

Partnerships in Care 1 Limited

Penfold Lodge

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Penfold Lodge is a residential care home that provides accommodation and personal care for up to 18 people with mental health needs, whose primary needs are emotional support and enablement. The service aim is to support people through the recovery process to enable them, where possible, to move on and live more independently.

People's experience of using this service:

Penfold Lodge provided a safe, relaxed and homely environment for people that encouraged personal development. Staff were friendly and respectful in their approach and interacted with people in a confident, friendly and considerate manner.

Systems and processes were in place to promote people's safety in the home and when out in the Community. Staff had a good working knowledge of how to protect people from potential abuse and promote people's rights.

People's care records held on the homes electronic system were in parts brief. Improvement was needed to ensure care records show how the service is fully supporting people and how they should be responding to the risks people faced.

The provider had a thorough recruitment and selection process in place to check that staff were suitable to work with people who used the service. People were supported by enough staff. Staffing levels were flexible to support people to follow their interests, take part in social activities or attend hospital /GP appointments and follow ups with healthcare professionals.

During our visit we saw people were supported to express their views and choices and staff clearly understood each person's needs and behaviours. Staff looked after people's healthcare needs in a pro-active way. People were provided with choices of food and drink that met their individual needs.

The provider had effective systems in place to monitor the quality and safety of the service that people received. Arrangements were in place to routinely listen and learn from people's experiences, concerns and complaints. There was a strong emphasis on promoting good practice in the service and there was a well-developed understanding of equality, diversity and human rights and management and staff put these into practice. The manager inspired confidence in the staff team and led by example.

Rating at last inspection: Good.

Why we inspected: This was the first inspection following the merger between the provider, Partnerships in Care and The Priory Group. The inspection was scheduled based on previous rating.

Follow up: We will re-inspect this service within the published time-frame for services rated good or sooner if required. We will continue to monitor the service through the information we receive.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Care records were kept electronically. They were not always kept updated or reviewed to ensure information was current and reliable. They lacked detail and were not personalised which meant staff lacked guidance to provide agreed appropriate and consistent care and support.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Penfold Lodge

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 carried out this inspection.

Service and service type:

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

The service did not have a registered manager. The manager had applied to register with the CQC and the application was being progressed. The provider was legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before our inspection, we reviewed the information submitted by the provider in their completed Provider Information Return (PIR). This form asks the provider to give some key information about the service; what the service does well and improvements they plan to make.

We reviewed information we had received about the service including Notifications. Notifications inform us about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders such as the local authority and members of the public.

During the inspection we spoke to two people. We used informal observation to evaluate people's experiences and to help us assess how their needs were being met. We also observed how staff interacted with people. We looked at records in relation to three people's care. We spoke with the manager, the

regional manager, the providers operational manager and quality manager. We looked at records relating to the management of the service, staff recruitment and training, medicines management, complaints and systems for monitoring the quality and safety 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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People living at Penfold Lodge were protected by effective safeguarding processes and received support from staff who had the skills and knowledge to respond and protect them from themselves, or others.
- Staff had completed training in safeguarding and this was regularly updated.
- The general atmosphere was relaxed and friendly. We observed staff to be respectful in their approach and support was provided with sensitivity.
- Staff supported people in the management of their day to day expenses and records showed that this was managed appropriately and safely.
- General advocacy services were well established.
- A Herbert Protocol for each person had been completed. A national scheme introduced by the police in partnership with other agencies for carers/relatives to compile relevant information which could be used in the event the person goes missing.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were fully assessed prior to their admission. Initial plans were put in place to support the individual and manage their anxieties throughout their transition to the service and included risk reduction.
- Risks to individuals were managed well so that people were protected, and their freedom was supported and respected. People were supported to take positive risks to support their well-being and to promote and maintain their independence.
- Although Penfold Lodge was a no smoking service, people were supported to smoke in designated sheltered areas within the garden. Cessation methods and vapes were promoted.
- There were fully planned and practised fire evacuation procedures to ensure staff and people using the service understood what to do in the event of a fire.
- Daily, weekly and periodic checks of the home were undertaken by staff to make sure the environment was safe.

