

Penberth House Ltd

Penberth House

Inspection report

29 Penberth Road
Catford
London
SE6 1ET

Tel: 02086950540

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08 August 2016

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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?

Good 

Summary of findings

Overall summary

This inspection took place on 4 and 8 August 2016 and was unannounced.

Penberth House is a residential care home for up to three people. At the time of the inspection the service was providing support to two people.

The service had a registered manager at the time of the inspection. 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.

Not all staff providing care and support to people had satisfactorily completed pre-employment checks. Staff understood the provider's safeguarding procedures and the actions they should take to protect people from abuse. People's risks were assessed to reduce the possibility of avoidable harm. Staff used appropriate infection control practices within premises which were safe.

Managers did not maintain appropriate records of staff training undertaken or planned. Staff received supervision and annual appraisal. People were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS). People ate healthily and had regular contact with health and social care professionals.

People were treated with dignity and respect. People told us the staff were caring. Staff maintained people's privacy.

People participated in their assessments and care planning. Staff supported people to engage in their preferred activities. People received the cultural support they wanted and their feedback was sought by the provider.

Staff understood their roles and responsibilities and felt supported by the registered manager. The service liaised with external agencies effectively and audited the quality of the care and support they were delivering to people.

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 was not safe. Two staff had not supplied references during their recruitment.

People felt safe and staff understood the provider's safeguarding and whistle-blowing procedures.

People's risks were assessed and plans written and reviewed to manage and reduce them.

People were protected by the infection control practices of staff.

Requires Improvement ●

Is the service effective?

The service was not effective. Records of staff training were inadequately maintained.

Staff were supervised and their performances appraised.

People gave consent to the care they received and their rights under mental capacity legislation were upheld.

People were supported with healthy, balanced diets.

People were referred to healthcare professionals when required.

Requires Improvement ●

Is the service caring?

The service was caring. People were treated with dignity and respect.

Staff supported people to be independent.

People's privacy was protected by staff.

Good ●

Is the service responsive?

The service was responsive. People's needs were assessed and people were involved in the development of their care plans.

People were provided with the support they required to participate in the activities of their choice.

Good ●

People's cultural needs were identified and met.

People's views were actively sought by the provider.

Is the service well-led?

Good ●

The service was well led. There was a registered manager in post.

Staff understood their roles and those of the managers.

The registered manager and deputy undertook audits of care quality.

The manager and service maintained links with health and social care professionals

Penberth House

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 unannounced inspection took place on 4 and 8 August 2016 and was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about Penberth House including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with two people, one member of staff and the deputy manager. We reviewed care records, risk assessments and medicines administration records of both people living in the service. We also looked at documents relating to staff and management. We reviewed five staff files which included pre-employment checks and supervision notes. We read the provider's quality assurance information and audits.

Following the inspection we contacted three health and social care professionals to gather their views about the service people were receiving.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I feel safe here, always." Another person told us, "I have never felt more safe. This is the longest placement I have ever had and I feel safe and confident and know I'll be ready when I move on."

People were not protected by the provider's recruitment process. We read in staff records that two staff had not supplied any references from previous employers or education bodies. This meant the provider did not have direct knowledge as to the experience, conduct and character of staff in previous jobs.

This a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations, Fit and proper persons employed.

We found the remaining staff had submitted two satisfactory references. All staff provided proof of identity and their addresses. The provider made checks against barring lists and criminal records. Where necessary the provider had obtained proof of the eligibility of people to work in the UK.

People were protected because staff knew how to recognise signs of abuse and what actions to take to protect people if they suspected a person had been abused. A member of staff told us, "I have to make sure the person is ok and provide emotional support but first I have to report it to my manager." Staff we spoke with understood the provider's whistle-blowing procedures and the need to bring their concerns to external agencies, including CQC or the local authority if they felt managers had not acted on their concerns.

People were protected from the risk of avoidable harm. Staff assessed people's risks and care records contained information which enabled staff to keep people safe. For example, a member of staff told us, "When we assess people's skills to travel independently we look at what they can do and what risks they face and how we can overcome them to keep them safe and we record this." Risk assessments covered a wide range of areas, including people's mobility, behaviour and health.

There were enough staff available to support people in the small service. A member of staff explained, "Generally we are lone workers but the registered manager or deputy cover appointments and important activities." This meant there were enough staff to meet people's needs safely.

