

Penleigh Care Homes Limited

Penleigh House

Inspection report

39 Overhill Road
Downend
Bristol
BS16 5DS

Tel: 01179561123

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Penleigh House is a care home providing personal care for ten people. People who live at the home have learning and physical disabilities. At the time of the inspection, there were ten people living in the home, although one person was in hospital.

The provider and the registered manager had put a lot of investment to ensure the facilities that people had were meeting their needs. In the grounds of Penleigh House, there was a purpose-built activity hub called the 'Gate House'. This was well equipped to provide people with opportunities to build on their skills of independence and spend time away from their home completing a variety of meaningful activities.

In a separate building called 'The Lodge' there was a hot tub fully equipped with moving and handling equipment, soft lighting and music to help people with physical disabilities to relax. This was very beneficial as it also provided people with a sensory experience and was therapeutic to the mind and body.

The home met most of the characteristics that underpin the Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

Penleigh House was registered to support up to ten people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design, fitting into the residential area and the other large domestic homes of a similar size in the neighbourhood.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Some people living in Penleigh House had a profound physical disability and therefore did not communicate verbally. In order to understand their experiences, we observed staff interactions with people over the course of our inspection. Staff were very caring and attentive to people throughout.

People continued to receive care that was safe. There were sufficient numbers of staff to meet people's needs and to spend time with them doing the things they liked to do. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely.

Staff had the skills, knowledge and the support required to effectively support people. People's healthcare needs were monitored by the staff. Other health and social care professionals were involved in the care and support of the people living at Penleigh House. Because staff knew people extremely well they promptly recognised when they were unhappy or unwell.

Staff were caring and provided people with care tailored to their needs promoting their rights to live an ordinary life. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The staff were extremely responsive to people's needs and person centred in their approach. People were supported to do the things they wanted to do and enjoy. People were supported to keep in contact with family and build new friendships because of the community based activities they took part in. The facilities that people had available to them such as the activity hub, the hot tub and relaxation/sensory room were excellent not only for enjoyment but for mobility and health.

The service was very well managed and put people at the heart of all that they did. The provider had quality assurance systems in place to monitor the running of the home and the quality of the care being delivered. There was an open and transparent culture within the service. It was evident they strived to provide the best experience for people and were creative and innovative in looking at the facilities and activities that people were taking part in.

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

Rating at last inspection

Good (report published May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Penleigh House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced, so the provider, registered manager and staff team did not know we would be visiting. The inspection was completed on the 29 October 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan

our inspection.

During the inspection

We spent time with people observing how they were being supported. This was because people living at Penleigh were unable to tell us about their experience of the care. We spoke with the registered manager and five members of staff.

We reviewed a range of records. This included one person's care records and medication records. We also looked at a variety of records relating to the management of the service.

After the inspection

We spoke with a relative seeking their views about Penleigh House.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People looked comfortable with the staff that were working in the home and with each other. A relative told us they felt their loved one was safe. Comments included, "All staff are really nice", and "I have peace of mind, very safe".
- Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team.
- Staff had received training in safeguarding adults and knew what to do if they had any concerns.
- The registered manager had sent relatives information about the recent changes in raising safeguarding alerts to the local authority's safeguarding team. This meant relatives could raise concerns externally to the home as well as using the service's complaint process.

Assessing risk, safety monitoring and management

- Staff were aware of what they needed to do to keep people safe.
- People had clear risk assessments on what staff needed to do to minimise risks.
- Action was taken to reduce risks as people's needs changed such as installing radiator covers where a person's risks of falls had increased. This had prompted the registered manager to review other areas of the home. They had also purchased a cordless vacuum cleaner to prevent trips and falls.

Staffing and recruitment

- Safe recruitment processes were in place to ensure suitable staff were employed. The registered manager told us they were recruiting to one vacant post.
- Staff told us there were always enough staff working in the home to keep people safe and support them with activities and social events. We were told there were usually four staff working in the home throughout the day in addition to the registered manager.
- Staffing was planned flexibly to meet people's needs. For example, extra staff were rostered when a person had a medical appointment. Staff told us there was always additional staff when people used the hot tub to ensure their safety.
- Staff told us the registered manager and the provider were available in the event of an emergency. A member of staff told us the provider regularly visited the home and would support people going out in the local community.
- The staff team were established, some having worked at the home for many years, no agency was used. This meant people were only supported by staff they knew well and trusted. This was extremely important

as most people were unable to communicate their wishes.

