

Penleigh Care Homes Limited

Penleigh House

Inspection report

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Date of inspection visit: 27 November and 2
December 2014
Date of publication: 23/04/2015

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?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 27 November and 2 December 2014 and was unannounced. There were no concerns at the last inspection of 11 November 2013.

Penleigh House provides accommodation for up to 10 adults with a learning disability and complex physical support needs. At the time of our visit there were 10 people living at the service. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and staff followed procedures which reduced the risk of people being harmed. Staff understood what constituted abuse and what action they should take if they suspected this had occurred. Staff had

Summary of findings

considered actual and potential risks to people, action plans were in place about how to manage these, monitor and review them. Medicines were managed safely and staff followed the services policy and procedures.

People were supported by the services recruitment policy and practices to help ensure that staff were suitable. The registered manager and staff were able to demonstrate there were sufficient numbers of staff with a combined skill mix on each shift.

People moved into the service only when a full assessment had been completed and the registered manager was sure they could fully meet a person's needs. People's needs were assessed, monitored and evaluated. This ensured information and care records were up to date and reflected the support people wanted and required.

Staff had the knowledge and skills they needed to carry out their roles effectively. They were supported by the provider and the registered manager at all times.

People were helped to exercise choices and control over their lives wherever possible. Where people lacked capacity to make decisions Mental Capacity Act (MCA) 2005 best interest decisions had been made. The

Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented to ensure that people who could not make decisions for themselves were protected.

People received a varied nutritious diet, suited to individual preferences and requirements. Mealtimes were flexible and taken in a setting where people chose. Staff took prompt action when people required access to community services and expert treatment or advice.

References were made by relatives and staff about the "family atmosphere and homely feel". Staff were knowledgeable about everyone they supported and it was clear they had built up relationships based on trust and respect for each other.

People experienced a lifestyle that met their individual expectations, capacity and preferences. There was a strong sense of empowering people wherever possible and providing facilities where independence would be encouraged and celebrated.

The provider and registered manager had a clear vision about how they would continue to improve the service for people and staff. The service was important to them and they wanted the best for people. There was an emphasis on teamwork and unison amongst all staff at all levels.

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.

The registered manager and staff followed procedures which reduced the risk of people being harmed.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People's medicines were being managed safely.

Safety measures were in place to alert staff if people required assistance. There were enough staff on duty for staff to support people safely.

Recruitment procedures ensured that relevant safety checks were completed so that staff were suitable to work in the service.

Good



Is the service effective?

The service was effective.

People were supported by staff that had effective support, induction, training and supervision.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005.

People were provided with healthy, nutritional food and drink that met their individual requirements.

The service recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

Good



Is the service caring?

The service was caring.

The provider, registered manager and staff were fully committed to support people with the best possible care.

Staff were passionate about enhancing people's lives and promoting their well-being.

Staff treated people with dignity, respect and compassion.

People were supported to maintain relationships that were important to them.

Good



Is the service responsive?

The service was responsive.

Staff identified how people wished to be supported so that it was meaningful and personalised.

People were encouraged to pursue personal interests and hobbies and to access activities in the service and community.

People were listened to and staff supported them if they had any concerns or were unhappy.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager had a clear vision about the future of the service and how it would develop for the benefit of people at the service.

There was a strong emphasis on promoting and sustaining the improvements already made at the service.

Staff felt supported in their work. They followed procedures which helped to ensure people experienced safe and effective care.

The quality of the service people received was monitored. Systems were in place for recording and managing complaints, safeguarding concerns, incidents and accidents.

Good



Penleigh 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 inspection took place on 27 November and 2 December 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one inspector. This was because the service had a small client group with learning disabilities and we didn't want people to feel unhappy with too many visitors to their home.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned within the specified time.

We reviewed notifications received from the service. A notification is information about important events which the provider is required to tell us by law.

During our visits we met with all 10 people living at the home. We spoke with four people, other people communicated through non-verbal means. We observed people for short periods of time so that they didn't feel anxious about our presence. We spent time with and spoke with the providers, the registered manager, the deputy manager and three staff members. We looked at three people's care records, together with other records relating to their care and the running of the service. This included five staff employment records, policies and procedures, audits, quality assurance reports and annual survey reports completed by relatives.

Following our visits we spoke with five health and social care professionals who provided us with information about how they felt the service met people's needs and their experience of working with the staff in the home.

Is the service safe?

