

Biggleswade Care Home Limited

Penrose Court

Inspection report

Delius Road
Biggleswade
SG18 8UA

Tel: 01767777000

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Penrose Court is a care home registered to provide nursing and personal care for up to 65 people. This is a purpose-built service which was opened in October 2018. The service consists of three floors, with each floor accommodating people with specific care needs, such as dementia and nursing care. There are facilities like a salon, cinema, pub and café for people to use. At the time of the inspection, 17 people were living at the service.

People's experience of using this service:

People said they were supported by kind and caring staff who met their care and support needs. However, staff did not always have access to care plans and information about people to enable them to provide consistently safe, effective and personalised care. Staff were not always deployed well within the service to ensure people always received timely support. People needed more support to pursue their hobbies and interests.

People were protected from harm by staff who were trained to identify and report concerns. People were safe because potential risks to their health and wellbeing had been managed well. There were enough staff to support people safely. People were supported to take their medicines. Lessons were learnt from incidents to prevent recurrence. Staff followed processes to prevent the spread of infections.

Staff had been trained to meet people's needs. They had the information to meet people's assessed needs, but said they needed more training to meet the needs of people with complex mental health needs. People had been supported to have enough to eat and drink. People had access to healthcare services when required, and this helped them to maintain their health and well-being.

Staff were respectful in how they interacted with people and supported them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The provider had systems to assess and monitor the quality of the service. The registered manager and staff were motivated to provide the best service they could for people and their relatives. They were keen to learn and take steps to further improve the service.

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

Rating at last inspection:

This service was registered with us on 08/10/2018 and this is the first inspection.

Why we inspected:

This was a planned inspection based on the registration date.

Enforcement:

We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well-led sections of this full report. Please see the action we have told the provider to take at the end of this report.

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Penrose Court

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

This inspection was carried out by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Penrose Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered with CQC. This included information sent to us by the provider or shared with us by the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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.

During the inspection

We spoke with seven people, three relatives and eight staff including one care staff, one senior care staff, an agency care worker, a member of the housekeeping staff, the chef, the activities coordinator, the clinical lead, and the registered manager. We observed how staff supported people in communal areas of the service.

We reviewed a range of records. This included care records for three people and multiple medicines records. We looked at three staff files to review the provider's recruitment, training and staff supervision processes. We also looked at a variety of records relating to the management of the service, including policies and procedures, audits and surveys.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records, staff numbers and activities provided to support people to pursue their hobbies and interests. We received feedback from a representative of the local authority.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Some people and relatives said there were not always enough staff and too many agency staff worked at the service. However, everyone said they always got the support they needed quickly. One person said, "I don't have to wait long if I need someone, [staff] are very good."
- Staff deployment was an issue within the service because they were not always visible when required to support people. One relative said it took them ten minutes to find a member of staff. They also said, "I am frequently looking for staff."
- Agency staff covered vacancies, staff sickness and leave, and staff also worked additional hours if needed.
- The registered manager used an assessment tool to rate each person's needs to determine how many staff were needed to support them. They put this information together to calculate what staff hours were needed to support everyone. However, it was not clear what this translated to in staff numbers.
- The registered manager needed to further review the staffing numbers and how staff were deployed in all areas of the service so that people received timely support.
- Some staff told us they had sometimes run out of bedlinen and clothing for people because of shortages of laundry staff. The registered manager said two housekeeping staff worked on every shift, but there was only one on duty on the day of the inspection because of leave. They said in such situations, they helped to ensure all tasks were completed to a high standard and people were not impacted by this.
- There was an ongoing recruitment programme to cover current vacancies and to increase staff numbers in preparation for more people moving to the service. The provider also had vacancies for a second chef and an additional housekeeping/laundry staff. They used a recruitment agency to advertise for staff, as well as a local newsletter and social media platforms.

There were inadequate staffing arrangements. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider carried out robust staff recruitment checks to ensure staff were suitable to work at the service.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe. One person said, "I have people to help me here all the time when I need them." One relative said, "Yes [person] is safe, I went away for a week and [staff] looked after [person] well."
- There was guidance for staff on how to report concerns. Staff told us they would report any concerns to

the registered manager. They said they had never witnessed abuse and people were safe at the service.

