

Penny Meadow Life Skills Limited

Penny Meadow

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 29 March and was unannounced. It was outside of our usual hours as Penny Meadow is a respite service operating from approximately 16.00 hours to 10.00 the following day. The provider had recognised the requirement for an overnight respite service to meet people's needs at that time and to support families. We visited out of hours so that we could meet people who used the service. The service provides overnight accommodation and personal care for up to two people who have a learning disability or autistic spectrum disorder at a time. On the day of our inspection two people were using the service, who were not able to fully communicate with us. The service arranged and we are grateful to a person who does use the service came to speak with us about their experiences. They showed us around the building and garden and explained to us, that when they used the service they enjoyed feeding the many animals that live in the garden.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service held weekly fire safety checks and had systems in place for routine maintenance and unexpected premise emergencies. Accidents and incidents were recorded and analysed for any lessons to be learnt. People were protected from the risk of abuse as staff had attended training to ensure they had good understanding of their roles and responsibilities, if they suspected abuse was happening.

People's care records showed that support was planned and delivered in a way that was intended to ensure people's safety and welfare. The service worked with the person closely to ensure that they had their consent to support and help them. The records were reviewed for each respite occasion and updated as required. This meant that staff provided information that was up to date about how people's needs were met.

People were supported by a sufficient number of suitably skilled staff. The provider had ensured appropriate recruitment checks were carried out on staff before they started work. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred.

The service had systems in place to manage medicines and people were supported to take their prescribed medicines safely. Allergies had been recorded and the medication policy instructed people what to do in an emergency.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People, where able, were involved in the planning and reviewing of their care and support. Families were also involved in the planning to meet people's needs.

Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff had paid particular attention with regard to best interest meetings for people using the service

Positive and caring relationships had been developed between people who used the service and staff. Staff responded to people's needs in an understanding and calm manner. People were supported to make decisions and were treated with dignity and respect. People were given choices and their privacy and dignity was respected.

We saw that the staff interacted with people who used the service in a caring, respectful and professional manner. We saw staff offering people choices regarding meals and drinks. We also observed staff taking time to allow people to clearly communicate with them. The service carried out an inventory of people's belongings when they came to the service to ensure that when they left the service their belongings were accounted for.

People who used the service were provided with the opportunity to participate in activities which interested them. We saw people enjoying the garden area, reading books, watching television and planning future events. People's choices were taken into account and listened to.

People were supported to report any concerns or complaints and they felt they would be taken seriously. People who used the service, or their representatives, were encouraged to be involved in decisions about the service. The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

The service worked with people to provide as best as possible respite throughout the year at convenient times for them and their relatives. The service carried out audits of the support provided for each respite occasion by asking the person and their family to complete a questionnaire. The service also undertook further audits to gauge the quality of the care. The manager lead by example and was on call to support staff and people using the service as well as carrying out regular unannounced spot checks on the service

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

People felt very safe and comfortable in the service and staff were clear on their roles and responsibilities.

Risk assessments were in place and continually reviewed as necessary.

Recruitment policies were in place and focussed on ensuring that only staff that could meet the needs of the people that used the service were employed.

Staff had received training to administer medicines as per prescribed.

Is the service effective?

Good ●

The service was effective

People received support which was based upon their needs and wishes.

Staff had good access to training, supervision and appraisals.

Staff had received training in the Mental Capacity Act 2005 and were aware of best interest meetings good practice.

The staff were experienced and supported people with their communication needs.

Is the service caring?

Good ●

The service was caring

We observed positive interactions from staff with people's using the service.

People were treated with dignity and respect.

Relatives were content with the care and support their family member received.

Is the service responsive?

Good ●

The service was responsive

The service assessed everyone prior to them using the service for the first time and checked to see if there had been any changes with regard to their needs for any subsequent stay.

There were arrangements in place for social activities so that people could enjoy their respite stay with the service.

There was a complaints policy and procedure which had been clearly written to support the people that used the service to use if so required.

Is the service well-led?

Good ●

The service was well-led

The manager was approachable and there was an on-call system in operation to support people and staff.

The manager had a clear vision which has been related to the staff of how the service was to support people and their relatives through providing overnight respite care.

There were procedures in place to monitor the quality of the service.

Penny Meadow

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 29 March 2016 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who used at the service, speaking with staff and observing how people were cared for. Some people using the service had very complex needs and were not able to talk to us. We therefore, used observation to gather evidence of people's experiences of the service. We spent time observing care in communal areas and one person who used the service showed us around the building and garden and spoke to us about their experiences.

We communicated with three people who used the service, one in person in detail about their experiences. We also spoke the manager, two members of staff and a relative as part of this inspection.

We looked at four people's care records, three staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints and compliments.



