

Methodist Homes

# Pennystone Court

## 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

Pennystone Court is registered to provide personal care for 36 people. The home is purpose built and is constructed on two floors comprising of 36 single occupancy rooms. The ground floor is designated to provide care for people living with dementia. All rooms are en-suite providing toilet and bathing facilities. Communal areas consist of a lounge and dining room on each floor.

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

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and treated people with dignity and respect.

People who lived at the home and their visitors told us they were happy with the care provided. Comments received included, "The care is wonderful. The staff are very nice and knowledgeable." And, "I cannot fault the staff and the care I receive. It's lovely here."

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. During the inspection we observed three staff members attending manual handling training.

The service had sufficient staffing levels in place to provide support people required. People told us staff were responsive and available when they needed them.

Medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

The design of the building and facilities provided were appropriate for the care and support provided.

The service had safe infection control procedures in place and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross

infection.

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

Staff knew people they supported and provided a personalised service in a caring and professional manner. Care plans were organised and had identified care and support people required. We found they were informative about care people had received.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We saw people had access to healthcare professionals and their healthcare needs had been met. The service had responded promptly when people had experienced health problems.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

People's care and support was planned with them. People told us they had been consulted and listened to about how their care would be delivered.

The service had information with regards to support from an external advocate should this be required by them.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and relative surveys to seek their views about the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|  |               |
|--|---------------|
| <b>Is the service safe?</b><br>The service remains Good.       | <b>Good</b> ● |
| <b>Is the service effective?</b><br>The service remains Good.  | <b>Good</b> ● |
| <b>Is the service caring?</b><br>The service remains Good.     | <b>Good</b> ● |
| <b>Is the service responsive?</b><br>The service remains Good. | <b>Good</b> ● |
| <b>Is the service well-led?</b><br>The service remains Good.   | <b>Good</b> ● |

# Pennystone Court

## Detailed findings

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 06 September 2017 and was unannounced.

The inspection team consisted of an adult social care 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. The expert by experience had a background dealing with older people.

We spoke with a range of people about the service. They included ten people who lived at the home, three relatives, the registered manager and seven staff members. Prior to our inspection visit we contacted the commissioning department at Blackpool Council and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of three people, staff training and supervision records of four staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medication records of four people. We reviewed the services recruitment procedures and checked

staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

People who lived at the home told us they had confidence in staff who supported them and felt safe when they received their care. Comments received included, "I fell very safe here. The staff are kind and helpful." And, "Yes it's a safe place to live. We are well looked after." People visiting the home also told us they had no concerns about their relative's welfare. One person said, "It was an easy decision choosing this home for [relative]. The staff are friendly and helpful and I know [relative] is safe in their care."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. The service had worked with the local authority safeguarding team in addressing concerns raised about one person's care. Following the incident staff had been retrained and the service had implemented procedures to ensure staff provided safe care.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support. These included moving and handling assessments. Care plans we looked at showed risks had been assessed and care planned appropriately.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care. The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed one staff member administering medication during the lunch time round. We saw the medication trolley was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

We looked around the home and found it was clean, tidy and maintained. The service employed designated staff for cleaning of the premises who worked to cleaning schedules. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

## Is the service effective?

### Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. We saw people visiting the home were made welcome by staff and where appropriate updated about their relative's welfare. One person visiting the home said, "Everyone has made a great effort to include [relative] and make them feel welcome. I have found the staff helpful and friendly."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they enjoyed the meals provided for them and were happy with the choices made available to them. Comments received included, "The food is very nice and there is a good variety." And, "The food is very good and we are given a choice of meals."

Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. People's food and fluid intake were monitored and their weight regularly recorded. Where concerns about weight loss had been identified appropriate action had been taken. One person visiting the home said, "[Relative] was really thin when they moved into the home. They have now regained their weight and look healthy again."

We observed lunch in the services two dining rooms. We saw people were given their preferred choice of meal and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties. Food served looked nutritious and well presented. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed. The atmosphere throughout lunch was relaxed and unhurried with people being given sufficient time to enjoy their meal.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. For example one person who

experienced a number of falls was referred to the falls prevention team for assessment. Following a visit from the falls prevention team the person was able to move around the home safely with the use of walking aids provided.

We looked around the building and found it was appropriate for the care and support provided. Bedrooms were single occupancy with en-suite facilities. There were bathroom/shower rooms and toilets on each floor. There was a lift that serviced the second floor to ensure it could be accessed by people with mobility problems. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. Doorways into communal areas, corridors, bedrooms, bathing and toilet facilities offered sufficient width to allow wheelchair users access. People had access to the grounds which were enclosed and safe for them to use. The service had recently created a shop in the lounge on the second floor for the use of people who lived at the home and their visitors. The shop was run by volunteers on a not for profit basis and sold sweets, crisps and drinks.

## Is the service caring?

### Our findings

People who lived at the home told us they were happy and well cared for. Comments received included, "The care is wonderful. The staff are great and very knowledgeable." And, "The staff are lovely and cannot do enough for you." People visiting their relatives told us they were happy with the care provided. One person said, "The staff are absolutely fabulous. [Relative] is happy and content here and very well cared for." Another person said, "I am pleased with the care [relative] receives."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way and were kind, caring and patient when supporting people. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "The staff treat me very well."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

## Is the service responsive?

### Our findings

People who lived at the home told us staff were responsive to their care needs and available when they needed them. They told us care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. Care plans we looked at were reflective of people's needs and had been regularly reviewed to ensure they were up to date. Staff spoken with were knowledgeable about the support people in their care required.

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We looked at a complaint received by the service. We saw the complaint had been taken seriously and responded to in a timely manner. People who lived at the home told us they were happy and had nothing to complain about.

The service had considered good practice guidelines when managing people's health needs. For example, we saw the service had written documentation to accompany people should they need to attend hospital. The documentation contained information providing clear direction as to how to support a person and include information about the person's communication and care needs, medical history and medication.

## Is the service well-led?

### Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had clear lines of responsibility and accountability. The registered manager was supported by a deputy manager and senior carers who undertook some management tasks including administering medication. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, monitoring the environment, health and safety issues, falls and infection control.

We saw written records confirming departmental meetings were being held by the service for management, care, domestic and catering staff each month. We looked at the minutes of a recent care team meeting and saw topics relevant to the running of the service had been discussed. These included discussing staff training.

We looked at the minutes of a recent residents and relative meeting. We saw topics discussed included the appointment of an activities coordinator and introduction of three week rolling menu.

We saw a sample of messages left by relatives of people who had lived at the home commenting on the service provided. Comments included, 'As a family we have appreciated your care and concern for [relatives] needs over the years.' And, 'I have never had cause to worry about [relative] because I have been confident they were well looked after.'

The registered manager chaired daily flash meetings with heads of departments discussing all aspects of the homes operations for the day. These included planned admissions/discharges to the home and any healthcare visits arranged for the day.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.