

Voyage 1 Limited

# Pennington Court

## Inspection report

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### Ratings

#### Overall rating for this service

Good



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?

Good



### Overall summary

This inspection took place on 6 and 11 May 2015 and was unannounced on the first day. The home was previously inspected in April 2014 and the service was meeting the regulations we looked at. However, the provider name was changed in July 2014 so this was the first inspection under the current provider name.

Pennington Court is a care home for younger people with a learning disability. It can accommodate up to eight people. Each room is a self-contained unit with bedroom, bathroom, kitchen and lounge area. There is also a

communal lounge and kitchen and accessible well managed gardens. The service is situated in Maltby, near Rotherham. At the time of our inspection there were six people living at the service.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

Most people we spoke with liked living at Pennington court. They told us they felt safe staying at the service and the staff were considerate.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely.

The Mental Capacity Act 2005 (MCA) includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive people of, or restrict their liberty. We found all staff we spoke with were very knowledgeable on the requirements of this legislation and had already assessed people who accessed the services to determine if an application was required. Five of the people who used the service had a DoLS in place. However these were not always being followed to protect people.

People's needs had been identified, and from talking to people who used the service, we found people's needs were met by staff who knew them well. Care records we saw were very detailed and clearly explained people's needs.

There was a robust recruitment system and all staff had completed an induction. Staff had received formal supervision and had an up to date annual appraisal of their work performance.

There were systems in place for monitoring quality, which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The registered manager told us they had received no complaints. The registered manager was aware of how to respond to a complaint if required, information on how to report complaints was clearly displayed in the entrance area. People we spoke with did not raise any complaints or concerns about staying at the service. Staff and people who used the service who we spoke with told us the registered manager was approachable, there was an open door policy and the service was well led.

# 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 safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

People's health was monitored and individual risks had been assessed and identified as part of the support and care planning process. Medicines were stored and administered safely. People received medication as prescribed.

There was enough skilled and experienced staff to meet people's care needs.

Good



### Is the service effective?

The service was not always effective.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act 2005 in protecting people and the importance of involving people in making decisions. However we found the legislation was not always followed.

People were supported with their dietary requirements. People did their own shopping and cooking with support from staff. People's likes and dislikes were recorded and their nutritional needs were met.

Each member of staff had a programme of training and were trained to care and support people who used the service safely.

Requires improvement



### Is the service caring?

The service was caring

From speaking with people who used the service and staff it was evident that all staff had a good understanding of people's care and support needs and knew people well. We found that staff spoke to people with understanding and respect, and took into account people's privacy and dignity.

Most people told us they were involved in discussions about their care and we saw evidence of this in care files.

Good



### Is the service responsive?

The service was responsive

People's health, care and support needs were assessed and mostly reviewed. We found staff were knowledgeable on people's needs and most people's needs were being met.

People had access to varied activities. People also regularly accessed the community, some on their own others with support from staff.

Good



# Summary of findings

There was a complaints system in place. The complaints procedure was displayed in the home for people who used the service and visitors to access.

## Is the service well-led?

The service was well-led.

There was a registered manager in post.

There were systems in place for monitoring quality of the service provided. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified.

Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues. People who used the service also had opportunity to attend meetings to ensure their views were listened to.

**Good**



# Pennington Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 11 May 2015 and was unannounced on the first day. The inspection team was made up of an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority, commissioners and safeguarding teams.

The provider had not completed a provider information return (PIR) as we had not requested one. This was because the inspection was brought forward as we had received a high number of notifications. The PIR 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

As part of this inspection we spent some time with people who used the service talking with them and observing support in the communal areas, this helped us understand the experience of people who used the service. We looked at some other areas of the home including some people's flats. We looked at documents and records that related to people's care, including three people's support plans. We spoke with four people who used the service.

During our inspection we spoke with four care staff, the deputy manager, the registered manager and the regional manager. We also looked at records relating to staff, medicines management and the management of the service.

# Is the service safe?

## Our findings

People who used the service told us they felt very safe. One person, who we asked if they felt safe said, “I am happy here, I feel very safe.” Another person said, “I don’t want to live here, but I am safe and staff are alright.”

Interactions we observed between staff and people were inclusive. We saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, making sure people told staff where they were going when they went out and what time they were returning.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. All staff did not hesitate in their answer when asked how they would respond to suspected abuse; they all said they would report immediately to the manager or the local authority if required. Staff were also able to explain different types of abuse and how they would recognise abuse correctly. The training records showed that staff received training in safeguarding people from abuse. The registered manager told us some staff had attended the local authority safeguarding training. This would ensure they were aware of any changes to the local procedures to protect people.

