

Cornerstones (UK) Limited

Pennings View

Inspection report

Porton Road
Amesbury
Wiltshire
SP4 7LL
Tel: 01980 624 370

Date of inspection visit: 15 July 2014
Date of publication: 06/02/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection.

The service had a registered manager who was responsible for the day to day operation of the home. A registered manager is a person who has registered with

the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Although there was a registered manager in place, they informed us during the inspection that they were stepping down from the role. A new manager had been appointed and told us he would be submitting an application to CQC to become the registered manager.

Pennings View is a care home for up to seven people with a learning disability. At the time of our visit there were seven people living at the home.

Summary of findings

Some people's capacity to make decisions had not been properly assessed. This increased the risk that people would have unnecessary restrictions placed on them which limited their lifestyles.

The provider did not effectively assess the quality of the service that was being provided. The service did not have a system to identify shortfalls, plan improvements and check that improvements have been implemented effectively.

Staff did not have all of the skills and training needed to meet some people's specific needs. The provider had taken action to ensure people remained safe and was planning further training for staff to be able to provide the care that people needed.

People told us they felt safe at Pennings View and were protected from abuse. Staff knew how to identify whether people were at risk of abuse and action needed to protect people.

Staff understood people's needs and provided care in a kind and respectful way. People were positive about living at Pennings View and said they received good care and support.

Staff supported people to attend health appointments and to implement programmes devised by health and social care professionals.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 always safe. People's capacity to make decisions was not properly assessed, which increased the risk that people would have unnecessary restrictions placed on them.

Staff had knowledge of how to keep people safe and knew how to identify and raise safeguarding concerns. Staff managed the risks that people faced, to protect them from harm.

There were enough staff available to meet people's needs and support them to take part in activities outside of the home.

Good



Is the service effective?

The service was not always effective. Staff did not have the training needed to be able to respond to some people's specific health needs effectively. The provider had taken action to ensure people remained safe and was planning further training for staff to be able to provide the care that people needed.

Staff worked with health and social care professionals to obtain guidance and advice. People had support plans which identified their health needs and the support they required to remain well. This helped staff ensure people had contact with the health and social care professionals they needed.

People liked the food at Pennings View and staff supported people to make choices about meals and plan menus to provide a balanced diet.

Requires Improvement



Is the service caring?

The service was caring. People were treated with kindness and compassion and their dignity was respected. Staff talked with people and involved them in decisions about activities.

People were treated with dignity and respect by staff and were supported in a caring fashion. Staff responded well when people were distressed and provided support for them to resolve issues.

People received care and support in their preferred way. Throughout the visit we saw staff asking people if they wanted assistance and respecting people's response, which helped to ensure people's opinions were valued.

Good



Summary of findings

Is the service responsive?

The service was responsive. People and their representatives were supported to make their views known about their care and support. Relatives were involved in planning and reviewing their relative's care when the person could not do this themselves.

People were given choices throughout the day. People were given choice about activities, food and how they spent their day.

People were listened to and their feedback acted upon.

Good



Is the service well-led?

The service was not always well-led. The provider did not effectively assess the quality of the service that was being provided. The service did not have a system to identify shortfalls, plan improvements and check that improvements had been implemented effectively. This meant managers did not always know what problems there were and what action was needed to address them.

Accidents and incidents were recorded and reported appropriately. Action was taken promptly in response to individual incidents.

Staff received good support. New staff worked alongside experienced staff, who provided support and acted as role models.

Requires Improvement



Pennings View

Detailed findings

Background to this inspection

This inspection was carried out by one inspector. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We also looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We spoke with a contract monitoring officer, a social worker and an occupational therapist from Wiltshire Council regarding their involvement in the home.

We visited Pennings View on 15 and 17 July 2014. During this inspection we spoke with six people who use the service. We also spoke with the registered manager, a newly appointed manager who was due to take over from

the registered manager and a support worker. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for three people. We also looked at records about the management of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective? The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

Mental capacity assessments were not meeting the full requirements of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

We saw two examples in care records of statements that the person did not have capacity to make decisions, relating to voting and taking medicines. Neither of these statements included information about how this decision had been made or who had been involved. The registered manager told us she thought the decisions had been made with the involvement of people's social workers, but did not know when this had happened or whether there were any documents to support it. We spoke with a social worker who had been involved in investigating safeguarding concerns at the home. They told us records stated people did not have capacity, but they did not know how these decisions had been made or who was involved. This increased the risk that people would have unnecessary restrictions placed on them which limit their lifestyles.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager said that following a recent change in the interpretation of the law, they thought people were being deprived of their liberty without being authorised by a supervisory body under the Deprivation of Liberty Safeguards (DoLS). As a result the manager said they were in the process of submitting DoLS applications for some of the people using the service.

