

Mr & Mrs L Difford

Penmount Grange

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Penmount Grange is a residential care home providing personal care for up to 27 people aged 65 and over. At the time of the inspection 25 people were living at Penmount Grange. The service is provided in one adapted building with an accessible garden.

People's experience of using this service and what we found

People told us they felt safe living at Penmount Grange. Staff had received training and understood how to maintain people's safety. When people had risks related to their care needs, these were recorded in a risk assessment which included guidance for staff to reduce the risks. Staff were recruited safely.

People's medicines were managed safely and administered on time. People told us they were supported to maintain their health and had appointments with external professionals when necessary. People told us they liked the food and had plenty of choice. People told us food and drinks were always available and any needs or preferences were catered for.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were trained to meet their needs and treated them with respect and compassion. Staff knew people well and treated them with compassion. People told us staff treated them equally and fairly and staff understood the importance of recognising and supporting people's differences.

We have made recommendations about recording people's needs relating to their protected characteristics; and about ensuring staff have the skills to meet people's diverse needs.

People told us they were able to express their views and make decisions about their care. People's privacy and dignity was respected, and their independence was promoted. People's care plans described how they would like to receive their care; however, it was not clear that everyone had been consulted about what was important to ensure they spent their time in a meaningful way. We have made a recommendation about this.

People and staff told us there was a positive culture in the service. There were various ways people and staff could share their views and any ideas for improvements.

Staff at all levels, including the provider, completed regular checks of the service to ensure its ongoing quality. Any areas requiring improvement were acted on.

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 05 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Penmount Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection 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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector, one assistant inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Penmount Grange 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 registered with the Care Quality Commission. This means that they and 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care

provided. We spoke with nine members of staff including the registered manager, deputy manager, senior care workers, care workers and the chef. We also spoke with a visiting hairdresser and a psychological therapist who know the service well. 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.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Penmount Grange. One person said, "The place is very safe and secure, so I feel protected."
- People had easy access to call bells and told us staff always responded promptly when called. A relative explained their family member could not use a call bell, so staff checked on them regularly.
- People who had behaviours that could challenge other people or staff, were treated with compassion. Staff used their knowledge of people to help them remain calm or to support them if they began to feel anxious.
- Staff knew and understood how to keep people safe and protect them from harm. They confirmed they knew who to contact externally if they felt their concerns had not been dealt with appropriately.

Assessing risk, safety monitoring and management

- Staff understood their responsibilities for reporting accidents, incidents or concerns.
- People were supported by staff who understood and managed risk effectively. People moved freely around the home with staff support when necessary.
- Risk assessments were in place to guide staff on how to reduce any known risks to people.

Staffing and recruitment

- People were supported by suitable staff. Checks had been undertaken to help ensure the right staff were employed to keep people safe.
- There were sufficient staff to meet people's needs safely. The registered manager told us they supported people themselves if the service was short staffed for any reason.
- People and staff confirmed there were always enough staff working to meet everyone's needs.

Using medicines safely

- Medicines were managed safely. Staff were appropriately trained and their competency and understanding of medicines administration had been assessed.
- Since the last inspection, an electronic medicines administration record (MAR) had been introduced. Staff told us the system helped them check everyone had had their medicines on time and as prescribed.
- A senior staff member regularly checked medicines stock to ensure they tallied with the records.

Preventing and controlling infection

- People were protected from the spread of infection by staff who had received infection control and food hygiene training.
- Senior staff completed a daily audit of the environment and highlighted any areas that needing cleaning or tidying.

- Staff had access to appropriate equipment to help prevent cross infection.

Learning lessons when things go wrong

- Staff reported incidents and records showed appropriate action had been taken when these had occurred.
- The registered manager told us they reviewed any accidents or incidents regularly to identify if any changes or improvements to people's care were required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service. These assessments were then used to inform each person's care plan.
- Staff had access via an electronic system, to the service's policies and procedures. The registered manager told us staff were alerted when any updates were made and were required to confirm they were aware of the changes. This helped ensure staff remained up to date with best practice.
- Information about whether people required support in relation to any protected characteristic under the equality act, was not routinely sought.

We recommend the provider reviews their assessment and care planning procedures to ensure they reflect the requirements of the Equality Act.

Staff support: induction, training, skills and experience

- People using the service said they felt staff members were well trained and used any equipment or aids safely.
- New staff completed a thorough induction which included shadowing experienced staff, spending time getting to know people; as well as discussing their roles and responsibilities with senior staff and the registered manager.
- Regular training was undertaken to help ensure staff remained up to date with current legislation and guidance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary about the food available and told us they were able to make choices about what they had to eat. Comments included, "The food is very good. I'm never feeling hungry or thirsty because there's plenty to eat and drink" and "The food is perfect, with lots of choice and the cook is very imaginative".
- People confirmed any dietary needs or preferences were met. A relative told us their family member had started eating and drinking better as a result of living at the service.
- When required, people received support to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

- People told us staff supported them to book and attend appointments with external professionals as required.
- Staff confirmed advice from professionals was shared with staff to help improve the care people received.

Adapting service, design, decoration to meet people's needs

- Outside spaces had been designed so people could use them independently. This helped ensure people did not feel restricted.
- The provider was in the process of updating the environment. People had been consulted for their preferred colours.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 of their liberty had the appropriate legal authority and were being met.

