

MPS Care (Hayle) Limited

Penmeneth House

Inspection report

16 Penpol Avenue
Hayle
Cornwall
TR27 4NQ

Tel: 01736752359

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Penmeneth House is a residential care home. It is registered to provide accommodation and personal care for up to 15 predominantly older people. The service does not provide nursing care. Nursing services are provided by the community nursing team. At the time of the inspection there were 15 people living at the service.

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

People told us they felt safe and were happy with the care they received at Penmeneth House. Comments from people and their relatives included, "The staff are very good people" and "All the staff are lovely and kind".

People were comfortable in the service and staff provided support at a relaxed pace. During the afternoon of the inspection staff spent time playing games and chatting with people in the communal lounge.

We were somewhat assured that people were protected from infection controls risks. Recent changes to national guidance on the use of masks in care home had been misunderstood. When raised with managers this issue was immediately addressed and mask wearing reintroduced. We have recommended the service ensures all changed to guidance are fully understood before implementation in the service.

People had choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. We have made a recommendation in relation to recording details of DoLS applications made.

Staff were recruited safely and understood their role in ensuring people were protected from harm. There were sufficient staff available to meet people's support needs. People told us staff responded promptly to request for assistance and call bells were within reach of everyone the service supported.

Medicines were managed safely and risks to people's health and wellbeing had been identified assessed and mitigated. Where incident or accident occurred reviews had been completed to identify areas of learning or possible improvement.

Staff had the skills necessary to meet people's needs and referrals for support from healthcare professionals had been made promptly and appropriately.

The service used a digital care planning and recording system which provided staff with clear guidance on how to meet people's needs. Daily care records had been accurately maintained and information about people communication needs and preferences was available to all staff.

People were supported to maintain relationships that were important to them and encouraged to participate in a range of activities within the service. There was a part time activities coordinator based in the service three days per week and a vehicle available to enable people to access the community or visit

places of interest.

Complaints had been appropriately resolved and there were systems in place to ensure people's needs were met at the end of their lives.

The staff team were well motivated and enjoyed spending time with the people. Current leadership arrangements were appropriate, and the new manager was well supported by the provider's directors. Relatives told us, "I think it is a well-run, happy home".

Rating at last inspection

The last rating for this service was requires improvement (Published 6 December 2019.) At this inspection the rating has improved to good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

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 always safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Penmeneth House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Penmeneth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a manager in post who intended to apply to become registered with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and three relatives, about their experience of the care provided. We spoke with three members of staff, the training and development manager, the new manager and two of the providers directors. We also spoke with a visiting healthcare professional about the service's performance.

We reviewed a range of records. This included two people's care records and four people's medicines records. We looked at two staff files in relation to recruitment, and staff supervision records. A variety of records relating to the management of the service, including policies and procedures 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 require improvement. At this inspection the rating has service improved to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. The provider had misunderstood recent changes to national guidance in relation to mask wearing. Staff were not wearing masks on our arrival. We raised this issue with the provider and the use of masks was immediately reintroduced.

We recommended the provider introduces additional systems to ensure future changes in infection control guidance are fully understood before implementation.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service was supporting people to have visitors in line with current guidance. We spoke with a relative who visited regularly and spent time with their relative in their room. Other people confirmed they saw friends and relatives regularly.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Penmeneth House and relatives said they had no concerns about people's safety.
- Managers and staff had a good understanding of local safeguarding arrangements and understood how to report safety concerns outside the service should this be necessary. Staff told us they had no concerns in relation to safeguarding issues and said, "People are definitely safe here".

Staffing and recruitment

At our last inspection we found staff were not always recruited safely as necessary pre-employment checks had not been completed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection the service's recruitment practices had improved and the service was no longer in breach of this regulation.