During our inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people’s needs and some people had some hours each week where they received one to one support to meet their personal care needs or accessing the community. We saw when people had one to one support adequate staffing was provided to facilitate this. Staff we spoke with confirmed that there was always enough staff on duty.

People’s health was monitored and reviewed as required. People identified as being at risk when going out in the community had up to date risk assessments. We saw that some people were supported by staff when they went out during our inspection. We also saw people access the community on their own. When people went out staff

determined where they were going and what time they would return to ensure their safety. We also saw other risks had been assessed for individuals and measures were in place to ensure people’s safety.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for two people.

Medicines were stored safely, at the right temperatures, and records were kept for medicines received and administered. We found disposal of medicines followed procedures. We checked that controlled drugs were also given following robust procedures to ensure safety. Controlled drugs are medicines controlled under the Misuse of Drugs legislation. We also saw regular audits and checks were carried out.

When we observed people being given their medication we saw staff followed correct procedures. They supported people appropriately to take their medication. Staff were able to explain to us the signs to look for when people were in pain or distressed to ensure they received their prescribed medication when required. We found people had protocols in place for medicine that was prescribed on an ‘as and when required’ basis. These explained how people presented when the medication was required to assist staff in identifying when to administer.

The recruitment procedures ensured the required employment checks were undertaken for new staff. The registered manager told us that staff did not commence work with people who used the service until references had been received. They also had obtained clearance to work from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We looked at the recruitment files of two staff and spoke with staff that were on duty on the day of this inspection. Information within the recruitment files, and staff comments confirmed that the required checks had been carried out prior to commencement of employment at the service.

We found all new staff were subject to a probationary period and during this period had received regular

## Is the service safe?

supervision. Staff records we saw showed staff had received supervision in line with policies. Staff we spoke with also confirmed they had received regular supervisions and support.

Before our inspection, we asked the local authority commissioners for their opinion of the service. People who

used the service were placed from different local authorities so we spoke with three commissioners. All three officers told us they had positive experiences, staff understood people's needs and they had no concerns regarding the service.

# Is the service effective?

## Our findings

People we spoke with told us staff respected their choices and decisions. One person told us, “Staff always knock on my door, they do not enter unless I say.”

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The DoLS requires providers to submit applications to a ‘Supervisory Body’ for authority to do so. As Pennington court is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

Most staff we spoke with were aware of the legal requirements and how this applied in practice. The registered manager was aware of the new guidance and had already reviewed people who used the service, they told us five people who used the service were subject to a DoLS. However we found the legislation was not always followed. Some people who used the service were at risk of absconding. We saw people had absconded and been missing on occasions for 48 hours. The registered manager had not reported the people missing to the police. We found the registered manager and staff were not adhering to the DoLS requirements and did not always take appropriate action to protect people

When we looked at people’s care and support plans they did not detail the risk of absconding and did not give staff

instructions on what to do when this occurred to safeguard them. During our visit the registered manager updated care files and protocols were put in place to ensure any person who absconded was safeguarded.

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included infection control, safeguarding of vulnerable adults, fire safety, emergency first aid and health and safety. The registered manager and the deputy manager attended training organised by the local authority, MCA assessment and decision making for health and social care. The training took place on 8 May 2015. The registered manager told us it was very good training and helped them to further understand capacity and how to assess people’s capacity.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was very good. Staff also told us they did additional training to further understand how to meet the needs of people they supported. This included adults with learning disabilities level 3 and a diploma in activities. We saw training records that confirmed staff had attended training. We also saw records that staff had received regular supervision and all staff told us they felt supported by the management team.

People’s nutritional needs had been assessed and people’s needs in relation to nutrition were documented in their plans of care. We saw people’s likes, dislikes and any allergies had also been recorded. The people who used the service did their own shopping with support of staff, most people stored the food in their own kitchens and cooked in their own flats. However some people preferred to cook in the communal kitchen and store their food in there. One person told us they did not want a fridge in their flat and the staff had ensured it was removed. We saw people choosing what they wanted to eat and people ate at the times they preferred. This enabled people to participate in activities and not be restricted with the time they had to be back at the service. We saw there were snacks and fresh fruit available throughout the day for people if required.



# Is the service caring?

## Our findings

During our visit we spent time in communal areas talking to people who used the service. We saw positive interactions between people and staff. From conversations we heard between staff and people who used the service it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. People we spoke with praised the care staff and said that the staff were good. Some people told us they did not want to live at Pennington Court, however, they said they understood why they had to live there at the moment and the staff looked after them well. We also saw the staff and people they supported talking, laughing and joking together. People were supported to access the community, collage and activities.