- People's capacity to make certain decisions had been assessed appropriately.
- Staff understood how to support people in the best way to help ensure they could make their own decisions.
- When people were deprived of their liberty in any way, DoLS had been applied for.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Most people told us they felt treated equally and fairly by staff, regardless of their needs, preferences or chosen lifestyle. A staff member told us they understood, "Everyone is different and they all vary about how they want things to be done."
- One person, who was living in the service temporarily, felt staff did not have the skills to meet their specific needs, as these were different to others who lived in the home.

We recommend the provider ensure staff are have the appropriate skills to understand and meet people's diverse needs.

- People received care and support from staff who had got to know them well. One person told us, "I'm really enjoying being here because they know me so well. I'm so well looked after, and they help me with everything."
- People described the staff as kind and compassionate and said they were treated with respect. One person told us, "They all seem glad to be able to help me." Staff talked about people with affection. One staff member told us, "The clients are amazing. They have all just got lovely individual personalities."
- Staff understood what was important for people's wellbeing. Several pets lived in the service which people enjoyed interacting with. Cuddly animal toys were used by some people for reassurance and staff understood how important these were to people. One person told us, "The cats are nice and calming and I love to stroke and cuddle them."

Supporting people to express their views and be involved in making decisions about their care

- People told us they had time to make decisions and that staff listened to them and acted on what they said. One person told us, "I told them about the bedroom door not staying open, and they just ordered a new part for the door stopper and fitted it today. Beat that!"
- Staff knew people's individual communication skills, abilities and preferences.
- People's care plans contained guidance for staff about how to communicate effectively with people.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. People could choose whether to keep their bedroom door open or closed and told us staff helped protect their dignity and privacy when assisting them with personal care.
- Care plans detailed how staff could help people maintain their independence, identifying what a person

could do for themselves and what they needed support with.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had choice and control over their day. Comments included, "I like to lay in bed most of the morning. Then, after teatime I like them to get me ready for bed, but I decide for myself when to get into bed and sleep or read for a bit. It's up to me, you see" and "I need help to shower twice a week and I like a shower in the morning. I just have to mention at night I'd like a shower tomorrow morning and that's what we do."
- Staff understood people's preferred routines and ensured these were respected. One staff member told us, "I think this home is very much about clients' choice. It's really nice and homely and people can do what they want."
- A relative told us they were regularly updated and consulted about their relative's care.
- Since the last inspection, a new computerised care planning system had been implemented. This meant the registered manager could easily review what care people had received and promptly identify any omissions.
- People had care plans that explained how they would like to receive their care, treatment and support. These were reviewed regularly and updated as people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Policies and procedures across the service were being developed to ensure information was given to people in accessible formats when required.
- The registered manager told us no-one currently living in the home required information in a non-standard format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had a range of activities they could be involved in and told us they enjoyed the activities on offer. One person commented, "I like to sing-along when they get the music people in and we all join in."
- Most people told us they were happy about how they spent their time. However, there were times during the day when people did not appear to have anything meaningful to do. Records did not show people had been consulted about pastimes they might like to pursue, or their backgrounds used to identify activities they might enjoy.

We recommend the provider seek reputable advice on consulting people about their preferences and providing meaningful opportunities for engagement throughout the day.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place for dealing with any concerns or complaints.
- People told us they would feel happy raising concerns with staff or talking to the registered manager if they had a complaint; but confirmed they had not had to do this.

End of life care and support

- People told us they had been consulted about their preferences for how they wanted to be supported at the end of their life. They told us these conversations had been compassionate.
- A compliment received by the service from the family of someone who had received end of life care commented, "Thank you so much for ensuring her wishes were met."

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were happy living in the service and gave positive feedback about the culture within the staff team. One person commented, "They [the staff and managers] all get along together because they know their jobs and they are a team." A staff member added, "It's lovely. I really like working here. The team is so lovely to work with."
- Staff were positive about working at the service. Comments included, "Penmount is an amazing home. People speak very highly of it and I am proud to work in it." and "I cannot praise it enough here."
- A visiting hairdresser told us they felt there was a family atmosphere in the service and that they had recommended it to others. A staff member explained, "This is their home and we are guests here and we want to make it as happy as possible for everybody."
- The registered manager regularly provided care and support to people and spent time with them. This helped them understand people's views of the service and any challenges staff encountered. A staff member told us, "[The registered manager] is very much for the clients' needs and welfare and takes a vivid interest and the same with the deputy. They are out on the floor all the time."

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

- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour.

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

- There were clear lines of responsibility and accountability within the management structure.
- Some tasks were delegated to senior staff but the registered manager retained oversight of these to help maintain the quality of the service.

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

- The registered manager valued people's feedback and held regular resident's meetings, so people could discuss any ideas or improvements to the service.
- The registered manager and staff regularly spoke to people and acted on any requests they had.
- Staff meetings and handover between shifts were used to ensure staff were up to date with people's needs

and were able to ask for advice or share ideas.

Continuous learning and improving care

- The provider had identified new ways of working, such as electronic care plans and MARs, to enhance the service people received.
- Checks and audits were completed by staff at all levels to ensure the continuing quality of the service.
- The provider had engaged an external company to complete a mock inspection of the service. Action had been taken where improvements had been identified.

Working in partnership with others

- The home worked in partnership with key organisations to support care provision. A healthcare professional told us they felt the registered manager and staff always shared appropriate information to support their visit.