- The registered manager reported potential safeguarding incidents to the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and recorded to guide staff on how to support people safely.
- Staff told us they knew about people's support needs and they supported them to remain as safe as possible in accordance with their care plans. One relative told us they thought their family member needed bed rails, but staff explained to them this posed as risk of injury to the person. Other methods like a sensor mat and crash mat were considered instead.
- A dedicated staff member completed regular health and safety checks of the premises to identify and minimise hazards that could put people at risk of harm. An external contractor had carried out a fire risk assessment. Other checks were also carried out to ensure the risk of a fire was reduced. This protected people from harm.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had been trained, and their competence to give people their medicines safely was checked.
- People felt well supported with their medicines. One person said, "They sort out all my pills, I know what I have, but they do it and they are good too." One relative said, "They do [person]'s medication, so I'm not really aware of what [person] takes anymore."
- One staff member showed us and explained how they managed people's medicines. We looked at multiple medicines records and found these clear and easy for staff to use. The registered manager told us they had a good relationship with the pharmacy that supplied medicines to the service and any issues were resolved quickly.

Preventing and controlling infection

- The service was clean and offered a pleasant environment for people to live in. There were cleaning schedules for a team of housekeeping staff to follow. They were also responsible for the laundry.
- The provider had systems to reduce the risk of the spread of infection. This included staff being trained to follow infection control measures. Staff were also provided with personal protective equipment (PPE), such as disposable gloves and aprons, and we observed these being used.

Learning lessons when things go wrong

- There were systems to record and manage incidents that occurred at the service. For example, there were detailed records to show that incidents had been investigated and that the registered manager had put systems in place to reduce the risk of recurrence.
- The registered manager encouraged learning from incidents by sharing outcomes from these with staff through team meetings or individual staff supervision. The registered manager had support from the provider's quality team to put effective systems that ensured risks to people were minimal.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's care was planned and managed in line with their assessed needs and good practice guidance. Care plans detailed what support people needed, and staff told us they followed these to provide effective care.
- People told us they were happy with how staff supported them with their care needs. One person said, "[Staff] are good here. I came with a [specific condition] and that's sorted out now. They called out the district nurse and she's been in."
- Senior staff reviewed care plans monthly to ensure they continued to reflect people's current needs.
- The service was purpose-built to meet people's needs. There were wide enough doorways and corridors to allow people who used walking frames and wheelchairs to mobilise easily. There was a lift so that people could access all three floors. There was an accessible garden for people living on the ground floor, but people on the other floors needed staff support. There was dementia friendly signage to help people to find different rooms like lounges, bathrooms and toilets.

Staff support: induction, training, skills and experience

- People said staff knew how to support them with their needs. One person said, "The staff who can do hoisting are good at it, they do seem to be trained well."
- The provider had an induction for new staff and they trained staff in a range of subjects relevant to their roles. There was also an induction process to help agency staff become familiar with the layout and routines within the service. One agency staff said, "They gave a rundown of here before I started, that was really good."
- Staff confirmed they had the training they required. One staff member said, "I've done manual handling, first aid, fire marshal and senior staff do nutrition and MUST training too."
- Staff told us, and records showed they received supervision in accordance with the provider's policy. Staff said they felt supported in their work and they worked closely with the senior staff. Everyone said the registered manager was approachable and supportive. One staff member said, "We are able to give feedback, [registered manager] is very open to new idea's."

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

- People told us they had enough to eat and drink. Some people told us they liked the food, while others and relatives said the choice and variety of food could be improved. One person said, "The food is good, and there is plenty of it too. I don't eat roast dinners, so I told them, and they gave me a salmon salad, how good is that?" One relative said, "The food is good, [person] eats well and they (staff) are very good at pushing

fluids." Another relative said, "They had minced meat three times in one week and they have changed it when I complained. It is slightly better now." The registered manager told us they continued to work with people to regularly update the menus.

- We observed staff supported people to eat in a respectful and caring manner. They ensured people had enough to eat and they gave them alternative food if they did not like what was offered.
- People's weight was monitored to identify and act on concerns they might not be eating enough. Staff worked closely with health professionals to ensure people ate well to maintain their health and wellbeing.

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

- People said staff supported them to access health services such as GPs, community nurses and specialist doctors. Relatives also told us some people had various health professionals involved in their care.
- The local GPs visited the service when needed to see people and the registered manager told us they also worked closely with the practice nurse to ensure people received timely care and treatment. The registered manager said they were speaking with the GP practice to see if they could agree a day they could visit the home weekly.
- Staff told us they worked with other agencies to provide effective care to people.
- Staff told us they prompted people to clean their teeth daily, and they cleaned dentures for people who had these. We discussed with the registered manager the need for them to support people to maintain good oral health as this had an impact on their general health and wellbeing. They said they would review current practice and look at other ways to help people with their oral care.