Our findings

Staff protected people from avoidable harm without compromising their freedom and choice. They had a good level of understanding when identifying potential risks, managing actual risks, and keeping these under review.

People were supported to take risks balanced on their safety and their health care needs. People's capacity had been taken into account when such choices had been made and their right to take informed risks had been respected.

Staff spoke with us about specific risks relating to people's health and well-being and how to respond to these, this included risks associated with epilepsy, weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with detailed information about these risks and the action staff should take to reduce these.

People had complex physical disabilities and required specialist equipment to help keep them safe. All equipment was risk assessed, staff received training on how to use the equipment and the equipment was checked every month to further reduce the risks to people who used them. Equipment included, pressure relieving mattresses, profiling beds, specialist seating, ceiling and mobile hoists and equipment to help people shower and bath safely.

Staff had identified when certain behaviours from people could impact on their safety, other people who lived in the service, staff and visitors. Risk assessments provided information about how people should be supported to ensure safety.

Staff considered what triggers may exacerbate certain behaviours so these could be avoided wherever possible, for example loud noises, shouting, pain and distress. Where this had not been possible staff knew how to support people to de-escalate the situation. Staff told us they had recently attended Positive Prevention and Intervention training and this had helped enhance their knowledge to protect people safely without being restrictive. This particularly related to supporting people with behaviours that they were unable to control.

Staff understood what constituted abuse and what processes to follow in order to safeguard people in their

care. Policies and procedures were available. Staff signed to say they had received the documents. They were required and completed a questionnaire about the policy and procedure to confirm they had read and understood the information. Information was available for staff about who to contact and notify should they suspect abuse had occurred. The registered manager was knowledgeable about the relevant local multi agency procedures and processes for the local authorities.

There were policies and procedures in the safe handling and administration of medicines. People's medicines were being managed safely. There had been no errors involving medicines in the last 12 months.

Although we could not ask people about staff availability we observed interactions and routines over the two days. Staff were constantly with people, caring for and supporting them. Three people sometimes preferred to move around the service on their bottoms or on all fours. Staff were attentive and continually ensured that everyone was careful when moving amongst these people so they did not injure them.

We asked staff if there were sufficient staff on duty and suitable arrangements to keep people safe in the service and in the community. Comments included "Although we have set staffing levels over a 24 hour period we provide extra cover to ensure people are safe. This would include where a person may require short-term individual supervision and to support those people with all health appointments" and "The provider, manager and deputy are available 24 hours a day, seven days a week. It's reassuring to know they are there in the event of an emergency situation".

The staffing levels did not alter should occupancy reduce. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. The registered manager ensured there was a suitable skill mix and experience during each shift.

Other measures were in place to alert staff that people may require support that would keep them safe. Some people required sensor floor pads and these were activated when they got out of bed and alerted staff that they may need assistance. Staircases also had alarm systems in place. Those people who had epilepsy had specialised equipment that would notify staff if they had a seizure at night.

Is the service safe?

Safe recruitment and selection processes helped ensure that applicants were suitable. Following an interview a senior member of staff and a person living in the service would show the applicant around and introduce them to people and staff on duty. The applicant was observed to see how people responded to them and how they interacted.

Checks had been completed before staff commenced employment, including those with the Disclosure and Barring Service (DBS). The DBS helped employers make safer recruitment decisions by providing information about a person's criminal record and whether they were previously barred from working with adults.

Is the service effective?

Our findings

Throughout our visit staff were confidently and competently assisting and supporting people. The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's physical and physiological needs. Staff confirmed that the induction and subsequent training they received was effective. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident within the roles they were to perform.

Training and development opportunities were tailored to individual staff requirements. Staff provided feedback about all training they attended to ensure it was meaningful and they had understood the content. The registered manager and staff were proactive in identifying and attending training relevant to the needs of the people they supported. This included dementia, epilepsy and autism awareness, dignity in care and person centred planning. Staff had completed nationally recognised qualifications in health and social care and others were in the process of completing this.

Staff spoke with us about training they had recently received in Positive Prevention and Intervention. The course helped staff with techniques to support people when they became anxious or when certain behaviours escalated. Comments included, "It made you recognise what you are doing well and how you could improve practice to help prevent escalation", "The training was very good, we discussed and identified how techniques we used worked differently for each person" and "Some techniques are so simple yet they have a positive significant effect on people in order to keep them calm happy and safe".