Our findings

One person told us. "I feel safe, the staff are nice, I like coming here." A relative told us. "[My relative] is safe here as the staff know them well." We saw that risk assessments had been carried out and information recorded about how to keep people safe. Information about the maintenance of the building and grounds was displayed around the service and routine checks carried out as required. A member of staff we spoke with was aware of how to raise safeguard concerns and how to whistle-blow should the need arise. A staff handbook was given to every member of staff. It was regularly updated and was concise and detailed about how to raise safeguarding matters and whistle-blowing. The manager showed us the policies and procedures for the service. The policies were up to date and included procedures for safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Staff told us that they were aware of the whistleblowing and safeguarding procedures and would not hesitate to use them should it be required. One member of staff told us. "We have had training about safeguarding people."

A member of staff explained to us the procedures to ensure the service operated in a safe manner. We saw a person arrive at the service for their respite stay. We saw the care plan was checked, an inventory of their belongings was undertaken. Each care plan contained a risk assessment which had been written in accordance with the person's individual needs. We saw staff had taken time to talk and record discussions with people who used the service and their families about the way the person wished to lead their life. We also saw the positive response from people who used the service by smiling when staff spent time with them selecting meals and drinks. We saw from staff training records and talking with staff they were knowledgeable about the people who used the service. This meant that care was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw the rota that was currently in operation and planned for the future. The service had sufficient numbers of staff on duty and staff that it could call upon at short notice in the rare event that this was required. The staffing group was stable and experienced with a low turnover. The service had a recruitment policy and procedure in place. The manager explained to us how this had been followed regarding the recruitment of the last member of staff to join the service. The staff files were clearly divided into sections including the application form, interview notes, job description and contract. The service required information about any gaps in employment history to be explained in order that the manager was fully aware of the potential member of staffs' background. Each new employee was given a job description and contract of employment.

A minimum of two references had been sought which clarified the person was suitable for employment. The service had checked with the Disclosure and Barring Service (DBS) that the people were suitable to be employed to work with vulnerable people. This meant that there were effective procedures in place to employ only suitable staff.

We saw the service had a policy and procedure for the administration of medicines which was reviewed regularly. All new staff were trained to administer medicines as part of their induction, but did not administer medicines until they had completed their training and were deemed confident to do so. There was refresher training for staff to keep their skills and knowledge up to date. We saw a member of staff check that the correct medicines had been brought to the service for a person's respite care. The staff member checked that it was the correct medicine in the right dose and the medicine was in date so that it was safe to use.

The medicines procedure instructed staff of their action to take in the event of a medicines error or if they were concerned about the person's well-being. We noted that the service had recorded information about any allergies the person had. This was in order to support people who used the service and for staff to be aware of possible problems as some people would not be able to explain in detail if they were feeling unwell.

We saw a member of staff safely store the medicines of a person who came to the service during our inspection and compile a Medication Administration Record (MAR) chart. We looked at MAR charts and saw that each had been correctly completed and each time a medicine was given this was recorded. The service undertook random audits of medicines and also agreed with the person and or family members when the respite was complete of the medicines to be returned. We noted the staff carefully recorded if the medicine was a regular prescription or to be used as and when required (PRN). The staff carefully noted how many times a day a PRN medication could be used. The service supported people's independence and care was taken to determine if the person coming for the respite could self-medicate, required prompting to take their medicines or required the staff to administer the medicines.



Our findings

One person told us they liked the service because they joked with the staff and they knew what they were doing. The staff had taught them many things about what they could do to help in the garden and how to look after the animals. This had helped them to settle when first using the service and had inspired confidence in the staff with regard to the relationship which had been built.

New staff members had an induction process which was completed and signed off by them and the management team, when both parties were content that the appointment was successful. This ensured that people knew the responsibilities of their role and what was expected of them. The manager explained to us that at the induction that procedures such as supervision, yearly appraisal and mandatory training were explained. This meant that the service had in place procedures to support staff as part of the recruitment process. As part of the induction and to support new staff they were placed alongside an experienced member of staff. They were then slowly introduced to the people that used the service so that they could form a trusting relationship and build up a rapport. An experienced member of staff on duty confirmed the process used to introduce and support new staff as they recalled their own induction and now supported new staff into the service.

New members of staff were given an employee handbook and were asked to sign to confirm they had received the book. The procedure was that on day one they would meet the manager and be assigned a mentor to support them. We saw that the induction program gave time for new staff to become orientated with the service. During the induction the new member of staff would be supported with supervision and this gave them the opportunity to discuss the content of the handbook, which contained a number of policies. This meant that it was clear what was expected of the staff, for example there was a policy about the use of mobile phones which was clearly written.

