

Green Light PBS Limited

Penrose Farm

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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected Penrose Farm on 19 and 22 September 2017, the inspection was unannounced. The service was last inspected in August 2015 when it was rated as 'Good'. At this inspection we found the service remained 'Good'.

Penrose Farm provides accommodation for up to five people with complex needs. There were five people living at the service at the time of our inspection. Not everyone who lived at the service was able to verbally communicate due to their healthcare needs.

At the time of this inspection the service was undergoing a change in the way it was managed. The registered manager explained that the service had gone through a period of several months over the summer with limited management support. This had led to a drop in monitoring of aspects of the running of the service. For example, outstanding maintenance issues and background cleaning of the fabric of the service had been overlooked. The registered manager had recognised that the level of scrutiny required, in order to manage the size and complexity of the service required additional resource. We have made a recommendation in the well led section of this report about this.

We walked around the main house and noted areas of maintenance, such as a faulty tap that needed to be fixed. We also noted that communal areas such as the utility room had not been well maintained and were not clean. This was pointed out to the registered manager at the time. By the second day of inspection all outstanding maintenance issues had been rectified and the service had been fully deep cleaned to a high standard.

People had regular routine access to visiting health and social care professionals where necessary. People attended an annual health check with a GP and had access to specialist medical services to ensure their health needs were met. Two relatives of people living at Penrose Farm told us there was not always appropriate communication about appointments that people needed to attend outside of the service. Comments included, "Communication could be better. There have been instances when [Person's name] has not made it to medical appointments because there has been a mix up about times. It has been frustrating at times" and "There was some confusion over a booked appointment and the appointment had to be re-booked. I think the communication between management/staff and other professionals could be better at times". The registered manager acknowledged there had been confusion regarding two people's activities and booked appointments which had led to a situation where appointments needed to be re-booked.

People were relaxed, engaged in their own choice of activities and appeared to be happy and well supported by the service. One person told us they were happy and felt safe living at Penrose Farm. Relatives of people who lived at the service were generally positive about the care and support provided to people. Comments included, "I am generally pleased with the care [Person's name] receives. It's clear [they] are happy there and I would say my impression is staff genuinely like [Person's name]."

Penrose Farm is made up of four separate accommodation areas with a main house accommodating two people, an annex accommodating one person and two independent living spaces on the grounds of the service, each accommodating one person.

The service was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect. Staff demonstrated they had an excellent knowledge of the people they supported and were able to appropriately support people without limiting their independence. Staff consistently spent time speaking with the people they were supporting. We saw many positive interactions and people enjoyed talking to and engaging with staff. One staff member said, "I get a lot of pleasure from my job. One of the best parts of my job is making sure every customer's life is as enjoyable and safe as possible. Our role is to ensure people live happy and fulfilled lives."

Staff had completed training in how to recognise the signs of abuse. People received their medicines safely and as prescribed.

Staff were well supported by a system of induction, training and supervision. We found there were areas of training that required updating and saw this had been identified and scheduled. Staff meetings were an opportunity to contribute to the running of the service. Staff told us they were well supported by the management team and each other.

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.

People's communication styles were understood and staff were patient and respectful in encouraging people to communicate in the way that was most appropriate for them. Information was produced using easy read techniques, e.g. limited text and photographs and pictures. Support plans were available in an accessible format.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? Monitoring the maintenance requirements and quality of the cleaning of the service required attention. We have made a recommendation about this.	Requires Improvement ●

Penrose Farm

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.

This comprehensive inspection took place on 19 and 22 September 2017 and was unannounced on the first day of inspection. The inspection was undertaken by a single adult social care inspector, with learning disabilities experience.

Before the inspection we reviewed previous inspection reports and other information we held about the service including any notifications. A notification is information about important events which the service is required to send us by law. We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

Not everyone who lived at the service was able to verbally communicate due to their healthcare needs. During the inspection we spent time with four people who lived at Penrose Farm and spoke with one person. We also received feedback from seven relatives and four external professionals who had experience of the service following the inspection. We looked around the premises and observed care practices on the day of our visit.

