

Voyage 1 Limited

# Pennington Court

## Inspection report

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Date of inspection visit:  
17 May 2017

Date of publication:  
08 June 2017

## 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

Pennington Court is a care home for younger people with a learning disability. It can accommodate up to eight people. Each room is a self-contained unit with bedroom, bathroom, kitchen and lounge area. Accommodation is over three floors that is accessed by a passenger lift. There is also a communal lounge and kitchen and accessible well managed gardens. The service is situated in Maltby, near Rotherham. At the time of our inspection there were seven people living at the service.

At the last inspection in May 2015, the service was rated overall good with one domain rated as requires improvement. At this inspection we found the service remained Good.

The home had a registered manager. 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.

Some people we spoke with had limited verbal communication. However, they very clearly indicated they felt safe and were happy living in the home, liked the staff and did the activities they liked to do.

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.

Medication procedures were in place including protocols for the use of 'as and when required' (PRN) medications. Staff had received training in medication management and medication was audited in line with the provider's procedures. There was good guidance for staff regarding how people expressed pain or discomfort, so they could respond appropriately and seek input from health care professionals, if necessary. People had access to a good range of health care services and staff actively advocated for people if they felt health care services were not as responsive as they should be.

Staff we spoke with had a clear understanding of safeguarding people and they were confident their managers and the rest of their team would act appropriately to safeguard people from abuse.

The support plans we looked at included risk assessments, which identified any risks, associated with people's care and had been devised to help minimise and monitor the risks without placing undue restrictions on people.

There were enough staff to keep people safe and to meet people's individual needs, and the staff told us they received good training and support. Staff retention was good, and staff knew people well and had built good relationships. There was also a good mix of staff in relation to such things as gender and ethnicity.

People were encouraged to make decisions about meals, and were supported to go shopping and be

involved in menu planning. We saw people were involved and consulted about all aspects of their care and support, where they were able, including suggestions for activities and holidays.

Staff spoke with people in a caring and positive way, treated people with respect and were mindful of their rights and dignity. There was a nice, relaxed atmosphere and people were relaxed and smiling in the staff's presence.

The complaints process was clear and people's comments and complaints were taken very seriously, investigated and responded to in a timely way. People didn't have any complaints to tell us about and indicated they were happy living at the service. Relatives we spoke with raised no concerns about the care provided at the service.

The registered manager was person centred in his approach. Person centred care is when staff understand what is important to the person and give them the right care and support to do the things they want. The staff we met were very enthusiastic and professional, and were good communicators. They told us they were well supported by the management team. It was clear from staff's responses to question that they had a clear understanding of the ethos of the home and they knew people's support needs very well.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by a representative of the registered provider. The reports included any actions required and these were checked each month to determine progress.

Further information is in the detailed findings below

## 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 remains Good

### Is the service effective?

Good ●

The service was effective

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to have their assessed needs, preferences and choices met by staff that had the necessary skills and knowledge. Staff received regular supervision to ensure they were given the opportunity to discuss their development and training needs.

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Pennington Court

## **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 checked 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 17 May 2017 and was unannounced. The inspection was undertaken by an adult social care inspector. At the time of the visit there were seven people using the service. We spoke with five people who used the service and we also spoke with two relatives of people living at the home. Some people had limited verbal communication however staff gave us information so that we could understand their responses to questions.

Before our inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. We also contacted placing authorities contracting officers. They did not raise any concerns about the service.

Prior to our visit we also received a provider information return (PIR) from the registered provider which helped us to prepare for the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the inspection we used a number of different methods to help us understand the experiences of people who used the service. We observed care and support in communal areas and looked around the environment. We spoke with the registered manager, deputy manager, an acting senior support worker and four support staff. We also observed how staff interacted and gave support to people.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

The provider had robust safeguarding procedures and these had been followed by staff trained in the subject. People who used the service were protected from the risk of abuse, because the registered provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People we spoke with told us they felt safe. One person said, "I am happy here staff look after me and of course I feel safe. A relative said, "I have no issues with the service they always keep my [family member] safe."

We saw risk assessments were in place to reduce things like trips and falls and there were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home.

At the last inspection of the service we found the service had robust recruitment and selection processes which ensured only suitable staff were employed to work with vulnerable people. At this inspection we found this was still the same. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager.

