

Melita Care Limited

# Polventon Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Polventon Residential Care Home is a residential care home providing personal care and accommodation for up to 19 people who are predominantly elderly. The service is a detached property that has accommodation over two floors. A lift enables people to access all parts of the service. Some bedrooms have ensuite facilities and people shared communal lounges and have access to large gardens. Polventon Residential Care Home is situated in the village of St Keverne which is in south west Cornwall.

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

Since the last inspection the management team had reviewed their safeguarding procedures. The provider had effective systems in place to protect people from abuse and staff had a good understanding of what to do to make sure people were protected from harm. People told us they felt safe and relatives echoed this view.

The registered manager was now notifying us of events that they are legally required to inform us of, promptly.

Since the last inspection the management team structure had changed. They had implemented new systems to assess and monitor the quality and safety of the care provided. They were effective in assessing quality and identifying and driving improvement. The service had clear and effective governance systems in place.

Since the last inspection the management team had reviewed their risk assessment process and implemented new documentation. The documentation clearly evidenced how risks were assessed, and what action was needed to mitigate and minimise risks.

People and relatives were positive about the care and support that they received. Comments from people included; "I am really happy here", "It's like a hotel if you want a cup of tea at 3am you get it", "It's like a family here" and "The staff are all lovely, [staff members name] is always smiling and brings a smile to my face." Relatives comments included "It really is a home from home", "I can't think of anything they could do better" and "We have no concerns about the home or the care".

People, and their relatives were involved in the development and review of their care plans which detailed their needs and preferences. Staff knew people's care needs well.

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.

Peoples medicines were managed safely. Staff responsible had the necessary skills to administer medicines.

Oversight was in place to ensure medicines were managed safely.

There were enough staff to meet people's needs and ensure their safety. People told us; "If you call the buzzer (call bell) the staff come quickly" and "Staff looked after me really well when I was ill."

Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

The service was clean and there were additional cleaning procedures in place to limit infection control risks within the service.

Staff felt supported by the management team. They told us; "We get good support from each other and the managers are approachable"

The management and staff team engaged well with health and social care professionals. Comments included "I consider the home to be a safe and caring service, in fact I am proud to work alongside them, their ethics and values are exemplary" and "I have a really positive view of the home, They are warm and welcoming, its residence are supported to live in a way that they would wish to live. The home feels as if it belongs to the residents, it is not clinical and they always meet the needs of the residents in a safe and effective way".

The environment was spacious and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

At our last inspection we found breaches of the regulations in relation to reporting safeguarding, managing risk, notifications required by law by the Care Quality Commission, and management oversight of the service. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was now meeting these regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 and 21 December 2020. Breaches of legal requirements were found in relation to safeguarding, safe care and treatment, notifications required by law by the Care Quality Commission, and good governance.

We undertook this focused inspection to check if the provider had made improvements and if they were now meeting the legal requirements. This report only covers our findings in relation to the key questions Safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good. This is based on the

findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Polventon Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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 information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Polventon Residential Care Home

## **Detailed findings**

### Background to this 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. 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

The inspection was carried out by one inspector

#### Service and service type

Polventon residential care home 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 registered manager in post.

#### 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.

The provider had completed an action plan following the last inspection and this was reviewed.

We used all of this information to plan our inspection.

### During the inspection

We spoke with 7 people who used the service about their experience of the care provided. We spoke with 7 members of staff including the registered manager, deputy manager, nominated individual, administrator and care workers.

We reviewed a range of records. This included a person's care records and various medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with 2 relatives and received feedback from 2 health and social care professionals.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

At our last inspection we found the provider had failed to ensure multi agency safeguarding procedures were followed. This is a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

- The provider had effective systems in place to protect people from abuse and staff had a good understanding of what to do to make sure people were protected from harm.
- Safeguarding was discussed with people who used the service, staff and relatives, so all knew how to report concerns and what actions would be taken to ensure people were protected from harm.
- People were empowered and encouraged to report any concerns they may have about their welfare to the registered manager or staff.
- People told us they were happy living at the service and told us they felt safe. Comments included "I am really happy here" and "It's like a family here."
- Relatives said they were confident their family members were well cared for and were safe.
- The provider had safeguarding systems and complaints procedures in place.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to ensure satisfactory risk assessment procedures, and had not always taken suitable action to mitigate risks. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation

- The provider had reviewed their risk assessment process and implemented new documentation. The documentation clearly evidence how risks were assessed, and what action was needed to mitigate and minimise risks.
- Each person's care record now included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. This meant staff had guidance in how to manage people's care safely.
- Some people needed support from staff to help them manage their emotions or anxiety. Care plans provided staff with information on events likely to cause people anxiety and advice on how to provide support at these times.