Staffing and recruitment

- Pre-employment checks were undertaken before new staff began work to ensure new staff recruited were suitable and safe to carry out their role.
- Staffing levels were based on people's individual needs and fluctuated on a day to day basis according to the type and level of support each person required throughout a day. An additional staff member had been organised to provide a new person with one to one support during a four-week settling in period to enable familiarisation with the home, peers and the local community.
- The provider had an on-call rota from which staff could identify and contact a member of senior

management out of hours and in an emergency.

- Staffing rotas identified the staff member with medication training for each shift and staff who were available for emergency overtime in the event of staff unplanned absence.

Using medicines safely

- Medication was stored safely and administered correctly. The provider had robust systems in place to ensure medication was managed safely and appropriately.
- Staff supported individuals to be involved in the management and administration of their medicines.
- Medicine administration records (MARs) were up to date and had been completed correctly.
- Staff administering medicines were trained and competent to do so.

Preventing and controlling infection

- The manager, when they started in post, took immediate action to address and improve the cleanliness and hygiene of the home. People who used the service were also involved in this process.
- The home was clean and hygienic; the housekeeper had cleaning systems in place to prevent and control infection.

Learning lessons when things go wrong

- Incidents were reviewed by the manager. Lessons learned and any change in practice were discussed with staff during team meetings to lessen the risks of any reoccurrence.
- The provider had systems in place to share lessons learned across all of their services.

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

Good: ☐ 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 were involved, where possible, in decisions regarding any interventions for rehabilitation and care, and their concerns were acknowledged.
- The service enabled people to live a normal lifestyle within a risk management and enabling environment. This meant people were supported to develop and/or maintain independent living skills with a long-term plan to potentially move on to a supported living environment.
- Staff received training in Equality and Human Rights Act, as part of their core training programme. The principles underpinning people's equality and diversity needs were applied in practice.

Staff support: induction, training, skills and experience

- People were supported by staff who understood their needs. Staff received a range of training to ensure they were able to meet people's needs effectively.
- Systems were in place to ensure the manager was aware of staff skill and competencies and when each staff member was due for refresher training.
- Supervision and appraisal systems, and staff meetings were used to develop and motivate staff, review practice and address any concerns.

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

- People had access to hot and cold drinks, snacks and fresh fruit throughout the day.
- The menu for the week was discussed on an individual basis and people were supported to balance choice with healthy options.
- People were supported to cook for themselves as and when they chose to eat.
- A cooking club, two days a week, included choice of meals for theme days such as Mexican day, birthdays and occasional days such as Easter.

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

- Management and staff worked well with external agencies such as mental health teams and social workers. Support was accessed if people's needs increased or mental health deteriorated.

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

- There were ongoing issues with the building causing significant dampness in bedrooms upstairs. Work to address this has been agreed and is to commence in the next few weeks.
- The premises were well suited to people's needs in relation to communal areas, outdoor space and unitised small kitchens.

- There is an ongoing programme of redecoration and refurbishment.
- One bedroom had recently been redecorated and adapted to meet the needs of a person with a physical disability.

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

- People were supported to maintain their mental and physical health. They had access to a range of health care professionals and therapies to help support their care, treatment and rehabilitation programmes.
- Regular healthcare reviews and appointments with other healthcare professionals were attended to maintain health and wellbeing.

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 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 with appropriate legal authority.

- We checked whether the service was working within the principles of the MCA and found that they were.
- The provider was not providing a service to any person deprived of their liberty under deprivation of liberty safeguards DoLs. Some people were under a Community Treatment Order (CTO) which is a legal order that sets out the terms which a person must accept medication and therapy, counselling, management, rehabilitation or other services while living in the community.
- People who retained capacity were able to leave the building at any time, we observed this throughout the day.

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

Good: ☐ 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 told us that staff were caring and supportive.
- A healthcare professional told us that the management and staff treated people with empathy and compassion which helped people to feel safe and supported.
- We observed staff taking time to listen to people and engage respectfully.

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

- People were supported to understand and manage their care, treatment and conditions and agree effective coping strategies.
- They could give feedback about the service through surveys, meetings, advocacy and one to one opportunity during managers service walkaround and open-door policy.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to develop and/or maintain independence within the recovery model. This included building daily living skills, shopping, cooking, budgeting and managing finances, booking and attending appointments.
- We observed staff respect and promote people's privacy and dignity by making sure discussions with people took place in appropriate settings and in private.