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

- Where required, DoLS applications had been made to the relevant local authorities. Some people had authorisations, while the process was still ongoing for others.
- Mental capacity assessments showed that some people had variable mental capacity. This meant they were not always able to make decisions about all aspects of their care and support. Where this was the case, people's relatives or professionals had been consulted to decide how to best support the person. This ensured the care and support provided by staff was in people's best interest.
- Staff told us they always asked people for their consent before they provided care and support. They did this to promote people's rights to accept or refuse support. Staff understood what the MCA was. One staff member said, "It's about not making decisions for people and letting them have choices. It's not assuming [people] don't have capacity."

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; respecting equality and diversity

- People and relatives told us staff were kind and caring. One person said, "The carers are great, really brilliant, very kind and nice too." One relative said, "The carers are so lovely with [person]. I simply can't fault them, they are so kind."
- People told us staff were friendly and they would chat with them when they were not busy. Throughout the inspection, we observed friendly and respectful interactions between people and staff. We overheard many kind and caring comments from staff. They all showed care and concern for the people they supported.
- Some people had formed friendships with other people living at the service, often sitting next to each other in the lounges or at mealtimes.
- Staff told us they always treated people well and they respected their individuality and preferences. Staff showed good knowledge about people when they told us about some of the people living at the service. The information they knew was not limited to people's needs, but their personalities and what they enjoyed most.

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

- People told us they made decisions and choices about how they lived their lives at the service. For example, they chose when they got up and went to bed. One person who sometimes chose to eat in their bedroom also said, "I decided I want to get up for lunch today, so I told them this morning and they will arrange that for me."
- People accepted that they at times needed to wait to be supported with specific care needs when staff were supporting other people. Some people said they liked being supported by specific staff with their personal care, so they did not mind waiting for this. One person said they preferred being supported with personal care by particular staff, and they were happy to wait for them.
- Staff said they gave a limited number of options to people who found it difficult to make choices. This made it easier for people to choose what to wear or what activity they wanted to take part in.
- Where required, relatives or professionals helped people to make decisions about their care. There was information about an independent advocacy service that could also help people to make decisions. This was important for people who did not always have the mental capacity to understand what support they needed.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were always respectful in the way they supported them because they promoted their privacy and dignity, particularly when providing personal care. Staff told us it was always important that

they supported people discreetly in communal areas and they provided personal care in private. We observed that people's bedroom doors were always closed when staff were supporting them.

- Staff helped people to remain as independent as possible. They told us they assessed what people could do for themselves and they ensured they continued to do this where possible.

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said they received good care to meet their needs. People said they were normally supported quickly, but at times they had to wait when staff were busy.
- Staff said although there was enough staff to support people quickly, they did not always have time to sit and chat with people. One staff member said, "On paper, it's supposed to be the right amount but in real life, I think we could do with more."
- Care staff did not have access to people's care plans because these were kept in a locked cupboard, and mainly accessed by senior staff when they reviewed and updated them. Staff had access to a one-page summary of people's needs which was kept in a file in people's bedrooms. We found these did not always have enough detail about how staff needed to support people with specific needs. All these issues meant staff were not well supported to provide personalised care to everyone living at the service.

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 told us there were not enough activities and opportunities for them to pursue their hobbies and interests. One person said, "There isn't much to do here. I do play bingo but apart from that, there isn't much going on." One relative said, "There's not enough stimulation, people are just left to get on with it."
- There was evidence some activities like bingo, sing-alongs, film afternoons, pub quizzes, relaxations and word games took place. It was also positive to see that the weekly activities planner included weekends too. However, staff said the activities coordinator did not always provide activities throughout the weekend because they sometimes covered reception duties or occasionally helped to provide care.
- Staff said more could be done to ensure people took part in enjoyable activities. One staff member said, "For me it's a work in progress." Another staff member said, "Honestly, I feel there could be more. Some of the residents like to stay in their rooms and trying to encourage people to do stuff is hard. [Activities coordinator] is only one person, there needs to be more."
- The provider was recruiting another activities coordinator. However, they also needed to embed a culture where all staff could spend time interacting with people and supporting them to pursue their interests.
- There were facilities people could use to socialise including a pub, a cinema, a café and a 'celebration' dining room where families could enjoy Sunday lunches or birthday meals with their loved ones. These areas were not used on the day of the inspection, but the registered manager told us the cinema was used twice a week and the pub occasionally. More needed to be done to ensure people made full use of these facilities on a regular basis. However, people took part in relaxation and bingo on the day of the inspection.
- People told us they did not always go out as often as they wanted. For most people, this was just to go to the garden to enjoy fresh air. People living on the second floor did not have much access to the garden,

unless staff took them. We discussed with the registered manager that access to fresh air was important to people and they should help them to access the garden as much as possible, including during the colder months of the year. There was no garden furniture to enable people to sit outside if they chose to do so. The registered manager showed us evidence they asked the provider for this and it was yet to be provided.