Using medicines safely

- Systems were in place to ensure people received their medicines when they needed them and as prescribed by their GP. Regular checks were completed by the registered manager to ensure staff were following the correct procedures. Only staff that were trained helped people with their medicines.
- Staff were observed assisting people with their medicines. Staff gave medicines to people as they wanted for example one person had it with their breakfast. Staff clearly explained to them that their tablet was on the spoon with their cereal. Staff said they had spoken to the GP and the pharmacy to confirm that this way of giving medicines was appropriate.

Preventing and controlling infection

- The home was clean and free from odour. Cleaning schedules were in place. Staff had received training in infection control. Since the last inspection a cleaner had been employed to assist with cleaning of the home.
- At the last inspection, we were told the home had been inspected by the local authority in respect of food hygiene practices. There was a recommendation to install a dedicated hand washing facility in the kitchen. This had been addressed and a re-inspection completed. The service had been awarded a five star rating. This is the highest rating a service could achieve.

Learning lessons when things go wrong

- There had been no accidents since the last inspection. However, it was evident from talking with the registered manager that they would fully investigate and take appropriate action to address and improve the service to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. This was to ensure the service could meet their individual needs.
- Assessments had been used to plan people's care. There was a person centred approach to the delivery of care in line with the principles of Registering the Right Support.
- A member of staff said the most recent person to have moved to the home had visited on a number of occasions as part of the assessment process. Staff had also met with them in their previous placement. This was to ensure the person was happy with the service and that they would get on with the other people living at Penleigh House.
- Information was available to staff in respect of best practice and up to date guidance. For example, information about the Mental Capacity Act, safeguarding adults and the Equalities Act. These were available in easy read versions.

Staff support: induction, training, skills and experience

- Staff confirmed they had received training relevant to their roles. New staff completed an induction and were supported to gain qualifications in care.
- Staff confirmed they had completed necessary training such as first aid and moving and handling before they supported people. A member of staff said the registered provider was really supportive of training requests.
- Staff said they were very well supported in their roles and received regular supervision from either the provider or the registered manager.

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

- People needs in relation to eating and drinking were being met. The support people needed was recorded in their care plan.
- Professional advice had been sought in respect of the risks to people with choking.
- The meal time experience was relaxed and unrushed. Staff sat with people at lunch time. People were offered a choice of what they wanted to eat and drink. Staff told us there was always two choices for the main meal and numerous choices in respect of puddings and snacks.

Staff working with other agencies to provide consistent, effective, timely care and supported people to live

healthier lives, access healthcare services and support

- People had access to health care professionals such as a GP, dentist and opticians. Prompt referrals were made. A health professional said, "We always find the team and management very proactive and they are helpful and willing to listen. They follow through with our recommendations".
- People had access to the community learning disability team. They also worked with a behaviour support team to support people to reduce their anxieties. Their advice was incorporated into the care plan. Appointments were recorded and included the reason for the appointment, the outcome, and if another appointment was needed.
- People attended regular dental appointments and were encouraged to maintain good oral hygiene. A member of staff described how they supported people such as verbal reminders. Some people had electric tooth brushes enabling them to clean their teeth with minimal support and more effectively.
- Staff were supporting people to have an annual health check and an influenza vaccination. The registered manager said this was also offered to all staff as a preventative measure. They said this was important as some people were prone to chest infections.
- One person was in hospital and it was evident staff were continuing to support them with daily visits. They were liaising with health professionals on the aids and adaptations the person may need to enable them to return home. The registered manager and staff were really committed to help the person to return home.

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

- Since the last inspection, all areas of the home had been redecorated. Penleigh House was very homely and met the needs of the people that lived there. People were moving freely around the home. For those that needed support with mobilising they were offered opportunities to sit in the conservatory and the lounge to provide them with a change of scenery.
- Each person had their own bedroom these had been personalised and decorated to their taste. For example, one person had a blue colour scheme including towels and bedding which were the colours of their favourite football club. Each room was unique to the individual.
- The registered manager said there had been some delays on making one of the bathrooms more accessible due to planning consent and this was now going ahead.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Appropriate applications had been submitted to the local authority in respect of any deprivation of liberty safeguards. These had been kept under review to ensure any restrictions were least restrictive.

- Staff were seeking consent and waiting for people to respond before they assisted people. Where decisions were complex these were done in a person's best interest with clear records kept of the rationale and who was involved.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People looked very comfortable in the presence of staff.
- Staff were extremely attentive to the people they were supporting. They spoke about people very fondly. A member of staff said, "We are like one big family, and I enjoy coming to work". A relative said "All the staff are very nice, they also care about me too". They said it was an excellent service and could not have found anywhere better. It was more like a family home than a care home.
- Staff knew people well and interacted with them in a positive and respectful way, anticipating their needs. For example, one person signing to say they wanted a drink and another person indicating they wanted their headphones so they could listen to music.
- One person was supported to listen to music in the activity room. This person had been sat quietly until this point and came alive singing to all the words of their favourite musical and interacting with the member of staff. Staff said singing to the person was a really positive way of relieving any anxieties and helped put them at ease.
- Staff genuinely cared about people. When people went into hospital, staff spent time with them whilst they were there. Some staff said they had recently done this in their own time as well as when they were working.