The service had a small, steadfast group of staff. Staff explained they worked very closely as a team and this meant there was a continuous theme of supporting and supervising each other. Staff felt they were supported on a daily basis by the registered manager, deputy and provider. Any additional support/supervision was provided on an individual basis and these were formally recorded along with an annual appraisal.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They understood its principles and how to implement this within

the service. The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

Records and discussion with the registered manager and staff reflected that any decisions made were in people's best interests for those people that lacked capacity. Family members and GP's were always consulted and included in best interest meetings and decisions. Some people had very limited capacity to make simple decisions for example what they would like to do that day or what they would like to eat. However, staff had made every effort to obtain personal information about people from families and significant others so that their rights were protected when decisions were made on their behalf.

People's individual circumstances were being reviewed following a change in the legislation and criteria for making an application under DoLS. There had been discussions with the local authority and the registered manager was in the process of completing and submitting these applications. Steps were being taken to ensure people were not being unlawfully deprived of their liberty.

Staff ensured people were protected from the risks of poor nutrition and hydration. They provided choice and provided nutritious food that supported health needs. People were supported and educated by staff to eat a balanced healthy diet, without compromising their choice and preferences. Staff knew people's allergies to certain ingredients and this was recorded in care documentation. Staff explained families had provided an account of how a person would react should they accidentally consume something they were allergic to and what action should be taken.

The service used a five step screening tool to determine if people were at risk of malnutrition or obesity. The tool provided management guidelines which were used to develop a care plan for those at risk. Care plans gave very specific detail about the level of support people required at mealtimes and independence was encouraged wherever possible. Expert advice had been sought from community dieticians and speech and language therapists for those people who had difficulty swallowing.

Is the service effective?

People were encouraged and supported to plan and prepare meals. There were four weekly menus which reflected seasonal foods and trends; these were in picture format to help people with their choices. Meals and mealtimes were flexible each day dependent on personal preferences and daily routines. People enjoyed eating out and having takeaways. Hot and cold snacks and drinks were available throughout the day. Opinions about meals were always sought to help ensure people were satisfied with the choice, variety and quality of the food.

The registered manager and staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

Staff ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. One GP wrote to us and said, "Staff identify changes in behaviour which might indicate health problems, which is vital when dealing with patients such as those living at Penleigh".

People were supported by staff for all appointments they attended. The level of support was individualised and people were empowered to represent themselves at the

appointments as much as possible. All appointments were documented and included the outcomes of these. Care plans and risk assessments were updated if this was required.

The home worked in partnership with the hospitals, community social workers, the community mental health teams and the community learning disabilities team (CLDT). Three members from the CLDT contacted us and wanted to provide feedback about their experiences when visiting the home. Comments included, "I always find that staff welcome any support we give and follow any guidance we provide" and "They are very helpful and have all the information to hand on my arrival".

Referrals were made to occupational therapy, physiotherapy and memory clinics. There were various examples where these referrals had helped support people and improved their quality of life in addition to maintaining their safety. One person's physical wellbeing had recently deteriorated which meant they could no longer receive a shower safely in their specialist chair. An assessment was conducted by an occupational therapist and this person was subsequently provided with an alternative specialised piece of equipment.

Is the service caring?

Our findings

Not everyone was able to express their views verbally and others preferred to talk with us without having to answer direct questions. We observed people for short periods of time so they didn't feel anxious about our presence. Staff introduced us to everyone individually and explained why we were visiting.

Throughout our visits staff supported people with kindness and compassion. Their approach to people was respectful and patient. It was evident that over time staff had fostered positive relationships with people that were based on trust and personalisation. Staff provided us with an extensive background of people's lives prior to living at Penleigh. This included family support and existing relationships, what made people happy and sad and how they communicated this.

Staff had supported people for many years. People were confident in their surroundings and with each other. We spent time looking at some records and speaking with staff. One person came to join us throughout this period. This was a good opportunity to see how the relationship between staff and this person was promoted and supported. Conversations were personal and reflected positive, respectful interaction.

Relatives had completed questionnaires in September 2014. There was a section that asked for their views about the care and support people received. It was evident they were "very satisfied". Comments included, "I would like to commend the manager and staff for their enthusiasm, care and the work they all do", "A caring, family atmosphere has always been an important feature at Penleigh" and "It is very reassuring to know that our relative and their particular needs have been so well met. We always look forward to our visits and commend the staff for all the work they do".

