

Ifield Park Care Home Limited

Penn Court Residential Care Home

Inspection report

Ifield Park, Rusper Road
Crawley
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Date of inspection visit:
16 July 2019
25 July 2019

Date of publication:
07 November 2019

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

Penn Court Residential Care Home is a 'care home'. It is registered to provide accommodation and personal care and support for up to 30 older persons. The service provides long term and respite care. At the time of our inspection there were 30 people living at the service. The service is located in a residential area on the outskirts of Crawley.

People's experience of using this service:

We spent time with people during our visits and feedback received from people living in the service was positive. Staff demonstrated empathy and cared for people they supported. People said the service was of a good standard. People were cared for by kind staff who ensured that people received the care they needed and wanted. People told us the staff were, "Fantastic".

The management and staff created a warm and relaxed environment and we observed a caring relationship between people and all grades of staff. The service was safe, with systems and processes which ensured any concerns were reported to appropriate authorities without delay. There were quality assurance systems in place to help monitor the quality of the service and identify any areas which might require improvement.

The service was well led. The registered manager was committed to developing a service where people received person-centred care. This was evident throughout our visit.

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.

Rating at last inspection:

The service was previously registered as Ifield Park Care Home. Ifield Park Care Home was inspected in November 2017 (Report published on 02 February 2018) the service was rated requires improvement. Ifield Park Care Home comprised four units, Woodroffe Benton House and Goodwin Court providing nursing care, Ellwood Place providing care for people who were living with dementia and Penn Court providing residential care. The services were registered as separate locations in August 2018. The services are still known locally as Ifield Park Care Home. This is the first inspection of Penn Court Residential Care Home under the new registration.

Why we inspected:

We completed a planned inspection based on the service's new registration.

Follow up:

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

Penn Court 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:

One inspector undertook this inspection.

Service and service type:

Penn Court Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Penn Court Residential Care Home is registered to provide accommodation and personal care and support for up to 30 older persons. The service provides long term and respite care. At the time of our inspection there were 30 people living at the service.

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under the new registration.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

The comprehensive inspection took place on 16 and 25 July 2019. The visit on the 16 July was unannounced, which meant the provider and staff were not aware that we were coming. On 25 July we visited the head office of Ifield Park Care Home Limited to look at records relating to the staff and management of the service.

What we did before the inspection:

Prior to the inspection the provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During the inspection:

We spoke with seven people living at the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, records of accidents, incidents and complaints and audits and quality assurance reports were reviewed.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We were sent additional staff training data that we requested, to corroborate our judgements of the service.

Is the service safe?

Our findings

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

At this inspection this key question was rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People benefited from a safe service where staff understood their safeguarding responsibilities.
- People and their relatives told us they were, "Safe" and "Felt protected."
- The registered manager was clear about when to report concerns. They were able to explain the processes to be followed to inform the local authority and the CQC.
- Staff had attended training in adult safeguarding. Conversations with staff demonstrated that they had the knowledge and confidence to identify safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people were assessed prior to and on admission to the service. Actions were in place to mitigate any identified risks. For example, people's risk of falls had been assessed. Staff supported people in a way which minimised risk. For example, hoists, wheelchairs and walking frames were used to help people move around safely where required.
- Accidents and incidents that took place at the service were recorded and audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced. Records showed actions were taken to help reduce future risk.
- The premises and gardens were well maintained and well presented. The service had a dedicated maintenance department. Environmental risk assessments had been completed, which assessed the overall safety of the service. Regular safety checks were carried out including fire safety checks and fire equipment checks. Staff were clear about their responsibilities regarding premises and equipment .

Staffing and recruitment

- There were enough staff to provide consistent care for people. Staff were available to provide assistance and care for people when they needed it. We saw that people were supported in a relaxed manner and staff spent time with them. People told us they, "Did not have to wait long [for care]."
- The staffing rota for the last four weeks showed that staffing levels were consistently maintained at five or six during the day and three at night. Staff told us they were happy with the staffing levels and felt they were able to, "Spend time with people".
- Staff files confirmed that staff were recruited in line with safe practice. For example, checks were made to ensure staff were of good character and suitable for their role. This included obtaining references from previous employers. Relatives told us that they, "Trusted the staff" and "They [staff] are saints. It takes all the

worry out".

Using medicines safely

- Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated place for storing people's medicines, which was clean and well organised. The medicines storage was locked when not in use.
- There were safe systems in place for the receipt and disposal of medicines. A record was kept of all medicines received and removed from the service.
- Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given and included guidelines for the administration of medicines required as needed (PRN). We saw that people were routinely offered PRN medicines, for example pain killers.
- Staff had received training in medicines handling, which included observation of practice, to ensure their competence. We saw that medicines were administered safely and staff said that they felt confident administering medicines.