We also spoke with four support staff, the registered manager and two additional registered managers who were supporting the service and the operations manager for the organisation. We looked at three records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

On the day of the inspection we saw people were comfortable and at ease in their environment. People engaged with staff in a positive and friendly manner. Relatives told us they believed their family members were safe living at Penrose Farm. One relative told us; "We are happy that [Person's name] is safe. [Person's name] has complex health needs but we feel the service manage these well."

There was sufficient staff on duty to support people appropriately. The registered manager told us new staff had recently joined the service and they worked alongside more experienced staff to give them an opportunity to get to know the people they supported and build their confidence in their role.

Staff rotas were flexible to enable people to take part in social activities in the evening and at weekends. For example, people attended weekly evening activities including local social groups and pub visits.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring checks were completed and references were followed up. Staff competencies for working with people who may be vulnerable were also checked. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Staff knew where to go outside the organisation to report any concerns which were not acted upon.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. The information described what the risk was, the circumstances when the risk was likely to be present and strategies staff should take to avoid this or alleviate any distress or anxiety for people. A staff member told us, "I love that as a team when we discuss taking customers out we always talk through our plan before, ensuring not just a fun time but a safe time out."

Risk assessments covered a range of areas which were relevant to the individual. For example, one person had assessments in place for swimming and accessing the community. We saw one person had a risk assessment that covered periods when the person was unsupported by staff; this occurred predominantly overnight and could be up to 14 hours. This assessment did not highlight action to be taken if the person was unwell. The registered manager confirmed a new protocol would be added to the risk assessment to ensure staff were clear about what action to take if this situation arose.

People's medicines were stored securely in a locked cupboard in a spare room which was also kept locked. There were appropriate storage facilities available for medicines that required stricter controls. Medicines Administration Records (MAR) were completed appropriately. We checked the number of medicines in stock for three people against the number recorded on the MAR and saw these tallied. Some people had been

prescribed medicine to be used as required (PRN). There were clear protocols for staff to follow before administering this.

People's personal money was kept safely in individual locked facilities. Systems were in place to protect people from the risk of financial abuse. All transactions were recorded and any receipts kept. After any money was taken from, or returned to individual money bags, staff checked the amount and signed.

There was a system of health and safety risk assessment in place. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked. Regular fire drills took place. Personal Emergency Evacuation Plans (PEEPs) had been developed for each individual. These gave guidance for staff and responders on how to support the person in case of an emergency. The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. A current gas safety certificate was in place.

Is the service effective?

Our findings

People were supported by skilled staff with a good understanding of their needs. Staff talked about people knowledgeably and we observed people being supported according to their individual needs and preferences. People had allocated key workers who worked closely with them to help ensure they received consistent care and support. Relatives told us staff knew people well. One commented; "I have great confidence in [Person's name] new key worker."

People had regular routine access to visiting health and social care professionals where necessary. People attended an annual health check with a GP and had access to specialist medical services to ensure their health needs were met. Two relatives of people living at Penrose Farm told us there was not always appropriate communication about appointments that people needed to attend outside of the service. Comments included, "Communication could be better. There have been instances when [Person's name] has not made it to medical appointments because there has been a mix up about times. It has been frustrating at times" and "There was some confusion over a booked appointment and the appointment had to be re-booked. I think the communication between management/staff and other professionals could be better at times". The registered manager acknowledged there had been confusion regarding two people's activities and booked appointments which had led to a situation where appointments needed to be re-booked.

The service assessed each person's needs before they came to live at Penrose Farm to ensure the placement would suit their needs and keep them safe. The registered manager told us they worked closely with each person, their family and other professionals to ensure individualised services which were specific to the person. Relatives told us they were pleased with how the service supported people. A relative told us, "We are pleased with how the service has developed. From the beginning they have developed a really person centred service for [Person's name] based on getting to know [person] and meeting [their] needs. The results are clear to see in the decrease in challenging behaviours and you can see how much more relaxed and smiley [person] is. This has resulted in [Person's name] being able to go out on activities more regularly which is a very good thing."