- Recruitment practices were safe. Disclosure and Barring Service (DBS) checks were carried out and references were gathered from previous employers to ensure prospective staff were suitable for employment in the care sector.
- The service had one staffing vacancy, which was currently advertised to provide holiday and sickness cover for the existing staff team. Like many local providers the service was experiencing some difficulties in filling this post.
- There were enough staff available to meet people's support needs. People told us they were well cared for by the staff team. People's comments about the staff team included, "They are the best", "We are very well looked after" and "They are all very friendly." People reported that staff responded quickly when they requested help.
- Support was provided at a relaxed pace and staff were able to spend time sitting and chatting with people in the afternoon. Staff said, "It is nice to be able to sit and chat with people."
- Rotas showed that planned staffing levels were routinely achieved. Where incidents of unexpected staff absence had occurred the providers directors and managers were available to meet people's support needs. The service had recently had an outbreak of Covid-19 which had impacted on staff availability. This situation had been well managed and necessary staffing levels consistently achieved.

Using medicines safely

At our previous inspection we found systems for administering, storage and monitoring medicines were not always safe. Records, in relation to 'as required' and controlled medicines were not accurately maintained and temperatures, at which medicines had been stored, were not being recorded. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the services systems and procedures for the management and administration of medicines had improved and this meant the service was no longer in breach of this regulation.

- Medicines administration records (MARs) had been accurately completed and there were no missing records in the charts reviewed during this inspection. The use of 'as required' medications had been correctly documented.
- Staff were trained in medicines management and one of the providers directors had the responsibility of overseeing the management of people's medications. Medicines audits had been regularly completed and any issues identified had been resolved.
- Medicines that required stricter controls were managed appropriately at Penmeneth House. We checked the records against the stock held and they balanced.
- The temperatures in both the service's medication room and in the medication fridge were now regularly monitored to ensure medicines were stored appropriately. The service had suitable arrangements for ordering, receiving, storing and disposal of unused medicines.
- There were systems in place to ensure any prescribed creams were dated when opened. This helped staff to know when it should be replaced.

Assessing risk, safety monitoring and management

- Risks were identified, assessed, monitored and reviewed. Staff had clear guidance on the actions they must take to protect people from identified risks. The provider's care planning system used alerts and reminders to help ensure staff completed all actions necessary to manage identified risks.
- People's needs, preferences, abilities and expectations were assessed before they moved into the service.

The Provider and manager recognised that new people moving into the service could impact on others welling and had endeavoured to identify people who were likely to get on well with existing people to minimise the risk of this type of disruption.

- The environment was well maintained with an ongoing programme of improvements underway. Carpets in communal areas had been recently replaced and people's bedrooms were well decorated. Equipment and utilities were regularly checked to ensure they were safe to use.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a good understanding of issues in relation to people's capacity to make decisions and choices. They recognised people's capacity could be variable both over time and on any particular day. When significant decisions or choices were required, staff gave people multiple opportunities to face the particular decision to protect people's independence.
- Staff sought people's consent before providing care and respected people's decisions and choices. People were able to move around the service as they wished and chose where to spend their time.
- Where people lacked capacity to make decisions about where they lived, some necessary applications had been made by the previous registered manager to the local authority for the authorisation of potentially restrictive care plans. However, the service did not have effective systems in place to record details of all DoLS applications submitted.

We recommend the service seeks guidance from suitably knowledgeable experts on the operation of effective systems to monitor applications made under DoLS.

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

- People's needs were assessed prior to their admission to the service. These assessments were completed in person to confirm the service could meet people's needs and expectations.
- Information gathered during the assessments process formed the basis of people's care plans. These documents were further updated and developed as staff got to know the person and gained a better understanding of their specific needs and preferences.

- Staff encouraged people to make choices about how their support was provided. Staff and managers understood people were able to make unwise choices. Where people's decisions had placed them at risk these risks had been discussed and explained to the person to ensure they understood the possible consequence of their choices.