The manager told us how they had organised the training programme and we saw that accurate records of the staff who attended the training sessions had been kept. The manager worked with the staff to effectively and sympathetically organise the training taking into account that the staff worked at night. The schedule showed the training that had been completed. The manager said they worked with families and the local authority to determine people's needs when it was suggested that someone would benefit and enjoy the respite opportunity.. This was so that if the person's needs could not be met at that time, but they could once staff had received training for the particular issue, this training would be arranged.

We saw that the manager had worked with staff to review the training that was available and to determine

what training was required. For example it had been agreed for a session on stress management to be provided. This was because staff had felt that for people using the service and their families, particularly the first time, it could be a stressful situation and hence the training helped staff to recognise this and gave them strategies that they could use to support the person.

Staff told us that they received regular supervision with the manager during which time they could talk about anything that concerned them, their training and the people they supported. We saw documented evidence of this in the staff records. We were also told that the manager was available and approachable outside of arranged supervisions and gave support from their experience as required.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) and further training was arranged. 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.

Although the service provided respite, hence people were coming and going from the service, the manager and senior staff were aware of the Deprivation of Liberty Safeguards (DoLS). We saw that information regarding capacity had been checked prior to the person using the service and that appropriate consent had been sought and best interest meetings recorded so that the service staff were working with the person and their families.

People were asked for their consent before support was given. A member of staff told us, "We know the people we support and always speak with them and tell them why we do what we do." We saw that the staff knew the people using the service well and were able to determine when the person was hungry and also wanted to have a drink. Staff were able to offer a range of drinks and food and supported the person to make their choice of what to consume. Staff were also able to understand people's feeling from facial expressions and other non-verbal communication.

The manager told us that the service provided special diets for people with cultural or religious requirements, as needed. A member of staff told us, "There is always a vegetarian meal for people who would prefer that option." We saw from the notes how family members were involved in the discussions about a person's dietary needs. The service provided an evening meal and breakfast; we also saw that snacks and drinks were available. Part of the respite experience might be the planning for the person to go out with a member of staff for meal.

The manager considered that the service helped to maintain people's good health. The service provided the person and their family with respite and sometimes this could be at very short notice. Although the respite was usually planned well in advance. Information about the GP and any other professionals working with the person was recorded so that they could be contacted during the person's stay if so required. The service paid particular attention to oral hygiene needs to support the person while in their care. The person we spoke with told us that they saw coming to Penny Meadow to stay as like a little holiday.



Our findings

One person told us, "I like coming here because there is lots to do and the staff are kind." We could see from the interactions of people with staff that they knew each other well.

We saw from the care plans that people and their relatives were involved in decisions about how their support was to be delivered at Penny Meadow. We learnt from the care plans that some people had specific routines and they would be upset if these were not followed and understood by staff. For example one person liked to go to bed at a set time and required the staff to support them with this and to explain the time of day to them, so they could prepare for bed in a routine which gave them comfort and stability. This made the people feel more settled and at home when using the service, particularly when they first began to use the service. These routines were documented within the individuals care plan in detail to ensure that staff could follow them exactly.

We saw that staff showed understanding and empathy for the people using the service. Staff spoke in a polite and caring way and respected people's privacy by closing doors and giving people time to themselves. We also saw examples of staff prompting people for example to sit at table to enjoy their meal and making them feel welcome to do so. When people first arrived they were greeted in a warm friendly manner before the family member who was also greeted in turn. The staff spoke with the person to confirm the arrangements and to check they remembered who they the staff were. They also confirmed they would be with the person during the stay and what the arrangements were for the following day. The person was then shown to the room they would be using and helped with any unpacking if this was required. Respecting the person's dignity was part of the staff training as was respect and privacy. We saw that the person settled quickly into the service and chose to watch a video in the lounge of their choice.

The manager explained that in order for the service to care it was a case of be prepared and a great deal of work went into preparing for the placement and then checking upon arrival the plan for the stay was still valid. Although some people had a regular routine staff still checked this and offered choices which included times to get up in the morning and go to bed, and food to eat and activities. Sometimes people wanted to watch television while at other times they wanted to plan games or help prepare a meal for themselves. The person's positive or negative reactions to stimulus were also taken into account to gain their consent and support the staff to care for the person.

A member of staff was available throughout the time that the person stayed to support them. Staff knew the people well and hence were able to support them and focus upon their needs. We looked at the care plans

and daily records which showed that people using the service and their families had been involved with planning the visit. The care plans had been written with the focus upon what the person could do for themselves, what they needed support with and were person-centred.

We saw the service newsletter 'The Meadower' which gave people information about the service and upcoming events in other related services. We saw that some people who used the service had contributed to the newsletter. Throughout the service a balance had been struck of a homely relaxing environment with information that people may find useful. Some of the information for the benefit of people using the service was in a pictorial format.