The service placed emphasis on being familiar in all aspects of the lives of people who were supported. Staff accessed support plans and other relevant documentation via a computerised portal which was only accessed after appropriate permissions had been given by senior management. Staff were able to describe how different individuals liked to spend their time and we saw people had their wishes respected. Staff commented, "I love when customers achieve new things. I have witnessed some amazing achievements this last year and the progress in our customers lives has been uplifting. The positive changes I have seen in the customers just speaks for itself."

During the inspection we saw people were supported to engage in a range of activities from shopping trips, going out for lunch and one person spent part of their day in paid employment. These were activities which had been identified with people and their families as something they enjoyed.

New staff completed a thorough two week training induction process in a classroom setting. Training covered understanding of autism, safeguarding vulnerable adults, understanding and working with the Mental Capacity Act and associated Deprivation of Liberty Safeguards, as well as other core training areas such as food safety and infection control. The induction process had been updated to include the Care Certificate. This is a national qualification designed to give those new to working in the care sector a broad knowledge of good working practices.

Once new staff had started working at the service they had a period of shadowing experienced staff on shift to ensure they were competent in their role. One new staff member commented, "They break you in easily in that you are given an opportunity to shadow more experienced staff and find your feet. I do feel valued in my role here."

Training records showed there were some gaps in required staff training. This had been identified and scheduled. Staff meetings were an opportunity to contribute to the running of the service. Staff told us they were well supported by the management team and each other.

Regular supervision between employees and management as well as annual appraisals were used to develop and motivate staff and where required, to review practice and behaviours. Supervision meetings took place every six to eight weeks where discussions included how the service provided support to help ensure people's needs were met. It also provided an opportunity to review aims, objectives and any professional development plans. Annual appraisals gave an opportunity to review staff work performance over the year.

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 interest and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Mental capacity assessments had been carried out appropriately. DoLS applications had been made for people and appropriate notifications had been sent for authorised restrictions; the service was awaiting the outcome of some applications from the local authority.

People had access to a varied and healthy diet. Two people required a specialist diet due to their health needs and we saw detailed records and menu plans for people. Kitchen cupboards were unlocked and healthy snacks were readily accessible. One person kept their food in the main house kitchen due to health concerns that required the person to limit the amount of food, particularly high sugar and high fat food, they consumed. We spoke with the person about how they felt about this and were told they were happy and felt they could access their food when they wanted it.

People were supported to choose what they ate with the use of pictures and photographs. Care plans recorded people's likes and dislikes regarding food. There was a pictorial menu for the week on display in the kitchen which was mainly used by one person.

The design and layout of the individual living units met people's individual needs. Each person had their own separate bedroom and living space and access to outside space. We saw that people's living areas had

been decorated and furnished to suit their preferences with their colour scheme and personal effects around them.

Is the service caring?

Our findings

People were relaxed and comfortable with staff, asking for and receiving support when they needed it. We observed people interacting with staff, going out to various activities throughout the day and observed people felt at ease to share their feelings with staff. Families of people living at Penrose Farm were positive about the care their relatives received. Comments included, "I am generally pleased with the care [Person's name] receives. It's clear [they] are happy there and I would say my impression is staff genuinely like [Person's name]" and "I couldn't fault the care [Person's name] receives. [They] are always happy to go back when we've been out and I think that says a lot."

People were treated with patience and care and their dignity was respected. For example, people were not rushed to get up in the morning and staff supported them to complete their personal care in their time. We saw people have a leisurely breakfast and staff joined them to chat about their day and the things they had planned.

Throughout the inspection staff gave people the time they needed to communicate their wishes. For example, staff ensured people were comfortable in making their own decision about whether to interact with the inspector and asked people if they were happy for the inspector to visit with them.

