

## 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



### Overall summary

This inspection visit took place on 11 August 2015 and was unannounced.

At the last inspection on 26 November 2013 the service was meeting the requirements of the regulations that were inspected at that time.

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 flatlets. The ground floor is designated to provide care for people who have 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 time of our inspection visit there were 35 people who lived there.

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.

# Summary of findings

The registered manager 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 any unsafe care or abusive practices. People who lived at the home told us they felt safe and their rights and dignity were respected.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. We found staffing levels were sufficient with an appropriate skill mix to meet the needs of people. The deployment of staff was well managed and provided people with support to meet their needs.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The cook had information about people's dietary needs and these were being met.

We found people who lived at the home and were living with dementia were supported to be as independent as possible. At lunch time we observed staff encouraging people to eat their meal independently.

Care plans we looked at confirmed the registered manager had completed an assessment of people's support needs before they moved into the home. We saw people or a family member had been involved in the assessment and had consented to the support being provided. People we spoke with said they were happy with their care and they liked living at the home.

The environment was well maintained, clean and hygienic when we visited. No offensive odours were observed by the Inspection team. The people we spoke with said they were happy with the standard of hygiene in place. One person visiting the home said, "The home is always clean and smells fresh whenever I visit. My [relative's] room is spotless."

We found medication procedures in place 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 and appropriate arrangements for storing were in place. People told us they received their medicines at the times they needed them.

People's health needs were being met and any changes in health managed well. The people we spoke with said they had access to healthcare professionals when they needed them.

People told us they were happy with the activities arranged to keep them entertained. One person said, "They are always doing something with us there is never a dull moment." A visiting relative said, "I am very impressed with the activities they organise. My [relative] doesn't attend through choice but I always notice how much people are enjoying themselves."

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed she understood when an application should be made and in how to submit one. This meant that people would be safeguarded as required.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included questionnaires which were issued to people to encourage feedback about the service they had received. The people we spoke with during our inspection visit told us they were satisfied with the service they were receiving.

# 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 safe.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Good



### Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Good



### Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People participated in a wide range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

# Pennystone Court

## 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 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 11 August 2015 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 for the inspection at Pennystone Court had experience of services who supported older people.

Before our inspection on 11 August 2015 we reviewed the information we held on the service. This included notifications we had received from the provider, about

incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included the registered manager, deputy manager six members of staff, eight people who lived at the home and two visiting family members. We also spoke to the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called 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 looked at the care records of three people, recruitment records of three recently employed staff members, the duty rota, training matrix, menu's, records relating to the management of the home and the medication records of five people.

# Is the service safe?

## Our findings

People we spoke with us told they felt comfortable and safe when supported with their care. Our observations made during our inspection visit showed they were comfortable in the company of the staff supporting them. One person who lived at the home said, “I feel completely safe here and I am happy with my care. My relatives say this is the best home they have ever visited.” A visiting relative said, “I have no concerns about my [relative’s] care. The staff are lovely people and I know my [relative] is safe and well looked after.”

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and her staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They told us the service had a whistleblowing procedure and they wouldn’t hesitate to use this if they had any concerns about their colleagues care practice or conduct. There had been no recent safeguarding concerns raised about staff working for the service.

We looked around the home and found it was clean, tidy and well-maintained. No offensive odours were observed by the inspection team. The people we spoke with said they were happy with the standard of hygiene in place. One person visiting the home said, “I chose this home for my relative because of its excellent reputation. It was clean and smelt fresh when I came to look around.”

We found equipment in use by the home had been serviced and maintained as required. Records were available confirming gas and electrical appliances complied with statutory requirements and were safe for use. Equipment including wheelchairs and moving and handling equipment (hoist and slings) were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we found water temperatures were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

We looked at the services duty rota, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an

appropriate skill mix to meet the needs of people who lived at the home. We saw call bells were answered quickly and people requesting help were responded to in a timely manner. For example we saw people requesting to go to the toilet were provided with assistance promptly. People who lived at the home told us they were happy with staffing levels and staff were available when they needed them. One person said, “The staff are always around if you need them. They answer call bells as quickly as they can. I know sometimes they are busy attending to someone else and will come to me when they can.”

We looked at the recruitment procedures the registered manager had in place. We found relevant checks had been made before three new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The application form completed by the new employee’s had a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers and details of any convictions recorded. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We spoke with one member of staff who had recently been appointed to work at the home. The staff member confirmed that they had attended a formal interview. They told us they did not begin their employment until references and appropriate clearances had been received.