People received their prescribed medicines safely. Staff supported people to take medicines and maintained clear and accurate medicines administration record (MAR) charts. The names of people's medicines were recorded in care records along with an explanation of their therapeutic use. Care records noted the possible side effects of people's medicines and the actions staff should take if they observed symptoms. For example, contact the person's GP. When people required regular blood testing to ensure they were receiving safe and effective medicine dosages this was recorded in care records and staff supported people to attend appointments.

People were supported to manage the risks related to their medicines. Risk assessments noted people's

right to refuse medicines but also prompted staff to recognise that repeated refusals of medicines could be an indication of deteriorating mental health and provided staff with guidance. For example, to monitor people's moods and behaviour and liaise with healthcare professionals. People's allergies to medicines were recorded on their MAR charts and in large red bold type in their care records. This meant people were protected from avoidable allergic reactions.

People were kept safe by the staff's infection control and food hygiene practices. When providing personal care to people staff wore personal protective equipment. For example, when supporting a person to shower staff wore an apron and single use latex gloves. When preparing food staff used separate colour coded chopping boards to prevent cross contamination. Staff checked and recorded the temperature of food served at lunch and dinner. This meant people were protected from the bacterial risks associated with undercooked food.

Staff ensured the safety of people's environment. The temperature of the hot water in people's bathrooms and the communal bathrooms were checked and recorded daily. Water temperatures were regulated and regularly checked throughout the building. This meant people were protected from the risks of scalds and burns when washing. The provider ensured that all safety tests were undertaken and certificates were up to date. For example a portable appliance test certificate was displayed in the staff office. This meant that portable electrical appliances such as televisions, toasters, microwave ovens and irons had been tested by a qualified electrician and certified as safe to use.

People were protected by the preparedness of staff to respond to emergencies. Staff tested alternate fire alarms call points each week to ensure the fire alarm system was functioning correctly. Staff recorded fire alarm activations in a fire safety book. Every three months people were supported to rehearse a building evacuation. This meant people were kept safe by the rehearsed response to a fire emergency.

Is the service effective?

Our findings

People told us the staff supporting them were knowledgeable and had social care skills. Staff told us they received occasional training which was delivered internally. However, records of staff training were not effectively maintained. The service did not have a training matrix or details readily available of when staff received training or when training was planned. There were no references to training in the service's diary, communication book or in staff signing in records for dates on which training in the home took place. There was no system in place to identify gaps in training and improve the quality of the service. The lack of appropriate recording meant we could not be assured about the quality and frequency of training staff received.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

People received support from staff whose performances were appraised and supervised. Staff received annual appraisals from the deputy manager when their delivery of care and support along with their personal development were discussed. The deputy manager met with staff every three months for supervision meetings and maintained very brief notes of them. Records showed the changing needs of people were occasionally discussed.

New staff were supported through an induction process. This included familiarisation with people and their needs and orientation to the provider's policies and procedures. Staff told us that induction included a period of shadowing experienced staff to observe good practice and people's preferences for care and support.

People consented to the care and support staff provided them with. People told us staff asked for permission before delivering support. One person told us, "The staff always say to me 'can I do this' or 'can I do that' they never just do it." People's agreement with their care plans was stated clearly in their care records.

People's rights were upheld in line with legislation. We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These aim to make sure that people in care homes are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner.

People were supported with healthy eating options and had choice in what they ate. One person told us, "I love the food it's great. I choose what I want each day." Another person told us, "We make lovely smoothies. You are supposed to have five a day and I can have them in one drink. It is healthy and better than a sugary snack." Staff recorded the details of what people ate to ensure meals were balanced and nutritious.

People were supported to access local health services to ensure their health needs were met. Staff supported people to attend GP and outpatients appointments and facilitated health professionals visiting people at home. People with chronic health conditions were supported with on-going specialist clinical appointments and GP monitoring. This meant the risk of people's conditions worsening or associated conditions developing were reduced.

The premises were suitable for the needs of the people living in it. Where mobility needs were identified assessments had been undertaken and adaptations made. For example, a wet room had been created and grab rails were in place to support people's mobility.

Is the service caring?