Staff had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training

records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident managers would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside the home if they felt they were not being dealt with. This demonstrated staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. People who use the service told us they felt safe. They said they would speak to staff if there was anything they were concerned about and were confident that staff would help them.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people with independent living skills, such as completing their laundry, preparing food and drinks safely and accessing the community. The assessments had been completed with input from the person or someone who knew them well and set out the support staff should provide. We saw that staff were providing the support set out in these plans during our visit.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Sufficient staff were available to support people. The manager told us there had been concerns about staffing arrangements in the home, which had resulted in changes to the way the staff team was managed and staffing levels. This meant staff were working just in this home, rather than also covering a neighbouring service, and additional staffing had been provided to support people to take part in activities outside of the home. The support worker we spoke with reported this was working well and meant people were able to get out to more activities. People who use the service told us there were enough staff available to

Is the service safe?

provide support for them to do the activities they wanted to. We observed that people were supported to take part in the activities they had planned and staff responded to people in a timely way.

Is the service effective?

Our findings

Staff did not have all of the skills and training needed to meet some people's needs. Two people had epilepsy and had been prescribed rescue medicine to be administered in the event of a prolonged seizure. At the time of the inspection staff did not have the specialist training required for them to be able to administer this medicine. The newly appointed manager reported that they had implemented temporary care plans, which meant a paramedic would be called in the event of people needing their rescue medicine. The manager and staff told us training was booked for them to be able to administer this medicine. Professionals we spoke with confirmed they were working with the service to provide staff training and input into the epilepsy care plans and monitoring records. This meant the provider was taking action to address this shortfall, however, this was being done in a reactive way and had not been effectively planned.

The registered manager reported that concerns about lack of supervision and support for staff had been raised in reviews of the service by commissioners. In response a programme of supervision had been re-started. Records showed that most staff had a formal supervision session in the two months before the inspection. Further sessions were planned to ensure all staff received this level of support and guidance. The support worker we spoke with reported that they received good support and were able to raise concerns outside of the formal supervision process.

We saw that professionals had been involved in the development of positive behaviour support plans and a sensory programme for one person. An occupational therapist told us the manager had worked well with them to implement their plans, following the advice they provided and ensuring all staff were aware of the support required. A social worker said they had needed to raise concerns about the way staff were supporting some people, however, they felt this had been addressed by the registered manager and changes had been made. People had support plans which identified their health needs and the support they required to remain well. This helped staff ensure people had contact with the health and social care professionals they needed.

People told us they liked the food and staff helped them to plan the menus. Staff were knowledgeable about people's food preferences and told us how they supported people to plan the weekly menus. The home had records of food people had eaten, which demonstrated that people could choose alternative meals if they wanted to. We observed people being supported to choose and prepare their lunch on the first day of our visit. Staff ate with people and the mealtime was calm and pleasant.

Staff meetings were held regularly and had been used to help improve the service and communicate key messages. Records showed discussions with staff about actions required by commissioners of the service, ideas for extending the activities available for people who use the service and information about people's specific support needs.

Is the service caring?

Our findings

People told us they were treated well and their dignity was respected. Comments included, “I get on well with all the staff” and “The staff are kind”. We observed staff providing support to people in a friendly and respectful way. Staff respected people’s choices and privacy and responded to requests for support. We saw staff ensured people received their care in private and staff respected their dignity. For example we saw staff discreetly support people to go to the bathroom when they needed support with their personal care.

People were treated with dignity and respect by staff and they were supported in a caring way. Staff talked with people and involved them in activities. Support workers used people’s preferred names and we saw respect being shown to people. Staff took time with people, involving them in tasks or activities and working at the person’s own pace. For example, staff took time to support one person to plan out their day, answering questions about issues that concerned them and providing re-assurance. People were encouraged to be involved in the preparation of the lunchtime meal and staff ate with people. This made the meal a relaxed social event.

Staff demonstrated they cared for people by attending to their feelings. We observed staff responding to a person who was distressed and angry. They spent time talking with the person and asked how they could help them. They gave time for the person to talk and helped them resolve the issue.

Records showed what was important to people was treated as important information by staff. For example, staff had recorded information about people’s family life, plans for the future and important relationships. People’s preferences regarding their daily care and support were recorded. This information was used to ensure people received care and support in their preferred way. For example, people’s preferences about how they organised their day and the activities they took part in were recorded and we saw them being followed. Throughout the visit we saw staff asking people if they wanted assistance and respecting people’s response, which helped to ensure people’s opinions were valued.

People were supported to contribute to decisions about their support and were involved wherever possible. The manager told us that when people were unable to express their views about their support, staff sought input from relatives and professionals. We saw details of this input recorded in support plans. The home had information about local advocacy services and had made sure advocacy was available to people. This meant people were able to discuss issues or important decisions with people outside the home.