- Emergency plans were in place regarding how to evacuate the building in an emergency. These had been updated and were person centred so that it was clear as to how each person would need to be supported to evacuate the service in an emergency.
- The environment was well maintained. Risks associated with the environment were monitored.

#### 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- 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.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions, made on people's behalf, would be in a person's best interest.

#### Staffing and recruitment

- People and relatives told us they felt that there were sufficient staff on duty at all times. People told us "'If you call the buzzer (call bell) the staff come quickly" and "Staff looked after me really well when I was ill."
- Since the previous inspection the provider had implemented a 'needs dependency' monitoring system. This looked at the dependency needs for each person in the service and calculated the necessary staffing levels to ensure each person's health and care needs were met safely. This was monitored constantly by the provider. It was evident that staffing levels were amended if a person's needs changed, or there were changes in the number of people they supported in the service.
- Staff rotas confirmed that sufficient staff were on duty at all times to meet people's current needs.
- The provider had recruited more staff since the last inspection and last used agency carers in November 2022. This meant people were cared for by consistent staff that knew them well.
- The services recruitment practices were safe and all necessary pre employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.

#### Using medicines safely

- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.

- When medicines were prescribed to be given 'when required', person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.
- The service used an electronic medicines management system. This alerted staff if any medicines had not been administered quickly and helped ensure action would be taken to resolve any queries.
- Medicines audits were completed on a regular basis. This would identify if and where further improvements may be required and help ensure action would be taken to implement any improvements.

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.

Visiting in care homes; The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits

Learning lessons when things go wrong

- The registered provider/manager maintained an effective oversight of incidents that occurred at the service. They used this to identify areas of learning and improvement. They also took action to minimise the risk of reoccurrence where relevant.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team and handover meetings.

# 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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question 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

At our last inspection we found the provider had failed to notify us without delay of incidents they are required legally to inform us of. This was a breach of Regulation 18 (notifications) of the Care Quality Commission (registration) regulations. At this inspection we found improvements had been made and the provider was now meeting this regulation.

- Since the last inspection the registered manager had notified us of all incidents and how they would learn from them.

At our last inspection we found the provider had failed to effectively assess, monitor and improve the quality of the service provided, this is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

- Since the last inspection the management structure had been reviewed and personnel changes made. The service had an experienced registered manager who demonstrated a good knowledge of their regulatory responsibilities. They were supported in their role by the nominated individual, deputy manager, administrator and support staff.
- The provider had implemented effective quality assurance and auditing systems designed to drive improvements in the service's performance. There were regular audits in place to check systems were effective. These were reported to and monitored by the provider.
- The registered manager completed a range of quality assurance checks and audits, which they used to monitor the quality of care people received. This meant they understood the needs of the people they supported. Checks and audits identified where improvements were required and they put plans in place to implement them.
- The provider had a defined organisational management structure and there was regular oversight and input from the directors of Polventon Residential care home.
- Staff were very motivated by and proud of the service. They told us they felt valued and were well

supported.

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

- There was a positive culture within the staff team and staff told us they felt supported by the management team. A staff member told us; "We can speak to the managers anytime."
- People and relatives were complimentary about the management of the service.
- Staff told us they were a team who worked well together with the aim of helping people to live the best possible life. Comments included, "I love working here" and "We get good support from each other and the managers are approachable"
- The 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.
- People's care plans and risk assessments had been kept under regular review. Records demonstrated a person-centred approach to the care and support provided for people.
- Professionals were positive about the service and summarised that the placement met people's current care needs. Comments included "I have a really positive view of the home, They are warm and welcoming, its residence are supported to live in a way that they would wish to live, the home feels as if it belongs to the residents, it is not clinical and they always meet the needs of the residents in a safe and effective way".

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 provider/manager understood their responsibilities under the duty of candour. People and relatives were kept well informed of any events or incidents that occurred with their family member.
- 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

- People and visitors were asked for their views of the service through questionnaires and informal conversations with management. From our conversations with relatives they were positive about the care their relative, and they themselves received, such as : "It really is a home from home", "I can't think of anything they could do better" and "We have no concerns about the home or the care".
- Resident and relative meetings as well as staff meetings were held. Minutes of these were seen and demonstrated a commitment to exploring the views of people and staff. How the management team could support them and share with them future ideas of how the service would be run. For example, future development of the garden area.
- People and their representatives were involved in their care plan assessment and review to help ensure people's voices were heard when discussions took place about the organisation of their care.
- Staff team meetings were held and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon.
- Staff and managers had a good understanding of equality issues and valued and respected people's diversity. They valued people as individuals and staff took pride in their achievements.

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 in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed that demonstrated prompt and appropriate referrals had been made to enable people to access health and social care services.
- The management and staff team engaged well with health and social care professionals. Comments included "I consider the home to be a safe and caring service, in fact I am proud to work alongside them, their ethics and values are exemplary".