Staff spoke positively about people and demonstrated a responsibility for their well-being. Staff comments included, "I love going to work and enjoy achieving new things and setting new goals with the people I support. I smile every day and reflect on my shift. We are all made different but when we feel happy we are all the same and to see the customers and staff happy is the best feeling in the world" and "We all bring something different to our work but I find it easy just being the same as I am at home as a mother. I support the customers like I would support my family and how I would want to be cared for. I feel we have a great team and we are all passionate about our role."

People's support plans were clear, detailed and written from the perspective of the person they were about. Support plans provided clear instruction to staff on how best to provide support while ensuring people were kept safe such as when going into the local community for activities. Support plans were updated and kept current.

People were supported to develop and maintain independent skills around the service. We saw people accessing the kitchen and making drinks for themselves during the day. Some people were encouraged to complete simple chores such as making their bed and doing their laundry with support.

The service had put together comprehensive, picture led support plans and information for people about their lives at Penrose Farm. Each plan was full of personalised photographs, making this record very clearly about the person it was written about. These plans were adapted and laminated and made available to people so they could be familiar with and use it. These were reviewed monthly with the person.

People had an opportunity to complete, with support, a quality feedback form each month to check they

were happy with different aspects of service provision, such as activities and food choices. We saw those that needed it could use symbol sequencing strips to communicate their needs to staff. These are communication tools used to show a short sequence of required events such as preparing for and taking a shower.

Staff were trained and supported to understand the communication patterns for each person and to use these. We saw how well staff understood people who did not use verbal communication or used it in a limited way. It was clear people benefitted from staff who understood them and took the time to ensure the person had been able to express themselves.

We heard about the wide range of activities and holidays people had taken and saw photographs of the experiences people had. Relatives also expressed their pleasure about this. Comments included, "[Person's name] has had two holidays and from what I can tell they have had a great time. I like the fact that they get out and do things with their time rather than just sitting inside."

People were supported to have access to advocacy services that are able to support and speak on behalf of people if required.

Is the service responsive?

Our findings

All documentation relating to the care and support of people was stored electronically on the provider's electronic system. This included assessments, support plans and daily records. Support plans contained a wide range of information in respect of people's support needs across a number of areas including communication, behaviour and social needs. The registered manager told us full care plan reviews were held annually. Changes were also made when necessary in response to any changes in people's needs.

The provider had produced adapted 'easy read' versions of support plans which were laminated and made available to the people they belonged to, to enable them to communicate more effectively.

Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. The logs had been completed appropriately and were detailed and informative in order to keep staff informed.

People had a weekly activity rota that detailed what had been planned for the week. Staff told us people had busy lives. Family members confirmed that they felt their relatives were provided with regular opportunities to undertake activities which brought them pleasure outside of Penrose Farm. One person had a paid job which they were supported to attend. One family member felt there were not enough regular activities available to their relative. We reviewed the person's activity calendar and spoke with staff about what the person did with their time. From staff comments and a review of photographs of activities and daily logs it was apparent the person was taking part in a range of activities including swimming, shopping trips and going out for meals.

We saw records which evidenced that people and their relatives were asked for their views of the service on a regular basis through quality feedback surveys and by communicating with keyworkers to discuss their ideas. Each month people who lived at Penrose Farm would sit down with their key worker to share their feelings about the service. This was a time to suggest changes to menus and/or activities and provided a way to assess people's satisfaction with the service and demonstrate the service was able to implement changes for people's benefit when required.

Support plans were regularly shared with relatives and records evidenced on-going communication between the service and families about support plans. A relative told us, "I am fully involved in [Person's name] care. The key worker keeps me updated about what has been happening and I can ring or call in for a visit at any time."