People’s bedrooms were personalised and contained photographs, pictures and personal items each person wanted in their bedroom. This emphasised that this was the person’s private room. We observed staff respecting people’s private space, for example waiting for a response from people before entering their room.

Is the service responsive?

Our findings

People were supported by staff to take part in a range of activities outside the home. Some people attended a local day service, whilst others had an individual programme of activities they had developed. Staff told us there had been a recent increase in staffing levels to enable people to take part in more activities outside the home. We saw that people were supported to plan activities as part of a group meeting and staff had ensured these activities took place.

Each person had a support plan which was personal to them. Support plans included information on maintaining people's health, their daily routines and how to support them emotionally. The support plans enabled people to set their own goals and record how they wanted to be supported. This meant staff had access to information which enabled them to provide support in line with the individual's wishes and preferences. People's care was regularly reviewed and changes made where necessary. Some people expressed frustration and anger in ways that were challenging for staff to manage. We saw incidents were recorded and the reason for any incidents were identified. Staff were involved in reviewing the person's care needs with them and planning what interventions were needed. Support and input from healthcare professionals was sought as part of this review process.

As part of the support for one person to manage their anxiety and distress, the service had worked with them to change their living arrangements. This was done with input from health and social care professionals and had been kept under review with the person to ensure it was meeting their needs.

We observed people were given choice throughout the day. They were given choice about activities, food and how they spent their day. Staff responded to people's requests about the activities they took part in and how arrangements were made. For example, one person wanted to attend their day service, but did not want to travel with other people who use the service. Arrangements were made for the person to travel to the day service separately.

Staff understood the importance of involving people in activities which helped them to feel involved and valued. Staff told us activities were based on people's preferences. For example activities were planned at the meetings for people who use the service and at one to one meetings with their keyworker. Staff told us this helped them plan activities to meet everyone's needs.

People were confident that any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. The registered manager reported that the service had complaints procedures, which were not available in an accessible format, but explained to people who were not able to read them. The registered manager reported that no complaints had been received in the last 12 months. The support worker we spoke with was aware of the complaints procedures and how they would address any issues people raised in line with the procedures.

Is the service well-led?

Our findings

An annual survey of people who use the service and their relatives was completed. We saw the collated results for the survey completed in 2013, which contained positive comments from relatives about the care and support provided. Both the registered manager and the person newly appointed to manage the service told us the home did not have other systems to assess the quality of the service provided and plan improvements. The registered manager said directors for the provider company visited the home regularly and had a good understanding of what was happening at the home. However, there was no formal process for reporting on their findings, planning any improvements that were required and re-assessing the service to see whether improvements had been implemented effectively.

Accidents and incidents were recorded and reported appropriately. Action was taken promptly in response to individual incidents, such as incidents of aggression between people or incidents where people's actions put them at risk. Following incidents support plans and any accompanying risk assessments were updated. However, there was not a system in place to review these for overall trends and to identify other actions that may be necessary. This meant that although the provider had made changes in response to concerns raised, these were not being done in a planned way and there was not an effective process to judge whether further improvements were required.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The home had a registered manager, however, they informed us during the inspection that they were stepping down from the role. A new manager had been appointed and told us he would be submitting an application to CQC

to become the registered manager. The registered manager reported that there had also been a number of changes to the way the staff team was managed. Previously the staff team had worked across different services. The registered manager told us this had resulted in confusion over the staffing arrangements and dissatisfaction amongst the staff team. Action had been taken to respond to these issues and staff were now working exclusively at Pennings View. The support worker we spoke with was positive about the changes that had happened, saying they felt they received good support from the managers. The registered manager and the newly appointed manager demonstrated a good understanding of people who use the service.

The home had been reviewed by the commissioning team at Wiltshire Council, to assess whether they were providing the care and support that people needed and meeting the terms of their contract. The review had highlighted some issues about the way the service was operating, the support for staff and management of the service. The new manager was aware of concerns raised by the commissioning team at Wiltshire Council and was working with the staff to address the issues. We saw that this had been discussed in staff meetings, but there was not an overall improvement plan for the service.

Both the registered manager and the person newly appointed to manage the service told us they were working to develop a more open and positive culture within the service. The registered manager said she had been providing more one to one support for staff and ensuring that new staff worked alongside experienced staff who could provide support and act as role models. The person newly appointed to manage the service told us he wanted to see a more individual approach to supporting people, building on the work to support people to be as independent as possible.

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 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered person did not have suitable arrangements for establishing, and acting in accordance with, the best interests of people who use the service. Regulation 18 (1) (b).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>The registered person did not have effective systems to regularly assess and monitor the quality of the service provided. Regulation 10 (1) (a)</p>