

Centurion Health Care Limited

Penley Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 23 and 24 May 2016. It was an unannounced visit to the service.

We previously inspected the service on 23 January 2015. The service was meeting the requirements of the regulations at that time.

Penley Grange provides care for up to six people with learning disabilities. Five people were living at the home at the time of our visit.

The service had 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.

We received positive feedback about the service. Comments included "It's a lovely home," "Staff are absolutely lovely and friendly," "Staff are very kind," "Residents always look well turned-out and very happy" and "The care is generally very good."

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns.

We found people's medicines were not handled safely. For example, there were gaps in medicine administration records and staff had given an incorrect dose of one person's medicine.

We found there were sufficient staff to meet people's needs. We saw they interacted well with people and took an interest in them. Staff recruitment procedures were not robust enough to make sure people were supported by staff with the right skills and attributes.

Staff received support through a structured induction and supervision. There was an on-going training programme to provide and update staff on safe ways of working. We have made a recommendation to ensure the service follows good practice in the supervision and development of staff.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. These had been kept up to date to reflect changes in people's needs. People were supported to take part in a range of social activities. Staff supported people to attend healthcare appointments to keep healthy and well.

The building was well maintained. Evacuation plans had been written for each person, to help support them safely in the event of an emergency. Staff told us where to assemble in the event of the fire alarm sounding. We have made a recommendation to ensure people are protected from environmental risks at the service.

There were clear visions and values for how the service should operate and staff promoted these. For example, people were treated with dignity and respect and we saw they were given choices.

Monitoring and auditing systems were not always robust enough to identify where the service needed to improve practice.

We found records had not been maintained to a good standard and were not always easy to locate; some needed to be sent to us after we visited the service.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to medicines practice, staff recruitment, monitoring the service and record keeping. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People were at risk of harm as recruitment procedures were not robust.

People's medicines were not always managed safely.

People's risk of harm from some environmental factors had not been assessed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People received care from staff who received a structured induction and undertook training. However, staff did not receive regular supervision to make sure they supported people effectively.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good ●

The service was caring.

People were supported to be independent and to access the community.

Staff treated people with dignity and respect and protected their privacy.

People were supported by staff who engaged with them well and took an interest in their well-being.

Is the service responsive?

Good ●

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

The service responded appropriately if people had accidents or their needs changed, to help ensure they remained independent.

People were supported to take part in activities to increase their stimulation.

Is the service well-led?

The service was not consistently well-led.

People were not protected from the risks associated with poor record keeping.

People's care was not effectively monitored to see how the service could improve practice.

People's care was provided in line with the service's visions and values, such as dignity and respect.

Requires Improvement 

Penley Grange

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 inspection took place on 23 and 24 May 2016 and was unannounced.

The inspection was carried out by two inspectors. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. We took into account a report of a visit by Healthwatch in November 2015.

We contacted health and social care professionals, for example, the local authority commissioners of the service, to seek their views about people's care. We also contacted three people's relatives after the inspection, to ask them about standards of care at the service.

We spoke with the registered manager and four staff members. We checked some of the required records. These included four people's care plans, four people's medicines records and three staff recruitment and development files.

We observed the routines of the home and how people were cared for.

Is the service safe?

Our findings

People were not protected from the risks associated with unsuitable care workers. We found the service did not use robust recruitment processes to ensure people were supported by staff with the right skills and attributes. For example, no health screening had been carried out in any of the files we checked. This is needed to check for physical and mental health conditions which may affect the ability of staff to perform their duties.

In one staff file, we found both written references had been written by the same person, in the same role and on the same date. This had not been noticed by the registered manager. Incomplete checks had been carried out for a member of staff who worked at the service as a bank (occasional) worker. For example, no references had been obtained and the application form they completed contained gaps to information about previous employment and relevant experience.

These were breaches of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were not managed safely. There were gaps on the current medicine administration records when people should have been given their medicine or prescribed skin care cream. From discussions, we found there was confusion between staff about which medicines were prescribed for occasional or regular use. For example, one person was prescribed pain relief as a regular dose but we were told it was for occasional use. This did not correspond with information on the pharmacy label or the drug chart. We also found staff were inconsistent in how they recorded when some medicines has been given. For example, instead of writing their initials on the drug record, they had written on the reverse of the record sheet.

When speaking with the registered manager and staff, we found changes to people's medicines regimes were not always communicated and understood promptly. For example, one person had been taken off a medicine in March this year but staff were still asking the pharmacy to include this on the medicines record sheets.

We noticed one person had been prescribed a laxative. The dose on the pharmacy label was clear, as were instructions from the GP. However, the records showed on one occasion staff had doubled the dose without any consultation with the GP or other healthcare professional.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the risk of abuse. The service had procedures for safeguarding people. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. They told us they would always report any concerns about people's well-being. Relatives we contacted told us they

felt their family members were safe at Penley Grange.

Risk assessments had been written, to reduce the likelihood of injury or harm to people. We read assessments on how people communicated, accessing the community, skin care and using transport, as examples.