We looked at the recruitment files of four staff and spoke with staff that were on duty on the day of this inspection. Information within the recruitment files, and staff comments confirmed that the required checks had been carried out prior to commencement of employment at the service.

Sufficient staff were employed to work at the service and staff told us they enjoyed their work and felt supported. The registered manager told us they provided a good person centred service to all of the people who used the service. People we spoke with confirmed that they were given the support they needed to stay safe. People's health was monitored and reviewed as required. People identified as being at risk when going out in the community had up to date risk assessments. We saw that some people were supported by staff when they went out during our inspection. One person said, "I can go out on my own but I tell staff where I am going and when I will be back so they don't worry." Staff told us that they had time to do their job effectively and they felt there was sufficient staff on duty to meet the needs of people who used the service.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored with additional storage if needed for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked records of medicines administration and saw that these were appropriately kept. There were systems in place for checking medicines stocks, and for keeping records of medicines which had been destroyed or returned to the pharmacy. Training had been provided to relevant staff with additional training for a small number of staff to safely administer insulin to one person who used the service

Before our inspection, we asked the local authority commissioners for their opinion of the service. People who used the service were placed from different local authorities so we contacted three commissioners. The commissioners did not raise any concerns regarding the service.

# Is the service effective?

## Our findings

People and relatives we spoke with for the service confirmed that they received care and support that was appropriate to their needs. People who were able to told us that staff always consulted with them about their care and were respectful of their wishes.

Some people were unable to communicate verbally with us, although staff assisted with this process as they knew people they were supporting very well. One person needed staff to give time for them to respond to questions and this enabled the person to express their wishes. This was done in a very respectful way.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that most people living at the service had an authorised DoLS in place. We found the registered manager and staff were adhering to the DoLS requirements and took appropriate action to protect people

Staff gave examples of how people's best interests were taken into account if the person lacked capacity to make a decision. For example, people were supported to make decisions through the use of care plans, with their involvement.

People's care records showed that their day to day health needs were being met. People had access to their own GP and additionally support from community psychiatric nurses. Records showed that people were supported to also access other specialist services such as chiropody and dental services.

Records we looked at confirmed staff were trained to a good standard. Support staff had obtained nationally recognised care certificates. The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent. We spoke with a new member of staff who was working alongside experienced staff. She told us that she was really enjoying the work and felt supported by her peers and the registered manager.

The staff we spoke with told us about the training they had received which was specific to the service provided. The training covered all aspects of supporting people with complex needs. It was clear from our observations that the training staff received was fully integrated into the way people were supported.

People's nutritional needs had been assessed and people's needs in relation to nutrition were documented in their plans of care. We saw people's likes, dislikes and any allergies had also been recorded. The people who used the service did their own shopping with support of staff; most people stored the food in their own kitchens and cooked in their own flats. However some people preferred to cook in the communal kitchen and store their food in there. We saw people choosing what they wanted to eat and people ate at the times

they preferred. This enabled people to participate in activities and not be restricted with the time they had to be back at the service.



## Is the service caring?

### Our findings

People experienced care that was empowering, supportive and individual to their needs. Staff were respectful, compassionate and caring which helped to create a safe environment where people could develop skills and independence. People where able were involved in developing their person centred plans. The support plans described how people wanted to receive their support and told us who was important to them and things they liked to do. For example, spending time with family and friends. They also told us how they needed support with hospital and other health appointments.

It was clear from our observations and speaking to staff that they were passionate about what they did and this created a warm, calm atmosphere. Staff knew how to respond to people's needs. They treated people as an individual. People and staff were involved in lively banter which showed people were relaxed around staff. People joked about their names for staff and it was clear that this was acceptable by both parties.

We saw staff sat in the lounge area chatting about films on the television and about the activities for the day. One person told us about recent holidays to Blackpool and Skegness and one person said they were saving to go away to Australia with family.

We spoke to people about friendships and relationships and one person told us that they hoped to move in together with their partner, but felt it was not the time to make those plans at the moment. Others told us they liked to visit family and friends.

People were given choice about where and how they spent their time. We saw they had chosen how their room was decorated and the rooms reflected people's individual style and interests. For example, one person was keen on playing games on their X box while others liked to listen to music in their own flat.