Our findings

People received care and support that was personalised and met their needs. People's needs were assessed prior to moving into the service and at regular intervals afterwards. People told us they were involved in the development of their care plans. Where people were at risk of relapses with their mental health conditions care records guided staff to the signs of potential deterioration and the actions they should take. For example, contact the GP or specialist mental health professionals. This meant people's changing needs were identified and timely action was taken to support them.

People told us they were involved in planning their care and support. One person told us, "I sit and talk with the staff about how I am and how I was and how I want things to be one day." Care records included daily notes about people's activities and well-being as well as outcomes from keyworking meetings. Keyworkers are staff with specific support responsibilities towards people, including planning activities, liaising with families and arranging health appointments. One person told us, "I meet my keyworker each month. We talk about all sorts, like how I am and where shall we go on holiday."

People had choices about the care they received and the support they were offered. We saw people actively involved in making decisions regarding the support they wanted for the activities they chose to do on both days of the inspection. For example, one person wanted support with preparing a meal whilst another person wanted staff support to change their clothes.

People were supported to participate in their preferred activities. For example, people told us they attended college, therapy sessions and music groups in the community. Whilst at home people were supported to cook and pursue their interests in arts and crafts. One person said, "I like to watch the quizzes on TV with my staff and we shout out the answers and they encourage me with my paintings."

People's cultural needs were identified and plans made to support them. Care records noted people's religions and the support they required to practice their faith. For example one person was supported to plan their journey to church. People were supported to prepare meals which were culturally relevant and chosen by them.

The provider gathered people's views. People told us they were supported to hold monthly residents meetings to discuss their views. For example, people discussed preferred meals, the home environment and activities. Staff were present at residents meetings and took minutes which recorded the actions to be taken by the provider in response to people's feedback.

People knew how to raise a complaint and the actions they would take if they were dissatisfied with any aspect of their care or support. The service had a complaints policy and a complaints book. We found that no complaints had been received during the year leading up to the inspection.

Is the service responsive?

Our findings

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Is the service well-led?

Our findings

The service had a registered manager in post and people spoke highly about her. One person said, "She has a lot of time for me and I have a lot of time for her because she listens and gives good advice." Another person said, "[The registered manager] is very nice and very supportive." The registered manager was on leave at the time of the inspection but management arrangements were clear and in place during their absence, including the deputy manager coordinating service delivery.

Staff told us they felt supported. One member of staff told us, "The managers work alongside staff and know the [people] well. That's important." Another member of staff told us, "I am happy here. I like the team and the organisation, that is why I have worked here for so long."

Staff had the opportunity to suggest ways the service could be improved. The manager arranged regular team meetings. Team meeting records showed the manager and team discussing people's changing needs, arrangements for forthcoming appointments, infection control measures and the progress people had made with their daily living skills. Minutes were kept of meetings to ensure that staff who were unable to attend were kept informed.

People's support was monitored and evaluated. The manager and deputy manager operated effective quality assurance processes in relation to people's care. For example, managers regularly reviewed all of the risk assessments in use at the service. These included risks to people, the environment and equipment. Managers took action to rectify shortfalls. For example, when an audit of the contents of the service's first aid box revealed a missing item, this was replaced. Audits also ensured that daily checks had been carried and that medicines had been administered and recorded correctly.

People's care records were accurate and up-to-date. Staff maintained detailed daily notes within care records. These recorded people's activities, mental health states, risks, nutrition, communication and physical health. These were reviewed by managers to identifying and support people's changing needs and prompt referrals to health and social care professionals when appropriate.

The manager analysed accidents and incidents and used the information to update risk assessments and care records. Incidents were discussed with health and social care professionals and at team meetings to ensure that all staff were clear about the actions required to keep people safe.

The service maintained effective links with social workers and local healthcare professionals. We found that regular correspondence was exchanged and meetings were arranged to ensure people's needs were being met appropriately. The provider ensured that the Care Quality Commission was kept informed of important events within the home in line with the legal requirements of their registration with us.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (2) (d) (i) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.</p> <p>The provider failed to maintain such records as are necessary to be kept in relation to persons employed in the carrying on of regulated activity.</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>Regulation 19 (2) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations, Fit and proper persons employed.</p> <p>The provider failed to establish and operate effective recruitment processes to ensure staff were of good character, have the qualifications, skills and experience which are necessary for the work to be performed by them.</p>