The building was well maintained. Appropriate measures were in place to safeguard people from the risk of fire. We saw emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises. On our arrival at the home, we were immediately informed there was no planned fire testing that day and where to assemble if the alarm sounded. Assembly points were clearly marked.

We noticed risks had not been assessed for some potential hazards around the building. These included people's access to alcohol hand gel, disposable gloves and clinical waste.

We recommend the service follows good practice by assessing these risks to ensure people are not harmed through ingestion or, in the case of access to clinical waste, the spread of infection.

We observed there were enough staff to support people. People's needs were met in a timely way and without rushing them. There were sufficient staff on duty to ensure people could take part in activities and leave the building for planned events. Relatives told us they did not have any concerns about the numbers of staff at the home.

Staffing rotas were maintained. Staff were allocated named people to support on each shift. This helped to ensure everyone received the support they needed and that people received continuity of care during the shift.

The registered manager told us they took action where staff had not provided safe care for people. For example, where errors had occurred. Records were kept of meetings held with staff following incidents of this nature, to determine what had happened and to prevent recurrence. Disciplinary proceedings were used where necessary.

Is the service effective?

Our findings

People received their care from staff who received support. New staff undertook an induction to their work. This included the nationally-recognised Care Certificate. The Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

There was a programme of on-going staff training to refresh and update skills. This included courses such as safeguarding, administration of medicines, moving and handling and fire safety. Staff also completed a level 3 certificate in autism spectrum disorder, to help meet the specific needs of people who lived at Penley Grange.

Staff told us there were good training opportunities at the service and they were encouraged to attend courses. One member of staff told us there was "More than enough training" for them to carry out their responsibilities.

Staff said they felt supported. They received supervision from the registered manager. Records of meetings showed this happened on an occasional, rather than regular basis. For example, there were records of two supervision meetings and a probationary assessment for a member of staff who started at the home in April 2015. In another file, there were records of three supervision meetings and a probationary assessment in the past 15 months. In a third file, we found evidence of three supervision meetings and a probationary assessment in the past eight months. The registered manager told us the policy was for staff to receive two to three supervision meetings per year. They added these were supplemented by group supervision meetings. The registered manager was unable to provide any record of these group meetings during the inspection. A chart with dates of meetings held with staff and topics covered was later sent to us. It did not include details of any discussions, points raised or actions to be taken by staff and was therefore insufficient to show these sessions supplemented individual development sessions.

We recommend the frequency of staff supervision is increased to ensure they carry out their responsibilities effectively.

People we spoke with said they knew who their keyworkers were. This is a member of staff assigned to the person, who helps co-ordinate their care, liaise with family members and ensure care plans are accurate and up to date. We saw people's keyworkers wrote a summary each month to report on any changes to the person's care and how they had been.

People had their meals when they wanted them, at times convenient to them. Care plans documented people's needs in relation to eating and drinking. Staff took measures to prevent one person from choking. This included making sure the packed lunch they took to the day centre was prepared in bite-size pieces. People's dietary needs were catered for. For example, one person required a gluten-free diet. A relative told us "Lovely meals are provided."

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when they had supported people to attend healthcare appointments and the outcome of these. The records showed people routinely attended appointments with, for example, GPs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the service had made appropriate referrals to the local authority last year. The home was waiting to hear the outcome of these applications.

Is the service caring?

Our findings

We received positive feedback from relatives about the caring nature of staff. Comments included "Staff are absolutely lovely and friendly," "Staff are very kind," "They treat people like one big family" and "The staff at Penley Grange are all very pleasant and friendly and (name of person) interacts well with them."

We saw staff were respectful towards people and treated them with dignity. For example, they spoke with people patiently and politely. We observed they took an interest in people and asked about their family members. The service was recently awarded a five star rating from Healthwatch Bucks as part of their "Dignity in Care" visits to services.

People appeared happy, contented and well cared-for. We saw they were supported to look smart and their clothes were kept clean. Staff knew people's individual communication skills, abilities and preferences. One member of staff told us how one person liked to get to know new people by tapping their hand. We saw the member of staff sat down next to the person and engaged with them, tapping their hand. This resulted in the person smiling, making eye contact with the staff member and tapping them back.

People's bedrooms had been decorated to reflect their interests, personalities and colour choices. Each room looked comfortable and individualised.

The home was spacious and allowed people to spend time on their own if they wished. There was a large, enclosed garden which people could make use of. The home had a sensory room for people to relax in. Two bedrooms also contained sensory equipment.

Staff respected people's equality and diversity. People at the home had a range of care needs associated with their learning disabilities. Relatives told us staff always provided appropriate care to them. One relative commented "They treat them normally," referring to the approach by staff and the opportunities people were offered.

In discussion with the registered manager and staff, we found they were knowledgeable about people's histories and what was important to them, such as family members, where they liked to go on holiday and any hobbies or interests they had. Staff spoke with us about people in a professional manner throughout the course of our visit.

Staff were knowledgeable about things people found difficult. For example, one person found changes to their routine and people going into their room difficult. There was a support plan to help the person manage these situations and what staff could do to help avoid these occurrences.

