

Copthorne Care Homes Ltd

# Penlee Residential Care Home

## 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

Penlee Residential Care Home is a care home that provides personal care for up to 25 predominantly older people. At the time of the inspection 22 people were living at the service. Some of these people were living with dementia.

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

The inspection was prompted following concerns raised to the Care Quality Commission in relation to the management of medicines, consent, governance and staffing levels.

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. We have made a recommendation for the service to ensure the newly introduced capacity assessments were completed.

People received their medicines in a safe and caring way. Where we identified some gaps in records and audits the registered manager took immediate action to address this. We judged there had been no impact on people.

We had received information that there were not enough staff to support people and staff did not have the time to allow for people to make choices about their activities. We did not substantiate these concerns. There were enough staff to meet people's needs and ensure their safety. Some people chose to go out into the community. One person told us, "I do like to go out. So long as the staff know there is no problem". Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

Prior to the inspection we had received concerns that the service was not being governed well and restrictions were in place for people to make choices. We found evidence of the provider visiting the service regularly, speaking with all stakeholders to allay any concerns regarding the change of provider. The registered manager told us they spoke with the provider daily and resources were being made available to make changes or improvements in the home. Staff told us they were happy with the registered manager and provider. They told us, "It's been a big change, but I think it will be OK" and "I like the way the [providers name] has made the changes. They talk things through with us. We have contact if we need to speak with [providers name]".

Records of people's care were individualised and detailed their needs and preferences. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm. Some files contained a large amount of dated information and we advised the registered manager to address this as those records were difficult to navigate. They acted on this and told us it was anticipated the service will be moving to an electronic care planning system in the near future.

There was a relaxed and friendly atmosphere at the service. People made choices about where and how to spend their time. People told us they were happy with the care they received and believed the service was a safe place to live. People were positive about staff, and their caring attitude, and told us they were treated with kindness and compassion.

Where people were unable to tell us about their experiences we observed they were relaxed and at ease with staff. People's behaviour and body language showed that they felt cared for by staff.

Staff told us that they had received the training they needed to meet people's needs safely and effectively. The registered manager maintained oversight of training to ensure staff had the necessary training, knowledge and skills to provide consistent care.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised. The environment was safe, and people had access to equipment where needed.

People and their families were given information about how to complain. The registered manager and staff knew people well and worked together to help ensure people received a good service. People and staff told us the registered manager and the provider were approachable and listened when any concerns or ideas were raised.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

This service was registered with us on 7 July 2022 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 14 December 2019.

Why we inspected

The inspection was prompted in part due to concerns received about governance, medicines, staffing and people's choices. A decision was made for us to inspect and examine those risks.

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.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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** ●

# Penlee Residential Care Home

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors and a medicines inspector.

#### Service and service type

Penlee Residential Care Home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used all of this information to plan our 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.

During the inspection

We spoke with the registered manager, six care staff and a cook. We spoke with three people, two relatives, and a healthcare professional. We gained the views of one other professional.

We reviewed a range of records. This included four people's care records. We checked seven people's medicines records and looked at arrangements for administering, storing and managing medicines. We looked at records in relation to staff training and supervision. A variety of records relating to the management of the service, including audits, policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Prior to the inspection we had received concerns that medicines were not being managed safely. At the inspection we found there were some areas where the service could improve medicines system's, but the concerns raised with the commission were unsubstantiated.
- There were suitable arrangements for ordering, and disposal of medicines, and for those needing extra security. However, improvements were needed to the way medicines requiring cold storage were managed. The medicines refrigerator was not locked at the time of our inspection and the temperatures were not suitably monitored. The registered manager took prompt action to address these issues and provided us with evidence.
- Staff recorded on Medicines Administration Charts (MARs) when medicines were given. However, we found a few gaps in records for two people, and we could not verify from the stock levels if these doses had been given. We judged there had been no impact on people and immediate action was taken to address this.
- Regular medicine audits were completed, and some actions for improvements had been completed. The registered manager had not identified the areas for improvement that we found at our inspection. However, we were assured by the immediate action taken by the registered manager to address the issues raised.
- People received their medicines in a safe and caring way. They were asked if they needed any medicines prescribed to be taken on a 'when required' basis.
- There were policies in place so that people could look after their own medicines if it had been assessed as safe for them.
- When people were prescribed medicines 'when required' then guidance was available for staff to ensure doses were given appropriately.
- Staff were trained in safe handling of medicines and had checks to make sure they gave medicines safely.

### Staffing and recruitment

- We had received concerns that people's needs were not being responded to in a timely way and people's choices were limited due to lack of staff. We found these allegations unsubstantiated. There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People's needs were responded to in a timely way. Staff told us they thought there were enough staff to support people. A person told us, "They [staff] are very good. I don't have to wait very long at all if I call them". A relative said, "Whenever I visit staff are always around and react very quickly if a resident needs them. I have seen it for myself." A visiting professional told us, "We are always greeted by the door and always enough staff available".
- Staff were recruited safely. Staff files showed a range of checks including references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to

work with vulnerable adults.

