff told us a shower or “wet room” would make it easier for people to bathe, especially to manage incontinence issues. Comments included, “We have been asking for a ‘wet room’ for years. We have been left by the way side for such

## Is the service effective?

a long time". A property request form was completed by the registered manager in September 2014 for a wet room or walk in shower. This issue was rated by the registered manager as having a 'major impact'. The service business plan for Summer 2013 also identified a need for a wet room. There is no evidence the provider had responded to, or considered these requests. The current number of bathing facilities posed constraints on staff meeting the bathing needs of people using the service. Staff told us it was hard work with just two baths available to them and that sometimes they had to provide people with 'bed baths' as a result.

The provider was not ensuring there were suitable arrangements in place to provide a safe, comfortable environment for people using and working in the home. This was breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff said the manager supported them in their role. Some staff told us they had received supervision and appraisal. However there were very few notes on staff files to record discussions which were held, or any actions which came from the discussions. Some supervision sessions were very brief, between 5 to 40 minutes. The majority being 10 to 25 minutes. Some records were not dated. Cornwall Care supervision policy commits to providing staff with twelve hours of care supervision annually, either as a group or individually. At least four hours of that time would be in a one to one session. It states "supervisees are required to keep a reflective journal". We did not see that journals were in use.

The provider was not providing staff with effective supervision of which is commits to in its organisational policy document. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff members we spoke with confirmed they had access to a structured training and development programme. Training included fire safety, first aid, food hygiene and safeguarding. Other training courses were available for staff to access for example most staff had been encouraged to undertake Mental Capacity Act (MCA) training so they recognised the process involved should restrictions to peoples liberty be required because of lack of mental capacity. One staff member said, "The training opportunities here are good. We have our own training room and they are keen for us to learn".

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DOLS). The organisation provided training and support to ensure staff effectively responded to people when their mental capacity was reduced. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. Deprivation of Liberty Safeguards had been assessed for and applications submitted where required. Records we looked at showed the home had taken action to carry out Mental Capacity Assessments and best interest decisions were being recorded where necessary.

Records showed people received a nutritional assessment following admission to the service and people's dietary needs were recorded including personal preferences. For example one person told us they liked the choice of meals and preferred to eat a later breakfast. This was provided to the person later in the morning. They told us, "The meals are quite nice and yes I do have a choice but the staff know what I like to eat".

We observed staff took time engaging with some people who liked to sit around the dining tables during the day. They were encouraged to fold napkins and this stimulated conversation which people responded positively to. The atmosphere was relaxed and staff provided people with appropriate assistance. Staff were engaging in conversation with those they were assisting. People were offered a choice of drinks. One person was enjoying a glass of wine at lunchtime, whilst others had chosen juice and hot drinks. We observed staff encouraging people to drink to reduce the risk of dehydration. One person needed their fluid and nutrition intake monitored. When the person's tray had been prepared the chef included a record of the fluid contained in the drink. This informed the staff member so they could accurately calculate the amount taken. This showed staff were monitoring peoples nutrition and hydration needs effectively.

People had access to healthcare professionals including doctor's chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. One staff member said, "It is important to maintain good links with other health agencies and keep appointments such as the dentist so people's health is looked after." We spoke with the district nursing service who provided support at Penberthy. They said they had

## Is the service effective?

confidence in how the staff supported and cared for people. They said staff were keen to care for people and always asked for advice. They told us there were no pressure area care needs for people at the current time,

there was a low incidence of skin tears and falls risk were managed well. A social work manager told us the staff work closely with social workers when placements are made and reviews undertaken.

# Is the service caring?

## Our findings

Staff were caring and respectful when people needed support or help with personal care needs. A relative said, "They are nice here, as good as gold I couldn't wish for any better. My husband has been here for five years." Another person said, "I have some very good friends amongst the staff. To an extent it is like an extended family".

People we spoke with were observed to be well dressed. One lady wanted to show how her nails had been manicured and painted by staff. Staff had supported the person to apply makeup and jewellery. Another member of staff took time to alter a person's clothes in order for them to fit, due to their disability. The member of staff carried out this work in their own time away from work. They said, "(this person) has always been smart and nice clothes are important to them". This showed staff commitment in respecting and understanding peoples' needs.

During periods of time during the inspection we used SOFI observations. We observed staff being very kind to people. They were seen to be taking time to sit with individuals, talk with them and offer choice. People were seen to respond positively to this by smiling and laughing.