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

- People told us "The food is lovely" and clearly enjoyed their lunchtime meal. People were able to choose between two main courses and a vegetarian option. Staff had visited people in the morning to gather their menu preferences for lunch. Where people changed their minds, alternate options were offered.
- Drinks were served regularly, and people were encouraged and supported to stay well hydrated.
- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet and staff provided support at mealtimes discreetly.

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

- People's health conditions were well managed, and staff engaged proactively with external healthcare professionals including GP's, district nurses, and speech and language therapists.
- Records showed people had been promptly supported to access support from healthcare professionals and that guidance provided had been adopted and included in people's care plans. Professionals were complimentary of the service which they reported communicated with them appropriately.

Staff support: induction, training, skills and experience

- People received effective care from competent and knowledgeable staff who had the skills necessary to meet their needs. Staff training had been regularly updated and managers gave staff specific training on how to meet people individual needs in relation to mobility.
 - There were induction procedures in place for new staff which included a period of shadowing experienced members of staff, learning about people's needs and how to support them.
- All staff, new to the care sector, were supported to complete the care certificate. This nationally recognised training is designed to give staff a good understanding of current best practice in care.
- Staff told us they were well supported. Staff meetings and one to one meetings were held to enable staff to raise any issues and share ideas.
 - The training and development manager had systems in place to monitor staff training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.

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

- The premises were suitable for people's needs and appropriately maintained. Carpets in communal areas had been recently replaced and people's bedrooms were well decorated.
- The service did not have an outdoor area that people were able to access. This was made clear to everyone before they moved into the service. A vehicle was available to support people on trips away from the service.
- Some areas of the service were suitable for people with reduced mobility. Where people's mobility had declined, they had been supported and encouraged to move to rooms on the ground floor. The provider recognised the service could become unable to meet people's need if their mobility significantly declined as some of the rooms were too small to enable hoists to be used safely. Where this occurred, people were supported to identify alternate placements.
- Toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.

- Audits of the service's environment had been regularly completed. Where any defects were identified repairs were made promptly.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The Service's digital care planning system provided staff with clear guidance on the care and support people required. These records had been regularly updated to ensure they reflected people's current needs. Staff told us, "The care plans are good."
- Care plans provided clear guidance to staff on how to meet people's needs in relation to health, well-being, nutrition and personal hygiene.
- Care records accurately detailed the support each person had received each day. The care planning system highlighted to staff, what supported people needed at particular times of day and alerts were used to identify any occasions where planned support had not been provided. This help ensure people's needs were met.
- The provider's digital care records contained limited information about people's backgrounds, history and interests. This information was available for some people in paper formats but had not been included in the digital system. This meant it would be more difficult for new or agency staff to recognise people's preferences and identify topics of conversation people may enjoy.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, and preferences had been identified and recorded in their care plan. Information was recorded in relation to the person's use of glasses and or hearing aids to aid communication. Staff were able to communicate effectively with people and we observed that staff varied how they communicated in response to people's specific needs.

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 were supported to maintain relationships that were important to them. Visitors were made welcome at the service and visiting had been supported and encouraged when possible during the COVID-19 pandemic. Tablet computers were provided to enable people to stay in contact with friends and relatives using video conferencing technologies.
- The service employed an activities coordinator for three days each week. On the day of our inspection people were supported to participate in a range of activities in the service lounge including; a quiz, sing

along and fairground games. People were clearly enjoying these games and one of the fairground activities became quite competitive. People cared for in bed told us that the activity coordinator visited them and had encouraged participation in activities.

- The service had a wheelchair accessible vehicle that was used to enable people to visit local tourist attractions and to go out for drives. People told us they enjoyed these opportunities to go out on trips in the local area.
- Staff told us they supported people to engage with a more limited range of activities when the coordinator was unavailable.

Improving care quality in response to complaints or concerns

- There were appropriate procedures and systems in place to ensure all complaints received were investigated and addressed. The service had only received one recent complaint, and this had been appropriately resolved.
- People told us they had nothing to complain about and said, "I can't knock them at all."