- Staff told us they felt valued by the management team. Comments included, "There have been some changes, but the registered manager is supportive. It is a nice place to work" and "The teamwork is good. We all support each other."

Assessing risk, safety monitoring and management

- Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. Relatives told us, "I am happy, and mother is safe" and "I can't say a bad word about the place".
- Staff supported people to move around and transfer safely. Lifting equipment had been regularly serviced.
- The environment was being maintained. There was some decoration taking place. Equipment and utilities were regularly checked to ensure they were safe to use.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.
- People told us they were happy living at the service and felt safe. Comments included, "Yes I feel very safe living here" and "I definitely feel [Relatives name] is safe living here. It gives me piece of mind."
- The provider had appropriately used multi agency safeguarding procedures when they had a safeguarding concern.

Preventing and controlling infection including the cleanliness of premises

- 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 assured that the provider was using PPE effectively and safely.
- 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 visits from families and friends. Protocols were in place should there be any disruption due to Covid-19 outbreaks.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any patterns or trends could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational



therapists or physiotherapists, after incidents where people had fallen.

# 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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The service had introduced specific capacity assessments. However, they were only just beginning to be implemented. We did see a recent overview of people with DoLS applications and authorisations. Staff understood what restrictions meant and the need for them to be assessed prior to restrictive practices, such as the use of pressure mats to monitor movements. People were being supported to make decisions where possible.

We recommend the service continues to complete the capacity assessment in order to clarify people's level of mental function.

- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. Where possible, friends and relatives who knew the person well were involved in the decision-making process. The service recorded when people had power of attorney arrangements in place.

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, to help ensure their needs were understood and could be met.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.

- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There was a front garden area where people told us they enjoyed using in good weather. One person said, "I like it because you can have a chat with people when they are passing".
- Access to the building was suitable for people with reduced mobility and wheelchairs. There was choice of access to the upper floor through a stair lift and a passenger lift.
- The service had toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.
- People's rooms were personalised to their individual requirements. A relative told us, "[Person's name] has a lovely room filled with things that have been important to her".

#### Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them. One member of staff told us, "I feel really supported and senior staff support the junior staff. It is a good team".
- Management supported staff in their roles through regular meetings, observations of their practice and informal support. Appraisals took place to give staff the opportunity to discuss their individual work and development needs.

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

- Prior to the inspection we received a concern that people who enjoyed alcohol with their meals were being denied this option. At the inspection we found people had the choice of alcoholic drinks. Some people had drinks in their rooms. The registered manager told us it had always been their choice.
- People had access to a varied diet. Kitchen and care staff were aware of any dietary requirements and preferences.
- People told us they enjoyed the food and were able to choose what they ate. Comments included, "I like the food. They know what I like and don't like" and "The food is home cooked. I enjoy it".
- Care plans included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently.
- Hot and cold drinks were served regularly to help prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.

#### 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 conditions and social needs were well managed, and the staff engaged with other organisations to help provide consistent care. A visiting healthcare professional told us, "We visit every day and we work well with the staff team".
- Staff communicated well with external professionals and any guidance and advice was followed. A healthcare professional told us, "Staff are good at following any instructions or guidance".
- The service worked closely with the local GP practice and they visited when necessary. The service worked closely with the practice to ensure they could effectively meet people's health needs.
- Staff supported people to have regular health checks including opticians, hearing, and dental checks. Care

plans for oral care had been developed for each person to identify their needs and action was take action.to support people to access dental care.

- People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently.

# 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

This is the first inspection for this newly registered service. This key question has been rated good. 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; equality and diversity

- There was a relaxed atmosphere in the service and staff were friendly and supportive. We observed positive and caring interactions between staff and people living at the service.
- People spoke positively about staff and told us they were treated with kindness and compassion. People and relatives told us, "They look after her well", "Mum seems safe, settled and as happy as she can be in a home," "The staff are very caring" and "I love it, mum is very happy here".
- Care plans contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.
- Staff respected people's individuality and supported them in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. For example, one person had always liked to be active and engaged in the community. Staff supported this person to continue to do this.

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

- People were involved in day to day decisions and had control over their daily routines. People were able to choose where and how they spent their time. They could get up and go to bed at a time of their choosing.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People's rooms were decorated and furnished to meet their personal tastes and preferences. The relative of one person told us before the person moved into the service their room had been decorated to their taste and colour choice.