There was a complaints policy in place and a complaints form was available in an easy read format. Staff told us that if people wanted to complain they would explain the process to them and support them to complete the form. Relatives told us they had not made official complaints but had raised issues of concern with the registered manager. Relatives said they felt their comments were listened to and acted upon. Comments included, "I have had a concern that there has been a lot of changes in terms of staff coming and going and I have been told there is a new structure coming into place and that has been reassuring. I don't

have any other concerns about the quality of the service [Person's name] is receiving. Overall all we are happy with the service."

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

At the time of this inspection the service was undergoing a change in the way it was managed. The registered manager explained that the service had gone through a period of several months over the summer with limited management support. This had led to a drop in monitoring of aspects of the running of the service. For example, outstanding maintenance issues and background cleaning of the fabric of the service had been overlooked. The registered manager had recognised that the level of scrutiny required in order to manage the size and complexity of the service required additional resource.

An internal quality assurance inspection was carried out on 15 September 2017, by two managers who did not work at Penrose Farm had highlighted areas of the service that required attention. These included areas of cleaning such as door frames and skirting boards in the main house, and the need to adhere to a cleaning jobs list so that communal areas were cleaned in a structured way.

On the first day of this two day inspection we found the requirements as detailed above from the internal quality assurance inspection had not been met.

We also found a number of areas of the service that required maintenance. For example, a faulty boiler valve had caused very low water pressure in certain bathrooms and another bathroom had a hot water tap that didn't work at all. In one person's room a window restrictor was not attached to the window and the key lock to reattach it had been lost. There was a missing cupboard door in the laundry room. Externally there were cigarette butts discarded outside the laundry door. Internally the main house required a deep clean. By the second day of the inspection, 72 hours after the first day, all of the areas highlighted had been addressed.

It was clear that Green Light management were aware of the issues highlighted and had reported the work that was required as maintenance issues. However, this work had not been undertaken in a timely way. Given that all identified issues were rectified within the inspection timeframe it is not proportionate to make a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It is recommended the registered manager ensure appropriate oversight and management of identified maintenance and good standards of cleanliness of the service.

Staff meetings took place regularly and were used to discuss any developments in working practices and people's individual support needs. Staff morale was positive and all staff we spoke with commented about what they believed to be the strengths of the team. Comments included, "We are not just a team. I feel we have become a family and we are always there to help one another and I think this is reflected in how we

care and try to provide the best life and homes for our customers."

Incidents were recorded onto the on-line system by staff. This triggered an automatic email to the manager in charge who would then oversee any follow up actions and identify any trends. Senior management would also check the incident records at regular intervals. Where it was identified that changes to systems might further protect people these were implemented. For example, following a medicines error the way in which medicines were checked had been altered to help prevent a repeat incident. This demonstrated the management team recognised the opportunity to learn from any negative events.

Staff considered how they could improve people's experience of the service. For example, a sensory room had been developed for one person. This provided an alternative relaxing space for the person to use other than their bedroom.

The provider kept up to date of current practices in the specialist areas of Autism, Aspergers syndrome, Epilepsy management and support for people with Learning Disabilities through close partnership working with specialist agencies. Specialist training was delivered to staff in these areas. A specialist diabetes practitioner told us they had been impressed at the enthusiasm staff showed to undertake specialist training to ensure they could provide best practice care for a person supported at Penrose Farm.

The organisation also provided on-going training and support in the technique of positive behavioural support (PBS). This is an approach that primarily aims to enhance people's quality of life using a range of person centred behavioural techniques. Staff were trained in Positive Behaviour Support (PBS) which is delivered by a board certified behaviour analyst. Management and staff have a well-developed understanding of equality, diversity and human rights and put these into practice.

People were asked for their views about the service in resident surveys which were completed monthly. The service used a range of methods to gather people's feedback including adapted easy read formats. These formats included the use of pictures, photographs and symbols to provide a simple method of gathering people's views. Relatives and other professionals were asked to complete annual surveys to give their feedback about the service which we saw was positive.

The registered manager had ensured CQC registration requirements, including the submission of notifications, had been complied with. The last CQC report was displayed in the service in line with legal requirements.