There were no restrictions to visitors coming into the home at any time during the inspection. Those we spoke with told us the service kept them informed and involved in their relatives care and support. However when we looked at care planning records they did not always show where relatives or people who used the service had been involved. Staff told us it was just not possible in some instances to involve other people especially where people lacked capacity.

Relatives were very positive about the standard of care they felt their relatives received from the service. Comments included, "Staff are always very approachable and you can speak to them at any time". Another person said, "I don't think the state of the house in which they are living has an impact on the care people receive". We spoke with a group of relatives during the inspection to inform them of the reasons why the home was being inspected and the concerns that had been raised about the service. We acknowledged staff were caring and carried out their roles in a kind and respectful way. However we did inform people there were a number of environmental standards which were not acceptable and required the providers to take action.

We spoke with staff to gain an insight into their understanding of the way people should be cared for. Staff gave examples of how to treat people with dignity. One staff member said, "The staff know the importance of treating people with dignity it's only what would be expected if your own were here".

We were shown around the home by a member of staff. We observed staff knocked on people's doors and they would not enter until a response was given. Observations over the two day inspection confirmed staff responded to people in a dignified and respectful way.

We recommend the service looks into national guidance for person centred care for best practice of involvement in care planning.

# Is the service responsive?

## Our findings

We received concerns that the service was not providing a suitable range of activities for people to participate in. When we spoke with the registered manager and members of the senior management team they acknowledged the scope of activities and events was limited. A relative told us, "We pop in regularly and they are never doing anything". Another person said they saw some people playing dominoes and throwing a ball around. A person living at the home told us, "They do look after you the food is nice". However they then went on to say, "It's boring in here. There is nothing to do, just watch telly". Another person said the same thing, "Sometimes it's a bit boring during the day".

There were a number of people living at Penberthy with a form of dementia diagnosis. There was no evidence of specific staff responsible for organising meaningful activities designed to stimulate people with dementia. Staff were seen to be playing various games, including ball throwing and board games in the afternoon period of the second day of the inspection. Staff we spoke with told us they did what they thought people liked, especially hand massages for the men as well as ladies. There was no evidence of community links even though this had been recognised as an action to implement in the summer 2013 business plan.

This showed the service was not supporting people to follow their interests or hobbies or provide meaningful stimulation for people with dementia conditions. We found the provider was in breach of Regulation 9(1)(b)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Life history books had been completed for some people where information was available and could be gathered.

For example a member of staff showed us a persons' life history book. They had taken time to put together photographs and stories showing the person's life, interests and hobbies. They had used this as a source of photographs which were placed above the person's bed. This helped the person as they could not easily access their life history book due to their restricted mobility. However, the bed had been moved but the photographs had not so making the photographs again inaccessible. There was also a box of photographs and ornaments which would have personalised the person's room but was not being used. This reinforced concerns expressed to us that some rooms were sparse. Other rooms we looked at also had little evidence of personalisation.

We noticed a lack of signage around the home to support people with dementia. For example there were no pictures of activity events and personalisation of their rooms. This would help people communicate their wishes and be more familiar with their surroundings.

When we looked at how the service responded to concerns and complaints we found a complaints book available in the homes entrance foyer. A staff member said, "There is nothing in it. Not because there had not been any complaints but because they had been dealt with and not recorded". The most recent complaints policy had been reviewed in June 2013. The policy allows the registered manager to investigate stage one complaints to a local resolution with a verbal response but encourages written reporting to learn from the experience.

By not recording stage one complaints the organisation was unable to demonstrate how the complaint was investigated or how it was resolved to the satisfaction of the complainant. This was a breach of Regulation 19 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

# Is the service well-led?

## Our findings

The organisation Cornwall Care Limited had audit systems to monitor and manage individual locations including Penberthy. We looked at a number of the audits including internal quality monitoring of health and safety, fire safety, maintenance and accidents and incidents. The service development plan showing what action would be taken to comply with the noncompliance requirements of the fire service was incomplete. Significant internal work was required to comply but this had not commenced at the time of the inspection on 05 and 07 January 2015. An accident in October 2014 had resulted in a member of staff fracturing two fingers due to a faulty fire door closure in a person's room. Both an accident report and a significant event report had been completed. The report showed the accident was not reported to Health and Safety Executive (RIDDOR) but it was reported to the homes maintenance team as an urgent requirement. The accident report stated a risk assessment needed to be completed. But this had not been done by the time of our inspection. By not carrying out a risk assessment or taking immediate action to repair this hazard, people remained at risk from the faulty fire door.