Respecting and promoting people's privacy, dignity and independence

- Staff were discreet when carrying out personal care. They ensured doors were shut and privacy was respected.
- Staff supported people to maintain their independence. For example, at lunchtime some people had adapted cutlery and their food cut up to enable them to eat independently. Staff were available to support, if needed, to help ensure people's dignity was maintained while still promoting their independence.
- People's personal relationships with friends and families were valued and respected. People told us their relatives were always made welcome and were able to visit at any time.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff had a good understanding of people's individual needs and provided personalised care.
- The service was considering changing the care planning system from a paper based one to an electronic plan. The plans we looked at were large. Information was dated in some and required archiving. This would enable staff to navigate the information more easily. The registered manager acknowledged this observation and assured us it would be addressed with immediate effect.
- Care plans recorded people's needs and preferences. These were reviewed monthly or as people's needs changed. A relative told us the service was quick to keep them informed about any issues with their relative. For example, one relative told us, "When I left [person's name] here at the start she looked grey and was always ill. Within 6-8 weeks she had colour, her skin had improved, and she is much better".
- Where possible people and their relatives were involved in the development and reviewing of their care plans. A relative told us, "They [manager and staff] keep me up to date about [relatives name] care and any changes".
- Staff were updated about people's changing needs through effective shift handovers and notes written each day about people's physical and emotional well-being. This helped ensure people received consistent care and support.
- A professional told us the service worked closely with them, shared information and responded to advice. Comments included, "I find the staff to be very proactive and supporting of their residents, they always respond quickly and efficiently to any requests made", "The home is always very quick to check any queries and inform us of any changes in residents care", "We have a direct email link which is accessed daily and a weekly ward round on a Monday afternoon" and "The staff maintain excellent patient records, which are up to date with patient details such as weight".

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.

- Care plans contained information about support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

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

- We received concerns that some people did not have the opportunity to go out independently in the community due to the risk of Covid-19 infection. We spoke with the registered manager about this and a person who enjoyed going out. We found the claims to be unsubstantiated. Records showed and people told us they did go out when they chose. One person was supported by staff due to risk factors.
- People had access to a range of activities both in the service and the community. The registered manager told us of a new facility close by the home, where people visited for coffee mornings and activities.
- Care plans recorded information about people's interests, past hobbies and how they enjoyed spending their time.
- There were a range of activities on offer including pampering, music, exercises and crafts. External entertainers had begun visiting the service again following COVID-19 restrictions being lifted.
- Where people chose to stay in their rooms staff called in regularly to check on their welfare and have a chat, which helped to prevent them from becoming socially isolated.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- People told us they would be confident to speak to management or a member of staff if they were unhappy.

End of life care and support

- The service sometimes provided end of life care to people, supporting them at the end of their life while comforting family members and friends. When people were receiving end of life treatment specific care plans were developed.
- As people neared the end of their life the service sought support from GPs and district nurses.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We had received concerns that the managers were not supportive. We found this to be unsubstantiated. Staff spoke positively about the registered manager and the way they ran the service. They told us they felt valued and were well supported. Commenting, "I feel supported and think it's [the home] is managed well", "There have been some changes, but it's all been explained to us." and "The communication is good."
- The management team understood their roles and responsibilities. The registered manager was responsible for the day-to-day running of the service. It was anticipated there would be additional managers registered with the commission, in order to provide a more flexible management team. The provider worked closely with the registered manager to ensure there was transparency and they understood the need for resources.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance.
- Important information about changes in people's care needs was communicated at staff handover meetings each day.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed at the service.

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

- The registered manager had oversight of the service and understood the needs of people they supported. There was a strong emphasis, at the service, on meeting people's individual needs and providing person-centred care.
- People and visitors told us they thought the service was well managed and management and staff were approachable. Comments included, "I feel confident to raise any issues with [registered manager]. I have raised things with staff and the manager and found all of them to be really helpful".
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being. A relative told us, "They [staff] were amazing during lock down. Staff would come in and do hair and all sorts of extra things for people. Very fortunate [name] is here".
- The service's policies were being reviewed and updated to ensure they reflected best practice and the service's current procedures.



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 understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- Since the provider registered with the commission they had personally engaged with all stakeholders. Staff meetings had been held. Information about any changes had been shared. People using the service and their relatives had been spoken with. A relative told us they found the provider and the registered manager to be supportive and had allayed any concerns as to changes.
- The service had prepared a survey for all stakeholders to be delivered in November. The registered manager told us, "We need to gauge where we are going and if people are satisfied." A relative told us, "It's good that I always have a conversation with staff or the manager when I come and visit". Relatives said they always felt welcome when they visited, and staff were helpful when updating them about people's needs.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers. For example, a change in the roster system.

Continuous learning and improving care

- The registered manager and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.

Working in partnership with others

- The service worked collaboratively with professional's and commissioners to ensure people's needs were met. A professional told us, "It's a pleasure to visit and support them with the care they offer".
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.