Health and social care professionals told us about the views of the service. They were asked if the service was

caring. Everyone said staff were "caring, kind and always put people first". They commented on staff approach and relationships with people they supported and described staff as "professional, caring and warm".

One group of GP's collectively wrote, "We consider the care provided to be of a very good standard. The manager and staff we have contact with have an excellent knowledge of the residents care needs and treat them as individuals. They know their personalities and usual patterns of behaviour".

Staff morale was positive and they were enthusiastic about the service they provided as a team. Comments from staff included, "People who live here mean everything to us, we are part of their family", "I am proud of what we do, we genuinely care about everyone, we want them to have the best care and feel loved" and "I would do anything for them to make them feel happy and safe".

One member of staff spoke with us about the keyworker role and how this enhanced a personalised approach. They were very descriptive about one person they supported and their knowledge of the person's needs both physically and emotionally was in depth. They told us what made this person happy and what made them sad. They knew the physical signs that would tell them how this person was feeling. If they were sad they could harm themselves, the staff member told us what they did in order to distract the person from doing this. They supported this person to regularly send photographs, cards and emails to their family to help promote and protect important relationships.

The registered manager explained how it was essential to "match" the right member of staff with the right person to ensure the keyworker role was meaningful for people. They told us, "The best feeling is when a member of staff walks in the room and a person's face just lights up". They considered personal preferences and interests, age, personalities and experience and partnering was reviewed to ensure they remained effective.

Is the service responsive?

Our findings

Care files confirmed thorough assessments were completed for those people who were considering moving into the home. The information was detailed and supported the registered manager and prospective “resident” to make a decision as to whether the service was suitable and their needs could be met.

Every effort was made to ensure that significant people were also part of the assessment including family, hospital staff, GP’s and social workers. The assessments were used to develop care plans based on the individual needs; they were reviewed and further developed during the first four weeks of admission. People and their relatives were supported through this process by the registered manager or deputy and the keyworker.

Plans captured an approach to care that included the support people required for physical, emotional and social well-being. They were personalised and included information on people’s life experiences, interests, hobbies and likes and dislikes. There was specific, detailed information about behaviours, personalities and personal backgrounds. This included how people preferred to be spoken to, preferred routines and methods of communication.

There was a multi-agency approach to six monthly care reviews to help ensure people continued to receive support that was responsive. People invited to the reviews included family members, advocates, psychologists and social workers. People were encouraged and supported to attend their meetings, equally staff respected when on some occasions people chose not to take part. In addition to this care plans were monitored and evaluated every month by staff to help ensure they were up to date with current needs.

The philosophy of the service was to promote people being part of the local community so that it was “personal to each individual, offering choice, empowerment and independence to individuals, so that people can lead enriched and fulfilling lives”. In order to achieve this staff had written support plans which captured people’s needs with regards to their social wellbeing and provided staff with specific information about what people wanted.

Activities were provided, encouraged and based on people’s individual preferences and personal interests.

People were supported to explore new hobbies for example caring for animals and attending farms and stables. Some learnt new skills, and had attended Shintaido (a modern movement based on traditional Japanese martial arts), Tia Chi, and art classes. Staff told us people enjoyed visits to exhibitions, museums, theatres, cinemas, bowling and pub restaurants.

People invited their family and friends to social events, these were welcomed and attendance was very popular. The service had several vehicles to suit individual needs. This included a large accessible mini bus with electric rear tail lift, a converted people carrier which had electronic moving seats for easy transfers, and a large estate vehicle.

The providers PIR and their newly developed website explained how the service supported people with sensory, physical and learning disabilities. One of the services provided was a therapeutic sensory room with a large heated water bed, a ball pool, and floor to ceiling colour changing light and bubble tubes. There was a special effects 360 degree projector for all round visual effects and a variety of audio sensory music. The experience and benefits to people were described by staff as “calming, relaxing, and therapeutic to the mind and body, visually stimulating and fun”.

The complaints policy and procedure was available in written and picture format. It helped people understand how to express what they were feeling and what they could do if they had any concerns. The policy was given to people and families on admission and sent out annually to remind people how they would be supported. The registered manager and staff encouraged people to express any concerns or anxieties and dealt with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling.

Because staff knew people they supported very well they recognised when they were unhappy about something. People had one to one support throughout the day. This gave them the opportunity to speak or communicate with their support worker about anything that may be worrying them.