People's care was not always managed in a person-centred way to improve their experiences and wellbeing. More needed to be done to support people to follow their interests. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was purpose built in the middle of the central square of a housing development which made people feel connected to the local community. We saw some people liked to sit by the windows to watch people go by, particularly in the afternoon when school children were returning home.
- The registered manager had created links with the local community, including a local shop that regularly donated flowers to decorate the service and food for an afternoon tea. They also had links with local schools to encourage inter-generational interactions. One person enjoyed playing the piano and the registered manager told us they often played it.

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.

- Some people using the service could communicate verbally and they understood information given to them.
- For others, staff spoke slowly and gave fewer options to people who found decision making difficult. This helped people to understand and communicate with staff. The registered manager told us they would provide information in other formats such as large print or easy read if it was necessary.

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints. Complaints received by the service had been dealt with appropriately.
- People told us they would speak with staff or the registered manager if they had concerns. One person said, "I haven't complained, but if I had a problem I would talk to [senior care staff]."
- The manager discussed issues raised by people with staff during team meetings. This helped them to improve their practice.

End of life care and support

- The service supported people at the end of their lives when this support was required.
- People's care plans detailed their wishes about how they wanted to be supported at the end of their lives. People also had 'advanced care plans' which told staff who could make decisions about their care if they were no longer able to do so.
- The registered manager said they continue to review these records with people and relatives to ensure they still reflected people's wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- More work was necessary to promote a person-centred culture within the service. Changes were needed to make sure all staff had access to people's full care plans so that they provided consistently safe, effective and personalised care. People were not always supported to pursue their varied hobbies and interests.
- Staff were respectful in how they supported people and they said they knew people's needs well, despite them not having daily access to the care plans. Information about people's needs was appropriately shared during shift handovers. They could also read handover information to catch up on the days they had been off. One staff member said, "We have written handovers and a week's worth is kept on the clip boards. There was a communication book too, but it has gone missing in the last couple of days."
- People had been asked about their preferences in relation to their care, food and activities. This information was being used to continue to develop the service so that it truly reflected what people wanted.
- It was clear from speaking with the registered manager and other senior care staff that they were motivated to develop the service. The registered manager was keen to learn and they told us they strived to provide the best service they could for people and their families.

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

- The registered manager had been at the service since it opened. They had been supported by the clinical lead and other senior staff to put systems in place when the service was new. The service had grown gradually since it opened in October 2018. The service is registered to provide nursing care, but this was not being provided as the provider had not recruited enough nursing staff to support people with these care needs.
- People, relatives and staff told us the manager was approachable, helpful and provided good leadership. However, one relative said communication was not always good and requests were not always followed up. They said, "There is a lack of communication, you mention something, they say yes, but it's never followed up."
- Staff said the service was good. They understood their roles and responsibilities, and they said they did their best to provide good quality care to people.
- The provider had systems to assess and monitor all aspects of the service. The registered manager and senior staff carried out various audits to ensure risks to people's health, safety and wellbeing were effectively managed, and that they provided good care. They knew they needed more staff for all roles and they were acting on this.

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; Continuous learning and improving care

- The registered manager told us they were familiar with the standards of care required by the local authority and they ensured they provided care in line with this. The registered manager contacted the local authority and Care Quality Commission (CQC) for advice so that they continued to operate in line with regulations and their legal requirements. They also had the support of the provider's quality team.
- The provider knew about their responsibility to be open and honest when things went wrong. They reported relevant issues to CQC and the local authority.

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

- There were meetings with people to discuss different aspects of the service. Some people attended these meetings and they mainly contributed to discussions about food and activities. Quarterly meetings for relatives were also planned, although the last one was not well attended. The registered manager said they planned the next one for a Sunday afternoon as most relatives visited then.
- People completed a survey arranged by Healthwatch, but they had not yet received the results of this. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. A staff survey was still in progress at the time of the inspection.
- Staff told us they had regular team meetings, where they discussed various issues relevant to their roles. They found these supported good information sharing and learning.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.
- The registered manager understood they would need to work closely with future commissioners of the service, which would include the local authority and local clinical commissioning groups. This was important to ensure everyone checked that people consistently received the support they required and expected.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	There was a risk that people's care would not always be managed in a person-centred way because staff did not routinely access people's full care plans. People had not always been supported to fully pursue their hobbies and interests.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There were inadequate staffing arrangements.