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

- We observed people consistently making choices on how they wanted to spend their time, what activities they wanted to do and what they wanted to eat or drink. Staff were showing people what was on offer such as bringing all the cereals to the table or showing them pictures. Staff had resources available to them to help people who could not communicate verbally to be involved in choices such as pictures of different activities and places of interest.
- People using the service were supported to express their views by involving family or an advocate. Advocacy services help people to access information and services, be involved in decisions about their lives and promote their rights. A relative said they continued to be involved in health care appointments and meetings in the home.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as they could be. This was reflected in their care plans. Staff were clear about the importance of making sure people followed their preferred

routines and or completed their own personal care where possible.

- People's privacy was respected and their right to spend time on their own if they wanted was upheld. For example, one person had taken themselves to their room. Staff helped the person put on some music and then left when they knew the person was comfortable.
- Another person who relied on staff to move around the home was seen spending time for short periods in the conservatory and then in the lounge. Staff were mindful when noise increased, or the lounge area became too busy that some people were supported to go to quieter areas of the home. This showed they really understood the people they were supporting.
- One person that was getting ready to go out was asked if they had enough money. This was important as it gave them control when ordering and paying for any items they had chosen.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now remained the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection the service was outstanding in responsive because of the excellent facilities people had available to them. This was imperative following closure of local day care and other community services. People continued to make full use of these facilities and evident got lots of enjoyment.
- The Lodge continued to be a resounding success. This building had been equipped with a very large hot tub, ceiling hoists, changing room and toilet facilities, music and sensory lighting. This had been of great benefit where people could relax and enjoy a range of sensory experiences in addition to various physical benefits. This included muscle relaxation, and relief of stress and tension. The provider had installed this because of the benefits seen when people had attended hydro therapy with improved muscle tone and posture.
- The Gate House was a hub for activity. It provided a large open plan feel which was divided into smaller open plan, separate areas of use. There was a large bespoke kitchen which had been designed to support those with physical disabilities to be independent in preparing drinks and food. Tables and chairs provided an area to eat and drink and take part in activities. A comfortable lounge area with a large flat screen television was a place to relax and watch favourite programmes and films. This provided people with more than sufficient space to be involved in recreational activities and relaxation away from the main house.
- Following the last inspection, the provider had continued to consider the needs of people to improve and enhance the quality of their lives. A dedicated area in the home was now used for relaxation therapy. A newly installed water bed had been a positive addition. Staff said this had been really therapeutic for people and the rippling effect and motion when using the bed had been relaxing and soothing to relieve anxiety. In addition, the bed conformed to the body to help relax muscles particularly those surrounding the spine.
- In addition, to the excellent facilities within the home, people were supported to attend clubs, go on trips to places of interest, go out for meals and shopping. There was a real commitment to enable people to access the local community. There was a strong sense of empowering people wherever possible and providing facilities where independence would be encouraged and celebrated. One person attended a local community farm, and another visited a local café daily because that was important to them. This had a positive impact on the wellbeing of the person because they had built good relationships with the café staff. This had improved self-awareness and assertiveness for the person.
- The registered manager was actively seeking new activities for people because of the closure of another day centre. People were attending a new local drop in centre where they could take part in arts and crafts, bingo, discos and other activities. They were able to meet people and make friendships outside of Penleigh

House on a weekly basis.

- A relative spoke very positively about the service and the commitment of the staff in supporting them to maintain a relationship with their loved one. This was because they were no longer able to drive. Staff met them in restaurants or helped them to get to Penleigh House or the person to visit the family home. The registered manager said this had been a big change for the service with not only supporting an ageing group of people but also their parents. It was very evident the service was responsive to these changes.
- People were protected from social isolation and were supported to access the local community on a regular basis and keep in contact with family and friends. This was in line with the principles of Registering the Right Support.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a plan of care that detailed the support they needed. These were person centred and unique to the individual. It was evident people were seen as individuals when speaking with staff. The registered manager said these were forever evolving as people's needs and wishes were changing.
- Most of the people were unable to express verbally what they wanted or needed. It was evident staff were observant in changes in behaviour, so they could adapt how they were supporting people. For example, not everyone wanted to be out and about all the time and wanted less structured activities based on how they were feeling on the day due to getting older. Staff said there was always enough staff to do this.
- Another person could be unsettled by loud noises or chaotic situations and was encouraged to spend time with the registered manager in a smaller sitting area next to the office. They were seen watching a programme they enjoyed. This had a positive impact on the person who appeared relaxed and more settled in the quieter part of the home which continued when they returned to the main lounge area.
- The registered manager was supporting a person to return from hospital and was working with the person's social worker, occupational and physiotherapists to ensure appropriate equipment was in place before their return. During the inspection, a new specialist chair was delivered, and staff were seen checking they could move it easily around the home and that they understood all positional changes before the person returned. This showed how staff were proactively supporting people when their needs had changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had information on how they communicated within their care plan. This included how staff should support people to make decisions. For the new person moving in this was an evolving document as they were getting to know them building on what information had been gained via the initial assessment process.
- Staff were observed using varying methods to communicate with people. This included Makaton a sign language for people with learning disabilities and using photographs and pictures.
- Care plans and some policies were in an accessible format. They were written in plain English, including pictures and photographs. Improvements had been made following the last inspection to ensure information was more accessible to people and their families.