We observed staff assisting people with mobility problems throughout the inspection visit were kind and patient. We saw they took time when they supported people with their personal care needs to ensure they received safe care. For example we saw staff transferred one person from their armchair to a wheelchair used appropriate moving and handling techniques. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw the registered

## Is the service safe?

manager had undertaken assessments of the environment and any equipment staff used when they supported people. Where potential risks had been identified the action taken by the service had been recorded.

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. The registered manager had audits in place to monitor medication procedures. This meant systems were in place to check that people had received their medication as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed medicines being administered at lunch time. We saw medicines were given safely and recorded after

each person had received their medicines. The staff member informed people they were being given their medication and where required prompts were given. People who lived at the home told us they received their medicines when they needed them. One person said, "Always receive my medicines on time."

We found medicines that were controlled drugs were held in the home. Arrangements for storing, recording and disposing of these medicines met legal requirements. This helped prevent mishandling or misuse. Records were kept of all medicines received into the home and the quantity of any medicine 'carried over' from a previous month had been written on a person's medicine chart. This meant that medicines could be accounted for.

# 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. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestrictive movement around the home and could go to their rooms if that was their choice. Although key pads were in place for security reasons, some people had the combination and could leave the home when they chose. One person we spoke with said, "The weather has been lovely today and I have been out for several walks."

We spoke with staff members, looked at the training matrix and individual training records. The staff members we spoke with said they received thorough induction training on their appointment. They told us the training they received was provided at a good level and relevant to the work they undertake. One staff member said, "The company provide us with some excellent training which is updated when required. I feel really well trained to undertake the job that I am doing."

Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, first aid, infection control and health and safety. Staff responsible for administering people's medicines had received medication training and had been assessed as being competent. Most had achieved or were working national care qualifications. People we spoke with told us they found the staff very professional in the way they supported them and felt they were suitably trained and supervised.

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

We found the staff team 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. We saw people had jugs of juice within easy reach to have a drink when required. Staff were observed encouraging people who had been identified as being at risk from poor nutrition and dehydration to eat and drink. Care plans seen confirmed staff were recording people's fluid and nutritional intake.

We saw the services menu was on display in the dining areas for the meals of the day which was accompanied by pictures of the food. We noted the menu provided people with a choice of meal. During the morning we observed a member of staff informing people about the choice of meals for lunch. We saw an alternative meal was offered if people decided they didn't like the choices available.

At lunch time we carried out our observations in both dining rooms. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and helped to feed or prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support staff provided people with their meals was organised and well managed.

We spoke with the cook who demonstrated he understood the nutrition needs of the people who lived at the home. When we undertook this inspection there were four people having their diabetes controlled through their diet. One person had glucose intolerance and two people had recorded allergies. One person required a soft diet as they experienced swallowing difficulties. The cook was able to fortify foods as required. Portion sizes were different reflecting people's choice and capacity to eat. The cook told us he was informed about people's dietary needs when they moved into the home and if any changes occurred.

People spoken with after lunch told us the meals were good. One person said, "I have no complaints about the meals. If you don't like what's on the menu they will provide something else."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards.

## Is the service effective?

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed she understood when an application should be made and in how to submit one. This meant that people would be

safeguarded as required. When we undertook this inspection six people were subject to DoLS. Appropriate procedures had been followed and CQC had been informed about the applications as required by law.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners 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. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs. For example we saw one person had recently been referred to a tissue viability nurse following a visit from their General Practitioner (GP). The home had requested a visit from the GP because they had concerns about circulation in the person's legs.

# Is the service caring?

## Our findings

People we spoke with told us they were treated with kindness and the staff were caring towards them. Comments received included, “This place is very good. The staff are kind and caring towards me. I never thought I would settle in a care home but I have.” And “I cannot praise the staff high enough. They go the extra mile to make sure you are happy.”

As part of our observation process (SOFI), we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their own for any length of time. We observed staff sitting down and having conversations with people where they could and responding to any requests for assistance promptly. We observed people requesting a drink or wanting to go to the toilet having their needs met quickly. We noted people appeared relaxed and comfortable in the company of staff. People we spoke with during our observations told us they were receiving the best possible care.

Although a number of people had limited verbal communication because of their dementia condition, we were able to speak with six people who lived at the home and five visiting family members. One person said, “I came to the home for a short period and hadn’t intended to stay permanently. Unfortunately my health deteriorated and things changed. I have to say the staff have been brilliant with me and I am getting the best possible care.” A visiting relative said, “My [relative] has lived here for six years and I have no concerns about the care provided. The staff are very attentive and kind people. It’s such a relief not having to worry what I will find when I come to visit.”