Is the service responsive?

Our findings

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

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service had a clear vision using the recovery model of support. However, people's electronic care records did not fully reflect this and needed to be more person centred and outcome focused. They lacked detail and focused on main presenting needs rather than adopting a person-centred approach incorporating emotional, social and vocational needs, motivation, aspirations and maintaining strengths. Some care records had not been reviewed or evaluated to conclude how successful the plan had been and to ensure it was relevant and current. Nor did it ensure care and support delivery was responsive, consistent and fully co-ordinated, protected individual's rights and best interests, or met their needs.
- Management and senior staff told us that the recovery star model was being introduced which provides an individualised recovery and rehabilitation pathway to support the person towards achieving short- and long-term goals. We look forward to reviewing this at our next inspection.
- On the day of our inspection a new person was admitted to the home. Their needs had been comprehensively assessed prior to moving to the home to ensure they could be met. Corresponding short-term support management plans had been drawn up to guide staff on the key areas of support required and the key areas of risk mitigation to ensure an inclusive and safe settling in period.
- People were actively supported to pursue greater independence skills, and a purpose. They were supported in the least restrictive way and supported to access the community, as and when they wanted to, either independently or with staff support.
- Breakfast club was a new initiative to encourage people to get up, have a cooked breakfast and discuss the forthcoming day.
- Each floor had a well-equipped kitchen for people to develop, re-learn or maintain cooking skills.
- People were empowered to make suggestions, and these were acted on.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and were supported where they needed assistance.
- Policy and procedure were also available in easy read formats.
- Independent advocacy services were available; an advocate visited the service on a regular basis and if necessary could assist people to voice any concerns or make a complaint.
- The manager took account of concerns and complaints to improve the service. Necessary steps were taken to investigate concerns with appropriate actions taken to resolve them to a mutually satisfactory outcome, improve practice and outcomes for people.
- Actions were reviewed to see whether they had successfully achieved the desired outcome.
- The manager and staff were currently working with some individuals to improve and reinforce social

boundaries within the service and out in the Community.

End of life care and support

- Nobody at the service were at the end stages of their life.
- Improvement plan had identified the implementation of Preferred Priorities of Care and the management and senior staff were looking to see how these could be introduced.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The manager promoted an open culture where people and staff felt comfortable to approach the management team to raise any concerns, knowing they would be listened to, and acted upon.
- The provider had a staff excellence award system to thank and commend staff for their contribution to the service. Individual staff had been awarded excellence for work beyond their role, positive and therapeutic engagement, coping skills and high-level professional conduct and gentle encouragement and incredible support.

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

- The manager had relevant background, experience and skills to bring to the service and they had good levels of support from senior management.
- Staff were inspired by the new manager and excited about the direction he was taking the service. They described the manager as approachable and very supportive.
- A range of audits were regularly carried out to check the quality and safety of the service. The manager had designated 'champions', staff with a lead role to monitor and check specific areas of the service such as infection control, medicines and health and safety.

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

- The manager demonstrated a clear vision putting people at the heart of the service. We observed the manager throughout the day interacting empathetically and respectfully with people, offering a solution and/or understanding.
- The service ensured quality assurance surveys were sent out annually to ask people, visitors and stakeholders what was good and what needed improving within the service. Action plans were developed, and an update provided to illustrate improvements as and when made.
- Resident meetings were held to discuss events in the home, activities and any concerns.
- Staff meetings focused on driving improvement, wider policy issues, changes in people's needs and any lessons learned and changes in practice.
- The provider had an Employee Assistance Programme in place for staff which offers confidential counselling and support, and advice on a wide range of work and personal issues.

Continuous learning and improving care; Working in partnership with others

- The manager had already identified areas for improvement and development particularly in relation to recovery, enablement and rehabilitation.
- The manager since starting in post has advocated mutual respect, encouraging people using the service to interact in a positive manner, showing respect to others inside and outside the home. Signage around the home highlights and promotes positive social values.
- The manager was building good relationships with external agencies.
- The service worked in partnership with outreach support organisations to access counselling and mentor support for individuals with a history of substance abuse