Preventing and controlling infection

- There were arrangements in place to ensure the service was kept clean. There was an infection control policy and the registered manager carried out infection control audits. Relatives told us that the service, "Always smelt nice" and was, "Always clean".
- Records showed that staff had received suitable training about infection control. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw that aprons and gloves were used appropriately throughout the inspection visit.
- Relevant staff had completed food hygiene training. Staff understood the importance of food safety, including hygiene, when handling food.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents that took place at the service. Such events were audited. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced.
- A reflective practice approach was adopted by staff which encouraged discussions if incidents happened, or things could be done in a better way. This enabled the team to learn when things had gone wrong.
- Records showed actions were taken to help reduce any identified risk in the future. For example, one person at risk of falling from bed had bed rails in situ another person at risk had a crash mat in situ.

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 this inspection this key question was rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their care and support needs assessed before they were admitted to the service. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This ensured staff were aware of people's diversity as it was included in the assessment process.
- Care plans were kept under review and amended when changes occurred.
- People received effective care and support from staff they knew and who knew how they liked things done. Staff spoke with knowledge and understanding of people's needs.

Staff support: induction, training, skills and experience

- New staff were supported to understand their role through a period of induction. This ensured staff had the knowledge needed to provide personalised care to people. Their progress was reviewed on a frequent basis by the manager. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.
- Following induction all staff entered onto an ongoing programme of training specific to their job role. Staff were well trained to make sure they had the skills and knowledge to effectively support people.
- Staff received regular training in subjects that were considered mandatory by the provider and best practice national guidance. Staff received regular training in topics including, dignity and respect, infection control and fire safety awareness.
- Records were kept detailing what training individual staff members had received and when they were due for this to be repeated. The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available.
- Staff felt that they were inducted, trained and supervised effectively to perform their duties. They said the, "Training was good". Conversations with staff evidenced that they were knowledgeable and competent. We saw that staff put their training in to practice.

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

- People had enough to eat and drink. We saw that people were regularly offered drinks throughout the day.
- Staff were aware of people's individual preferences and patterns of eating and drinking. Care plans contained information about their dietary needs and / or any swallowing difficulties they may have.
- Staff consulted with people on what type of food they preferred and ensured that food was available to meet people's diverse needs. People told us they liked the food. Comments included, "The food is very nice, especially the chocolate sponge."
- Staff regularly monitored people's food and drink intake to ensure people received sufficient each day. Their weight was recorded to monitor whether people maintained a healthy weight. Advice and guidance was sought from appropriate professionals to support people with their dietary needs. This was followed in practice by staff.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager said the service had good links with external professionals.
- The service worked with a wide range of professionals such as general practitioners, dietitians and speech and language therapists to ensure people lived comfortably at the service and their medical needs were met. We saw that advice received from healthcare professionals was followed had been recorded in people's care plans.
- People experienced good healthcare outcomes and were supported by staff to access healthcare services as they needed them.

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

- People's needs were met by the design of the premises. There was wheelchair access throughout.
- There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.
- The home was furnished and decorated in a way that people have asked for. The décor took into account people's individual needs and preferences. People's rooms contained personal possessions to reflect their individual personalities.

Supporting people to live healthier lives, access healthcare services and support

- Where staff had concerns about somebody's welfare the service had good links with professionals to ensure any changing needs were reassessed.
- People's health conditions were well managed and staff supported people to access healthcare services.
- Staff knew people well and care records contained details of multi professional's visits and care plans were updated when advice and guidance was given.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood when an application to deprive someone of their liberty should be made. Staff had received appropriate training for MCA and DoLS. All staff we spoke with had a good working knowledge on DoLS and mental capacity.
- Mental capacity assessments were completed for people when they needed support to make a big decision. People's capacity to make decisions had been assumed by staff unless there was an assessment to show otherwise. Support people needed to make day to day decisions was recorded in their care plans.
- During our visit we observed people made their own decisions and staff respected their choices. We saw that staff involved people. We observed staff seeking people's agreement before supporting them and then waiting for a response before acting. One person told us that, "They [Staff] always ask me".

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

At this inspection this key question was rated as 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

- The caring ethos of the service was evident. There was a visible person-centred culture. We saw people were treated in a caring way by staff. People told us staff were, "Nice" and "Kind".
- Staff were skilled in talking to people and had a good rapport with people. We saw that staff were motivated and kind.
- The relationships between staff and people receiving support was always based on dignity and respect. People's equality and diversity needs were identified and set out in their care plans.
- Throughout our visit staff interacted with people in a warm and friendly manner. Visitors told us that staff were, "Cracking, really nice", "Really great" and, "[Relative] loves them all".