End of life care and support

- The service was able to provide end of life care to people. Information about people's preferences and wishes at the end of their lives, was available in people's care plans.
- Staff worked with the appropriate health and medical professionals to ensure the appropriate equipment and medicines were in place for people at the end of their lives.
- When a person needed end of life care a specific care plan was developed detailing the person's individual needs. A visiting professional complimented the service's manager to their commitment and compassion when supporting people at the end of their lives. They described how the manager had recently sat with a person through the night to provide comfort and reassurance during their final hours.

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 requires improvement. At this inspection the service has improved to good. 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

- There was a warm, friendly family atmosphere in the service. People were comfortable in their home and were heard laughing and joking with staff throughout the inspection.
- People and relatives were complimentary of the service, its leadership and the quality of care provided. Comments received included, "It is excellent, I can't fault it at all" and "[My relative] likes being there".
- The staff team were well motivated and focused on providing person centred care. Staff told us they enjoyed their roles and we saw staff took pleasure in supporting people to live well. One staff member told us, "It is not a chore coming to work, it is fun."

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

At our last inspection we found the provider had not operated effective systems to ensure compliance with the regulations. Failings had been identified in relation to the service's recruitment practices and medicine management. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection these issues had been addressed and the service was no longer in breach of this regulation.

- A training and development manager had been appointed since our last inspection. This manager was responsible for overseeing the recruitment and training of new staff. As detailed in the safe section of this report the service's recruitment practices were now safe and all necessary pre employment checks had been completed.
- One of the provider's directors regularly worked in the service and had taken on responsibility for the management of medication. Medicines were now managed safely and all necessary audits completed.
- The service did not have a registered manager in post at the time of this inspection. The previous registered manager had resigned in early 2022 and a new manager had been appointed. The new manager intended to apply to the commission for registration on completion of their probationary period.
- The new manager was supported by the training and development manager. The roles and responsibilities of the individual managers were well understood by the staff team. Staff told us, "Both managers are good", "It is very well organised" and "I think it is a well-run, happy home."
- The manager completed a monthly report to the directors detailing the service's current performance and identifying any current challenges.

- Two of the providers directors were regularly present in the service with one director regularly completing care shifts. This meant these directors had regular direct interactions with people and staff. They had a detailed understanding of the service's current performance and had provided the manager with regular supervision and support.
- The management team understood their role in terms of regulatory requirements. Necessary notifications had been submitted to the commission when required.
- There was good communication between leadership and the staff team. Where changes in people's support needs were identified this was promptly communicated to staff via the digital care planning system.

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 service communicated openly and effectively with people and their relatives who told us, "Communication is really good." Managers understood their responsibilities under the duty of candour.
- The provider's directors and managers demonstrated an open and transparent approach during the inspection processes. All information requested was provided promptly.

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

- There were systems were in place to enable people, staff and relatives to give feedback. Relatives were also encouraged to provide feedback via an open website forum. Relatives' feedback had been consistently positive and included, "The staff and management are extremely caring and attentive, nothing is too much trouble. The home is kept clean, tidy and is very comfortable. I would highly recommend it."
- Residents meetings had been introduced following our previous inspection. These meetings now gave people opportunities to share feedback and raise any specific concerns or issues with the provider.
- Staff involved people in day to day decisions about how the service operated and ensured people were protected from discrimination.

Continuous learning and improving care

- The providers, managers and staff team worked well together to meet people's needs. Staff felt well supported and told us, "It is a nice place to work, I look forward to coming in."
- There were audit and quality assurance system in place to drive improvements in the service's performance. Issues identified at the last inspection had been addressed and resolved.

Working in partnership with others

- The service had strong and effective links with the local GP surgeries. During a recent incident when emergency services were unable to support the service, the provider had been able to access support, guidance and assistance from GP practices.
- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support had been made.
- Professionals were complimentary of the service which, they reported, communicated with them effectively. One professional told us, "I have never heard of any concerns from any of my colleagues and it is lovely, if I was going somewhere, I would come here."