None of the audits seen highlighted the poor condition of carpets in the home. Staff comments included, "We reported those carpets how many times? It's so frustrating". A manager said, "There is no formal plan to pick up when rooms need updating. There is an expectation that we see when things need to be done". Defect records showed carpets were required for individual rooms, however they had not been actioned. The business plan for summer 2013 stated, "carpets in some areas urgently need replacing". There was no evidence any of these issues had been actioned.

This showed no action was being taken to address the areas of concerns and that the home was operating safely. This is a breach of Regulation 10 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Cleanliness and cleaning checks were the responsibility of the head housekeeper. Records showed the head housekeeper post was vacant and no other system had been put in place to monitor the cleanliness and cleaning of the service. The service audit for monitoring infection control and hygiene standards did not refer to problems

associated with the breakdown of the carpet cleaner, which had resulted in the need to clean urine and faeces manually and the subsequent development of severe incontinence odours. It also did not refer to the limitations in bathing facilities and the constraints imposed on staff when managing people's personal hygiene needs.

There had been one 'discovery interview survey' in the previous twelve month period. An independent consultant visited the service making observations over one day. They spoke with three relatives and one person living at the service. The report stated more surveys would be collated over the coming weeks. They were not available. The survey was limited in its results and the numbers of people whose views were sought. There were 'talk to us' cards available for people to make comments, however none had been completed. The cards were not in a prominent position in the foyer for people to see. This showed there were limited opportunities for people to contribute and provide feedback to improve the service.

The views of people using the service or persons acting on their behalf were not regularly sought. This was a breach of Regulation 10(2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We observed staff were supportive of each other and shared information during shifts and at handovers so that they were made aware of any changes or concerns. Staff felt supported by the registered manager. One staff member said, "I had a personal issues and (the manager) sat down with me. It really helped". Another staff member said, "(the manager) writes it all down and sends to head office". However, staff told us they felt the home was being left to deteriorate. This showed a lack of involvement or commitment from the organisation to value people using the service and its staff team.

Meetings were taking place at staff and management levels. They mostly covered operational issues including rotas and changes of policy procedures relating to operational issues. Staff were recorded asking the registered manager in November 2014 if a carpet cleaner had been purchased, demonstrating it was of concern two months before our inspection.

Leadership within the organisation was structured and the manager understood their individual role. However, there was a detachment between what was being reported by the registered manager and what action was being taken

## Is the service well-led?

and who was responsible, within the organisation, from outside the home. There were audits systems in place, defect report systems used to report faults, but no evidence of who was responsible to ensure action had taken place. For example, a defect report in October 2014 identified a major hazard in that a bedroom door was slamming to hard. This had resulted in a staff member fracturing two fingers. At the time of the inspection on 05 & 07 January 2015 no action had been taken and the door remained a hazard. There was no evidence as to who was responsible for addressing the issue, timescale to carry out the work and paperwork to show an audit trail. This was not ensuring a safe and transparent service.

By not having appropriate management systems to effectively manage risk there has been a breach in Regulation 10 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The services Statement of Purpose is a document required by Regulation 12 schedule 3 of The Care Quality Commission (Registrations) Regulations 2009 and must accurately declare the details of the service, its manager, staff, environment and kind of service it provides. The services Statement of Purpose, published in November 2014 stated that, "All our premises are monitored and governed in accordance with our responsibilities to our regulators". The brief description of Penberthy in the organisations Statement of Purpose says, "Penberthy is a cosy individual building with lovely decoration and safe and enclosed gardens". Through the process of this inspection the description was not an accurate reflection of the service as we found it.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

The registered person was not ensuring staff received appropriate levels of supervision. Regulation 23 (1) (a )

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

The registered person was not ensuring there were suitable activities available to meet the needs of people living at the home. Regulation 9(1)b(I)

### Regulated activity

### Regulation

Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints

The registered person was not demonstrating how complaints investigated were being reported on or how it was resolved to the satisfaction of the complainant.Regulation 19 (2) (c)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

The registered person was not maintaining appropriate standards of cleanliness and hygiene for people who used the service. Regulation 12 (2) (c)

#### The enforcement action we took:

Warning Notice

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

The registered person was not ensuring people were protected against the risks of unsafe premises. Regulation 15 (1) (c) (i)

#### The enforcement action we took:

Warning notice

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

The registered person was not regularly seeking the views of people using the service or persons acting on their behalf. Regulation 10 (2) (e)

The registered person did not ensure management systems were in place to effectively manage risk. Regulation 10(1) (b)

#### The enforcement action we took:

Warning notice