Each person had a “transfer passport”. This was a detailed, concise overview about people and was used when they transferred between services for example hospital

Is the service responsive?

admissions or when attending appointments. These provided other care providers with essential information to help support consistency in care and promote people's safety.

The passports were particularly important to support those people who were unable to communicate verbally.

Essential information included triggers that may change someone's behaviour, pain and distress indicators and things that would make a person feel safe and comfortable. In addition to this it provided emergency contact numbers, previous and current medical history, current medicines, people's capacity and communication needs.

Is the service well-led?

Our findings

The registered manager demonstrated effective leadership skills within their role. Their passion, knowledge and enthusiasm of the service, the people in their care and all staff members was evident. They had a clear vision about their plans for future personal development and additional management courses they would be applying for. Staff were “positive and proud” about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained.

Staff felt valued by the registered manager and provider. They were “impressed and grateful” for the investments the provider made and the support the registered manager gave them. Comments included “It’s a lovely place to work, the owners really want the best for people”, “We have a lovely manager who would help anybody” and “The manager is the best I have ever worked for, the residents are very fond of him and he has a calming influence”.

Staff described how they “worked as a team, had the same goals and felt like part of one big family”. The providers spent time at the home every day. They knew people individually and we saw them interact with people in a familiar, relaxed approach. They supported and joined people in social occasions and outings. The provider recognised they had responsibility to ensure people and staff were happy and felt supported.

When the registered manager had days off and took annual leave they contacted staff on duty. One member of staff said, “He just can’t help himself, it makes us smile, he cares very much about everyone and we care about him”. The registered manager and deputy provided staff with 24 hour emergency contact seven days a week.

The registered manager and provider were always striving for innovative ways to improve the quality of the services they provided. The services website stated “Penleigh is moving with the times and changes within the caring field, and we constantly re-invest in the home, facilities and team”. We saw various examples where this was evident and people were at the heart of the service.

Like many services in the local area, people at Penleigh had been affected by reduced community resources. One of the activities people had enjoyed and benefited from was

hydrotherapy. The sessions had slowly reduced over time and not everyone could access this community facility. Those who could were not able to attend them as often as they would have liked.

Having consulted with people, their families and staff, last year the provider built a new facility in the grounds of the home. The “Lodge” had been equipped with a very large hot tub, ceiling hoists, changing room and toilet facilities, music and lighting. This had been a great success where people could relax and enjoy a range of sensory experiences in addition to various physical benefits. These included muscle relaxation, stress and tension relief and improved muscle tone and circulation.

Staff described people’s faces when they were in the water and the obvious effects the therapy had. The experience and benefits were different for each person; some enjoyed the jets and water activities, whereas others preferred the warmth, calmness and bubbles.

The registered manager and staff considered imaginative, creative ways how the Lodge could benefit people individually, especially those you may not like being immersed in water. One person had always enjoyed assisting with supervised light maintenance around the home. They enjoyed the responsibility of checking the Lodge before and after use including water temperature and chlorine level checks. They had a tee-shirt stating they were the “Life Guard” and they liked to pass people the water floats and inflatables when they were in the water.

Following the success of the Lodge the provider decided to build a large activities centre within the grounds. The “Gate House” had just been completed and final approval by the council’s planning officers had been granted. This new initiative was in its infancy and people, their relatives and staff were in the process of sharing ideas for the centre. Essentially the Gate House would provide a variety of facilities to enhance people’s social experience/ engagement and promote life skills and independence wherever possible.

The Gate House provided a large open plan feel which will be 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. The provider was in the process of looking at audio and visual systems including large projector screens and music sound systems. The registered manager spoke about how they

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had considered the age group of people and what activities would support them. One example was providing an internet café facility where people could learn IT skills either with laptops or hand held devices. One relative wrote in a recent survey, “We are very impressed with the new build and the additional recreation it will provide, what a great facility”.

The registered manager promoted and encouraged open communication for people that used the service. Methods of communication included daily handovers, monthly management meetings and six monthly staff meetings. The minutes of staff meetings evidenced good attendance and

that people wanted to be involved and have an influence. Topics of discussion evidenced that the purpose of all communication was to enhance practice and quality. This included reviewing individual needs of people, staff updates, what was working well and not so well and training and development.

Additional systems were in place to monitor and evaluate services provided in the home. The registered manager and deputy reviewed complaints, incidents, accidents and notifications. This was so they could analyse and identify trends and risks to prevent re-occurrences and improve quality.