One person we spoke with showed us some pictures that were displayed in the communal areas. The pictures were from their holiday, they explained to us they went to Blackpool with staff and really enjoyed it. They told us they were planning to go again this year and staff were helping them organise it. Staff we spoke with also told us they were looking at organising holidays for all people they supported who wanted to go away this year.

People's long term goals were identified. One person who used the service was hoping to move to supported living with their partner. The staff were able to explain how they

were supporting them with this and working towards their goal. Staff were helping them with their cooking, cleaning and finances to be independent to enable them to achieve their wish

We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, the care workers we observed always asked people if it was alright to assist them. We found that staff spoke to people with understanding, warmth and respect, and took into account people's privacy and dignity. We saw one support worker knock on a person door; the person did not respond so they knocked again and called their name. It took the person a while but they opened the door, the support worker waited and did not enter uninvited. This showed staff respected people's privacy.

We looked at people's care plans and found information that told staff their likes, dislikes, choices and preferences. People we spoke with who wanted to be involved in their care plans told us they were aware of what staff wrote in the plans and they attended key worker reviews. During the review staff discussed what the person liked, disliked, what they wanted to achieve and how they were feeling. Following the reviews any action or changes were addressed to ensure people's choices and decisions were achieved.

We spoke with health care professionals who told us the staff were very good, understood people's needs, were open to any suggestions and followed advice given.

# Is the service responsive?

## Our findings

The people who used the service told us they the staff were good and provided support they needed. We also observed staff respond to people's needs. For example we saw one person wanted to have lunch; staff supported them to choose the food they wanted and prepare the meal. Staff we spoke with understood people's needs and explained to us how they meet people's needs. Staff were also able to explain to us how each person responded differently and this required different approaches and methods, this evidenced staff were responsive to individual's needs.

Some people had one to one hours allocated to provide adequate support to meet their needs and maintain their safety. This was not at set times each week but when people requested the support, it was provided and was flexible to meet people individual needs. We saw evidence that the staffing was provided to facilitate this.

We looked at two people's plans of care and found each person's care plan outlined areas where they needed support and gave instructions of how to support the person. The plans had been written with the involvement of the person, where the person wanted to be involved and where appropriate, their close relatives.

People's support plans we looked at also contained details of activities people liked to participate in or outings they enjoyed. People were supported to engage in activities

outside the home to ensure they were part of the local community. Staff supported people in maintaining relationships with their friends and family members and people told us that their visitors were made welcome.

The registered manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. The registered manager told us they had received one complaint this year which had been dealt with. This meant people were listened to and taken seriously. People we spoke with did not raise any concerns regarding the service and told us if they had any they would speak to staff or the managers. One person had raised concerns regarding their placing authority and at the time of our visit was having difficulties coping with the situation. The staff at Pennington Court were supporting this person to manage the situation while maintaining their safety.

We observed staff gave time for people to make decisions and respond to questions. The registered manager told us meetings were held that gave people the opportunity to contribute to the running of the service. We saw minutes of these meetings and they showed involvement of people who used the service. People we spoke with said staff talked to them and they were able to tell staff if something was wrong and it would be resolved.

The feedback we received from health care professionals who visited the service was generally positive they felt home provided a good standard of care and support, and were responsive to people's needs.

# Is the service well-led?

## Our findings

The staff members we spoke with said communication with the registered manager was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well. One member of staff said, "It is a lovely home to work in." Another staff member said, "We work well as a team, if anything needs improving or we have any ideas we tell the manager and we sort it as a team, we are always looking for ways to improve the service."

Staff had told us they received regular supervision and support. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us, "The manager has an open door policy and is always available to talk to if required."

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

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

The registered manager told us they completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans.

The regional manager also carried out monthly audits; we saw the last audit undertaken was in April 2015. We saw that actions had been produced as a result of these audits;

it was clear who was responsible to ensure the actions were completed. The regional manager told us these actions were then checked at each visit to determine progress and completion. This helped to ensure actions were addressed.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. These had been sent out in 2014 and were due to be sent out again at the time of our visit. We saw the completed returned forms from 2014. The comments were mainly positive. This showed people's views were sought and people were listened to. However some comments were negative; for example one said they didn't want to live at Pennington court, the registered manager told us they had discussed this with the person but this was not recorded. We were not able to evidence that issues identified on the surveys had been followed up and resolved. The regional manager told us this would be incorporated into the surveys that were due to be sent out to ensure if people identified any issues they were resolved.

There was regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of the last meeting dated 21 April 2015. These ensured staff had opportunity to raise any issues or concerns or just to be able to communicate any changes.

We found that recorded accidents and incidents were monitored by the general manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk. There had been a high number of incidents this was in respect of one person. The registered manager had put procedures in place to ensure the persons safety; these were in place on the second day of our inspection.