People told us they were supported to express their views and wishes about all aspects of life in the home. We observed staff members enquiring about people’s comfort and welfare throughout the visit and responding promptly if they required any assistance.

Staff spoken with during the inspection visit displayed a good understanding of people’s individual needs around privacy and dignity. Throughout the visit we saw many examples of good care practice with staff treating people being supported in a dignified manner. We observed staff were helpful and respectful when they spoke with people. The staff we spoke with said the training they had received covered good care practices which included treating people with respect and dignity. One member of staff said, “The training we receive ensures we have a good understanding about good practice.”

Whilst walking around the home we observed staff members undertaking their duties. We noted they knocked on people’s doors and waited for a response before entering. We spoke with people who were in their rooms and asked if staff respected their privacy. One person told us they liked to spend time in their room. The person said, “I have no issues with the staff respecting my privacy. This is a lovely place to live.”

We looked at care records of three people. We found people and their families been involved in the care planning process. We found records were consistent, involved the person and were comprehensive. The care plans were up to date and kept under review to ensure they reflected the support and care people required.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they were pleased with the care people received and had no concerns.

# Is the service responsive?

## Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. One person said, "I am quite independent and like to as much as I can for myself. I can attend to most of my care needs and like to make my bed every day. I find it reassuring that the staff are available if I need them for anything." A visiting relative told us they were encouraged to contribute in decision making about their relative and kept fully informed about changes to care provision. The person said, "I am always informed if any changes have been made to my [relatives] care whenever I visit. I am informed why the changes have been necessary and made aware their care plan has been updated. It's nice to feel involved."

We looked at care records of three people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People had their weight monitored regularly.

The daily notes of one person showed how the service had responded to an identified health concern. We saw the persons General Practitioner (GP) had been requested to visit. The outcome of the visit had been documented and the records showed advice given about the persons care was being followed. The records confirmed the person's health was improving.

The service employed a full time activities co-ordinator who organised a wide range of activities to keep people entertained. The activities were structured and varied. On the day of our inspection visit we observed people attending and enjoying activities in both the morning and afternoon. In the morning we saw 14 people enjoying circle dancing. The activities coordinator skilfully engaged the people in the activity and we saw people laughing and enjoying each other's company. In the afternoon the activities coordinator organised board games and a quiz which was also well attended. We saw people were actively participating and their enjoyment was clear.

Throughout our inspection visit people told us how much they enjoyed the activities they attended. One person we spoke with said, "We have some excellent activities arranged for us and plenty of trips out. There is no need for anyone to get bored here, always something interesting going on." A visiting relative told us how impressed they were with the range of activities organised by the activities coordinator. The visitor said, "There is a lot of thought goes into how they can occupy and entertain people. There is always something going on whenever I visit. It's a pleasure to visit and see people enjoying themselves."

The service had a complaints procedure which was made available to people on their admission to the home. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. 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.

People told us they were comfortable with complaining to staff or management when necessary. They told us their complaints were usually minor and soon acted upon. One person said, "It's a well run home with good food, great activities and excellent staff. I have nothing to complain about."

# Is the service well-led?

## Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership. Six staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. One member of staff said, "I have worked here for a number of years and really like it. The manager is approachable and supportive." A visiting relative told us they felt the home was well run and the staff team were organised and disciplined.

We found the registered manager had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered manager had delegated individual responsibilities to her deputy manager and senior staff. These included holding meetings with the staff they were responsible for and undertaking supervision sessions. The staff we spoke with were aware of the individual responsibilities of members of the management team and told us they were approachable and supportive.

We saw written records confirming departmental meetings were being held for care, domestic and catering staff each month. In addition the registered manager organised and chaired meetings for the full staff team. We looked at the minutes of the most recent team meeting and saw topics

relevant to the running of the service had been discussed. We saw the registered manager had discussed the standards she expected from her staff team for compliance with future CQC inspections.

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

We found the registered manager had sought the views of people who lived at the home about their care by a variety of methods. These included resident and relative surveys. The surveys had been summarised and although feedback was generally positive an action plan had been produced to address areas where people felt improvements could be made. This showed the service listened and responded to the views of the people they supported and their family members.

Records seen during the inspection visit confirmed appropriate supervisory arrangements were in place for staff members. The staff we spoke with told us they could express their views about the service in a private and formal manner. They told us they were well supported as a staff team and had access to the management team when they needed them. All staff members spoken with were aware of whistle blowing procedures should they wish to raise any concerns about the service. There was a culture of openness in the home to enable staff to question practice and suggest new ideas.