Improving care quality in response to complaints or concerns

- There was a clear complaints policy which people received in an accessible 'easy read' format, and people and their representatives were encouraged to raise any complaints and concerns. Support plans described

how a person unable to verbalise a complaint might communicate if they were unhappy. There had been no complaints since the last inspection.

- The registered manager said that since the last inspection they had sent copies of the complaint procedure and safeguarding information to relatives. This was to enable relatives to raise concerns either directly to the home or to external organisations.

End of life care and support

- People were supported with loss and the bereavement when needed. Staff had clearly understood the importance of supporting people's emotional and spiritual wellbeing, in line with their personal wishes. Some people had been supported by staff and the registered manager to attend funerals of close relatives. Staff had completed training in supporting people with end of life, bereavement and loss.
- The service would seek advice and support from health and social care professionals, including specialist nurses in the event of supporting a person at the end of their life. The registered manager said, "We will support a person at the end of life whenever we can because this is their home".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Penleigh House is a family run business with the emphasis on it being the person's home with good links within the local community.
- The registered manager and staff consistently placed people at the heart of the service, understood the importance of maintaining an inclusive culture and making Penleigh a home for people.
- There was excellent investment into the service to promote good outcomes for people such as the activity room, the hot tub and the investment in activities in the community. These were not only enjoyable for people but had therapeutic value such as relaxation and improved mobility, health and wellbeing. A relative had praised the staff and the provider for the excellent facilities, the 'client centred approach' and 'the best lifestyle they could have hoped for'.
- Staff said they felt really valued in their roles, listened to and could make suggestions. A member of staff said, "It's not like coming to work, I really enjoy supporting people and making a difference".
- Staffing was planned flexibly to meet people's need to ensure there was always enough staff, which included supporting them to go out and about when they wanted. The provider was actively involved and often supported people to go out to places of interest or assist with activities in the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff followed and were aware of the provider's policies and procedures when incidents and accidents occurred. This included keeping relatives informed about the safety and wellbeing of their loved one. A relative said, "The manager is very good always keeps in touch via phone or face to face when I visit".
- The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths. The rating of the service was clearly displayed within the home and on the provider's web page.

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

- Systems were in place to review the quality of the service. These were completed by the registered manager or a named member of staff. They included health and safety checks, medicines, care planning, training and infection control.

- The registered manager was visible, available to speak and help when staff needed additional support or advice. The registered manager was supported by a team leader and support workers. Staff were committed to providing care that was tailored to the individual. Staff said although the registered manager was available they took it in turns to lead the shift. They said this had been very good at increasing their confidence, building on team relationships and enabling them to make day to day decisions. They said each day was very much led by what the people wanted to do.
- The registered manager was evidently proud of the team that was working at Penleigh House and the way they supported people in a person centred way and worked together.

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

- People, their relatives and visiting health and social care professionals' feedback was sought through surveys, care reviews and informally when visiting. A relative said they continued to be involved, consulted and kept informed about the care being provided at Penleigh House. They were complimentary about the staff and the management.
- Returned surveys showed that relatives felt the service to be 'excellent or very good'. Feedback was positive about the support given to people.

Continuous learning and improving care and working in partnership with others

- The registered manager attended regular care home provider meetings to enable them to network with other providers and to keep up to date.
- Staff commended the registered manager in supporting them with ongoing training and gaining a recognised qualification in care. All the staff had either completed or were completing a Diploma in care at level two or three.
- The registered manager and the staff worked effectively with other health and social care professionals to meet people's specific needs. Care plans showed evidence of professionals working together.
- A visiting professional said, "We always find the team and management very proactive". Another commented positively in a completed survey stating, "Always a pleasure to visit, staff know when to request support and they know people extremely well".