Our findings

The manager told us that they paid particular attention to assessing people's needs to determine which people using the service would enjoy using it at the same time, remembering the service provided respite for two people at a time. Each person had their own room and washing facilities and could share a lounge. They could also use the kitchen and another lounge/dining facility when staying at the service.

Some people using the service had complex support needs especially around their communication. We saw from the assessments that time had been taken to carefully assess and record information before the person was offered an opportunity to use the service. Once the assessment had deemed that the service could support the person they were introduced to the service gradually. Rather than staying overnight the person was invited to come to the service for tea until they felt comfortable at the service, at which point they were invited to stay overnight. If appropriate the person may initially stay on their own, before staying at the service with someone else for respite. A relative told us they were very pleased with the service and had no complaints.

People and their families were involved in deciding the level of support they needed and the plans that were put in place to provide this. Each time a person used the respite service they and their families were asked if their needs had changed. This was so that the service could take account of any changes such as medicines and be prepared to deliver the care that was required.

We saw that care plans were detailed, included relevant information necessary to support people appropriately and reflected people's wishes. The manager had worked with people, their families and social workers to carry out and record a detailed assessment of the person's needs and their wishes about how they wanted to be supported. Time had been taken to identify what the person wished to be called, which in some cases was different from their actual name. A member of staff told us, "People do change and you have to keep the plans updated." The service also carried out reviews of the care provided to ensure the information was accurate and to determine if there was anything the staff could learn.

The service had a policy and procedure for managing complaints and for recording compliments about the service. There were many compliments in the form of cards and handwritten letters appreciating the work and support of the service. No complaints had been recorded. The manager considered this was due to trying to get things right, such as taking care that people went home with what they brought into the service. Also the staff would work to resolve any issues at the time they were brought to their attention. A person told us if they were not happy they would speak with a member of the staff. We saw the complaints process had

been written and supported by pictures to enable the person to communicate with the staff. The service had a complaints policy which was reviewed each year. Information about how to complain was contained within both the welcome information to people when coming to the service and also in their care plan.



Our findings

People, relatives and staff told us the manager was supportive and approachable. One person told us. "The manager will always help you." A member of staff told us. "The manager has built a good team, nothing is too much trouble. The manager considered the success of the service is that we support and ask people to try."

The manager explained how the on-call system and the staff duty rota worked to ensure that there was always sufficient staff on duty to meet people's needs and to cover emergencies. This meant that there was a system in place to ensure any shortfalls in the staffing rota would be quickly addressed.

The service had in place a system for maintaining and checking equipment and services vital for the smooth running of the service. This included weekly fire checks and random fire drills. The manager had also devised a form which was completed each time they paid an unannounced visit to the service which was referred to as a spot check. The function of the spot check was to address any issues identified at that time.

Penny Meadow provides a variety of care support along with the respite service. The manager was clear about the function of this registered part of the service and running throughout the statement of purpose was what the service was set up to achieve. Hence the service established at the outset of meeting people and their families to understand what the normal sleep pattern was for the person. The service would then attempt to fit in with the persons routine so that the person could have a good night's sleep as part of the experience. Emphasis was also placed upon what the person liked and what they did not like or found upsetting, in order that the service was aware and could take appropriate action to prepare and resolve.

At the end of the respite stay the person was invited to complete a survey which included pictures to determine if they had enjoyed their time with the service, any problems and anything that the service could do differently in the future. The manager also arranged satisfaction surveys in which relatives were also invited to take part. The surveys were used to determine if there was anything the person was worried and how they had been treated. Any issues this raised meant that the manager would be able to work with the person to resolve them, with the intention of further improving the person's next stay. This meant the service had asked for information from the person who used the service about the quality of their care and was responsive to resolving issues identified.

We saw from the quality audit complied by the manager that action plans were put into place as required to rectify issues identified to improve the service. The information from the report was then used to inform staff

of changes and why these changes had been made.

At each visit the care plan was checked with the person and their family on arrival and updated as required. This was to confirm an earlier conversation when the respite stay was booked if there had been any changes in the support required, so that the staff could be sure they could meet the person's needs.

We saw there was a communication book for staff to use to explain important information to each other. The manager read this whenever they were at the service in order that they were aware and could plan any future care or arrangements for the future.

The service had got to know people and their families well. With this knowledge they were able to support at times of difficulty and at short notice. The service staff had also brought to the attention of families and indeed to people with no family support advocates that could support them. We saw that some people that used this service had been encouraged and had joined the Service User Council for the entire range of services which the provider managed. The benefit of this was so that people using the service voice could be heard in supporting and shaping the future of the service.