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

- Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care.
- Staff focused their attention on providing support to people. A visitor told us, "Nothing is too much trouble." We saw people smiling, chatting and choosing to spend time with the people at the service.
- Staff gave eye contact when communicating with people. They spent time listening to them and responded to them. They explained what they were doing and offered reassurance.
- Staff always made sure people were happy and had everything they needed.

Respecting and promoting people's privacy, dignity and independence

- Staff chatted with people who appeared to enjoy their company. Staff said that it was a nice place to work and that all the staff were caring and were able to meet the needs of people.
- We saw staff making sure people's privacy and dignity needs were understood and always respected. For example, we saw that staff knocked on people's doors and asked for permission to go in.
- Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Care planning documentation used by the service helped staff to capture information. This was to ensure the person received appropriate support that met their individual and cultural needs, for example, respecting people's race and religion.
- Staff received training on equality and diversity. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination.

Is the service responsive?

Our findings

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

At this inspection this key question was rated as 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.

- People received personalised care that was responsive to their individual needs. They told us they were, "Well looked after" and "Well cared for".
- People had their care and support needs assessed before they were admitted to the service. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care.
- Staff had a good knowledge of the people who lived at the service. They were able to talk about people's likes, dislikes and people important to them without referring to the care plan documentation.
- Staff were observed being responsive to people's needs and assisting people. People were seen being treated as individuals and received care relevant to their needs.
- Daily records were consistently completed for people with any changes to their routines being recorded. These provided evidence that staff had supported people in line with their care plans.
- Staff completed a handover at the start of each shift, this enabled staff coming on duty to get an overview of any changes in people's needs and their general well-being

Meeting people's communication needs

From August 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.

- The registered manager was fully aware of their responsibilities under the AIS.
- People's assessments included specific details of their communication needs. Conversation with staff demonstrated that they were aware of people's individual communication needs and our observations showed that these were put into practice. For example, we saw staff checked a person's hearing aid.
- Staff spoke clearly to people and gave eye contact when talking to people. They gave people enough time to respond and spent time listening to them.

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 engaged and occupied during our visit. There was a lively atmosphere. We saw that people

interacted with each other and staff. Staff told us that they liked the people's company.

- The service had an activities coordinator. A relative told us, "[Name] is really great." There was a range of activities that people could be involved in. This included, quizzes, crafts, music and games. Relatives told us there was plenty to do and, "[Name] enjoyed the entertainment."
- People were supported to maintain relationships with people that mattered to them and to avoid social isolation. This was based on staff understanding who was important to the person and their cultural background. We saw, and people told us that they were able to have visitors whenever they chose to. A relative told us they, "Can come in anytime I like."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and a complaints log was in place for receiving and handling concerns.
- People told us they were happy with the service and had, "No complaints."
- People told us that were confident that any issues raised would be addressed by the registered manager.

End of life care and support

- At the time of our visit end of life care was not being provided at the service. However, people's preferences were sought as part of the assessment process and when appropriate.
- Staff received training in end of life care and the service was aware of best practice guidelines.

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 this inspection this key question was rated as 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

- The service had a positive culture that was open and friendly. Staff at all levels were approachable and keen to talk about their work.
- People knew who the registered manager was and held them in high regard.
- We saw that the registered manager spent time with people to make sure they were happy with their care.
- Staff told us, and records confirmed they discussed staff practices within supervision and at staff meetings.
- We observed people approaching the registered manager and vice versa. It was apparent that people felt relaxed in the managers company and they were used to spending time with them. The registered manager knew people and their needs well.
- People appeared at ease with staff and staff told us they enjoyed working at the service. Staff demonstrated a strong level of commitment and dedication to the service.

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

- There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager ensured they maintained their knowledge and skills in their roles and were aware of their legal responsibilities.
- The registered manager was clear in their understanding of the duty of candour and knew the actions to take should something go wrong. A relative told us, "It's great. They have nothing to hide".

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

- The registered manager was clear about their role and understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Although none had occurred, they were aware of their responsibilities under the legislation to ensure that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe.
- The registered manager had effective oversight of the service and all the registration requirements were met.

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

- The registered manager had an 'open door' approach. Staff came to the office unannounced and senior staff were available to listen to any concerns and to provide solutions to address these.
- People spoke highly of the service and felt that it was well-led. People received a good standard of care, because the ethos of the service was to put people first. People's comments were positive.
- People were encouraged to contribute to improve the service. People had opportunities to feedback their views about the service and quality of the care they received. This was done as individual conversations, surveys and meetings.

Continuous learning and improving care; working in partnership with others

- Quality assurance systems monitored the quality of service being delivered and the running of the service, for example health and safety audits. Identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development.
- Accident and incident forms were completed. These were checked by the registered manager who analysed them for trends and patterns. Regular safety checks were carried out including those for the fire alarms, fire extinguishers and portable electric appliances.
- The registered manager said relationships with other agencies were positive. Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This helped to ensure people's needs were met in line with best practice.