Staff involved people in making decisions. This included decisions about meals and going out into the community. Residents' meetings were held to involve people in the home. These included discussion about holidays, choosing the menus for the home and informing them about events. Minutes of a recent meeting showed people had been informed that a member of staff planned to abseil down a building in Canary

Wharf to raise money for charity.

The service promoted people's independence. Risk assessments were contained in people's care plan files to support them in areas such as accessing the community and washing and bathing.

Is the service responsive?

Our findings

The home was responsive to people's needs. One relative spoke positively about how the service had supported their family member. Their comments included "They have supported (name of person) through some very difficult times...they ensure (the person's) safety, emotional and physical needs are a priority. They encourage (name of person) to develop decision-making skills, allowing them to become more independent and confident."

People had their needs assessed before they received support from the service. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care.

Care plans were personalised and detailed daily routines specific to each person. Staff were able to describe to us the support needed for the people they cared for. Care plans took into account people's preferences for how they wished to be supported. People's preferred form of address was noted and referred to by staff. There were sections in care plans about supporting people with areas such as their health, dressing, washing and bathing and oral health. Care plans had been kept under review, to make sure they reflected people's current circumstances. Health action plans were in place describing the support the person needed to maintain their health.

We saw staff were responsive to people's healthcare needs. Examples included contacting the GP for advice after a sore area was noticed on one person and monitoring the weight of another person at risk of weight loss.

The service supported people to take part in social activities. People attended day services and had weekly timetables of their activities. A relative said "They arrange lots of things, holidays, trips out. Last year they all went on holiday to Blackpool. There was a sports day and a barbeque was planned." Other comments included "They recently went to the goat farm, shopping in Milton Keynes and Bekonscot model village." We observed people went out during the two days of our visit. This included going to day services and a trip out for a pub lunch. We also saw people engaged in flower-pressing.

There were procedures for making compliments and complaints about the service. People were reminded of this during residents' meetings. We saw the service had responded to a written concern about another agency and replied to the person to acknowledge and inform of the actions they would take.

We observed there were systems for staff to communicate information about people's needs. Daily notes were maintained to log any significant events or issues so that other staff would be aware of these. Handover records were also maintained to note any changes to people's care or well-being.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. Relatives told us they were free to see their family member as they wished. We noted staff supported people to keep in contact with their families. This was through the

internet and social media, as well as through practical support with transport.

Is the service well-led?

Our findings

People were not protected from the risks associated with poor record keeping. Some of the records we asked to see were not well maintained. For example, photographs were needed to complete staff personnel files and there were no records of group supervision meetings. We found staffing rotas only contained the first name of staff on duty. Evidence of staff training was not always contained on their files. Some information was on the home's computer and was not located promptly. Evidence of some courses could not be located, for example, to verify that all staff had been trained in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We saw a record had been kept of a relative's concerns about another agency. The registered manager had acknowledged this and said what they would do in response. The relative was happy with the outcome. However, there was no further record by the registered manager to confirm the outcome.

Minutes of staff meetings were not always written in a clear and professional way. For example, minutes of a recent meeting said staff were not to "spoil" one person. No examples were given to explain this. When we asked what this meant, we were told this was about letting the person be as independent as possible. The way the discussion was recorded may have led to inconsistencies and misunderstanding by staff about the agreed way to support the person.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Monitoring systems at the home were not robust enough to ensure people always received safe and effective care. The issues noticed during our visit had not been identified through visits made on behalf of the provider or through audits. Medicines audits had not shown discrepancies and gaps to administration records nor where a member of staff had given someone a double dose of medicine.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received positive feedback about how the registered manager ran the service. Comments included "I would like to say that I feel (the registered manager) and their team are just brilliant." They added their family member had "Gained so very much from the care, consideration, support and encouragement that (the registered manager) and their team provide." One relative said "The manager seems very good. It's a lovely home. Where could you wish for a better home?"

The service had a statement about the vision and values it promoted. It included values such as dignity, kindness, compassion and respect. We saw staff upheld these values in how they supported people at the service and in the feedback we received from relatives.

The home had links with the local community and supported people to go out. When the home held a sports day last year, people from other services were invited to take part.

Staff knew about raising concerns and were confident to do this, should the need arise. They had access to general policies and procedures for guidance. For example, on safeguarding, missing persons and supporting people when travelling.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about incidents and from these we were able to see appropriate actions had been taken.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way as people's medicines were not managed in a safe and proper way.</p> <p>Regulation 12 (g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes had not been established and operated effectively to ensure the quality and safety of the service was assessed, monitored and improved.</p> <p>Regulation 17 (2)(a).</p> <p>Systems or processes had not been established and operated effectively to ensure the service maintained securely records as are necessary for the management of the regulated activity.</p> <p>Regulation 17 (d).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered manager had not ensured fit and proper persons were employed for the purposes of carrying on the regulated activity. This was because insufficient recruitment</p>

checks had been undertaken for staff who worked at the home.

Regulation 19(3).