We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, the support workers we observed always asked people if it was alright to assist them. We found that staff spoke to people with understanding, warmth and respect, and took into account people's privacy and dignity. For example, one person liked their medication given to them in the medication room. They were asked if they would like to lock the door which they did before the deputy manager began to administer their medication. We saw other examples such as knocking on bedroom doors and staff did not enter until the person invited them into their flat.

## Is the service responsive?

### Our findings

People told us they had freedom and choice. They said they chose what they wanted to do during the day and in the evening and when they wanted to go to bed. If they decided that they did not want to do a planned activity they could change their plans. The individual accommodations contained their own kitchenette, bedroom and lounge area. This enabled people to make choices about how they spent their time. Some people told us that they liked to spend time in their flat and staff respected their wishes.

We looked at three people's support plans, we saw they included assessments of their care and support needs. These gave information about the person's assessed and on-going needs. They gave specific, clear information about how the person needed to be supported. The assessments outlined what people could do on their own and when they needed assistance. They also gave guidance to staff about how the risks to people should be managed. They included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes. These had been kept under review.

The person centred plans set out people's individual preferences and goals. Their plans included descriptions of the ways they expressed their feelings and opinions. Each person had a profile detailing how they communicated when they were happy and content and how they expressed, pain, anger or distress. The staff knew people really well and were respectful of their wishes and feelings. We saw that people were given practical opportunities to make choices, with time to think or to change their minds.

The staff we spoke with told us that it was important that they promoted people's independence. They described how they met people's individual needs and promoted their rights. Staff also described how people were observed and monitored in relation to their general well-being and health. Staff told us that they always used a consistent approach when dealing with people's behaviours that may challenge others. We saw this taking place in practice which was effective for the person who understood the approach.

People were provided with information about the service. This is called a 'Service User Guide'. The information was set out in different formats such as easy read format which included photographs and pictures used to illustrate the main points.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and there was an easy read version which was available to those who would benefit it in that format. The registered manager told us that they met regularly with staff, people who used the service and relatives to learn from any concerns raised to ensure they delivered a good quality service.

People we spoke with did not raise any complaints or concerns about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss things with the staff or the registered manager if they needed to raise any issues.

Staff told us if they received any concerns about the service they would share the information with the registered manager or the registered provider. They told us they had regular contact with their manager both formally at staff meeting and informally when the registered manager carried out observations of practice at the service. This ensured good communication and sharing of information.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since 2013. 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.

The registered manager delivered a service which met the needs of people who used the service. The staff we met were enthusiastic and professional and good communicators. The registered manager and staff were person centred in their approach. They were keen to look at ways to ensure people had the opportunity to meet their full potential. The staff were flexible in their approach to ensure people could take part in activities of their choice.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager. The reports included any actions required and these were checked each month to determine progress. The registered manager told us they completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans.

A representative of the registered provider also carried out quarterly audits; we saw the last audit undertaken which had actions to be completed as a result of these audits; it was clear who was responsible to ensure the actions were completed. The registered manager told us these actions were then checked at each visit to determine progress and completion. This helped to ensure the service remained good.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. These had been sent out in 2016 and were due to be sent out again at the time of our visit. We saw the completed returned forms from the last audit. The comments were mainly positive. This showed people's views were sought and people were listened to.

We saw that the registered manager interacted well with people who used the service and spoke to staff in a positive way. All the staff we met said there were very good relationships in the team.

Staff we spoke with told us they felt well supported by the registered manager on a day to day basis, and also through regular supervision meetings and annual appraisals. They told us they were very happy to be working in the service. The staff we spoke with felt the service was well led and that the registered manager was approachable, they felt confident to raise any concerns and they were listened to. They felt people who used the service were involved in the service and that their opinions counted.

Staff understood their roles and responsibilities. They were good at communicating with and supporting people, who seemed happy to be in their company. When asked, staff said they liked their work very much.

Staff confirmed that they had regular staff meetings. This enabled them to meet and discuss the welfare of people using the service and other topics such as safeguarding people, staff training and health and safety. The registered manager told us it also helped to make sure any relevant information was disseminated to all members of the team. We observed the handover between day and afternoon staff and this was informative. Staff coming on duty was able to 'checkout' things that had taken place since they was last on duty.