Care Quality Commission

Centurion Health Care Limited

Penley Grange

Inspection report

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22 September 2017

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 19 and 22 September 2017. This was an unannounced inspection visit to the service.

The service was previously inspected on 23 and 24 May 2016 and was not meeting the requirements of the regulations at that time. The service was in breach of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to medicines practice, staff recruitment, monitoring the service and record keeping.

During this inspection we found improvements had been made and the service was meeting the relevant requirements.

Penley Grange provides care and support for up to six people with learning disabilities. Six people were living at the service at the time of our inspection. The service was being managed by one of the provider's registered managers from one of their other services at the time of our inspection. An application for them to become the registered manager at Penley Grange had been submitted.

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.

We received mainly positive feedback about the service. Comments we received were, "I am quite happy with Penley Grange and I feel my family member is safe there" and "Yes she is safe as she has a tendency to want to run away and she can't because the security is really good."

We found medicines were managed safely. Medicine charts we viewed were completed correctly and staff had received relevant training in medicine administration.

We found there were sufficient staff to meet people's needs. Staff knew the people they were supporting and interacted well with them in a way that was relevant for each person. For example some people could not communicate and specific aids were used such as Makaton and picture cards.

Staff received safeguarding training to ensure they recognised the signs of abuse and were able to respond to safeguarding concerns to the relevant local authority.

Staff received on-going training to ensure they were knowledgeable to meet the needs of people. New staff received an induction followed by regular supervision.

Care plans had been written to ensure the individual needs of people were met. Preferences were

documented for how people wished to be supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restricted way possible; the service had policies and procedures to support this. People were treated with dignity and respect and we saw they were given choices.

Staff supported people to attend healthcare appointments. People were supported to take part in a range of activities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Monitoring systems were in place to identify where improvements could be made. Records were maintained to good standards and were easily located.

Evacuation plans were in place in the event of a fire and had been written for each person to support them safely. On the first day of our visit we were told where to assemble in the event of a fire.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risk assessments were in place to ensure people were safe.

Medicines were managed safely.

Recruitment procedures were robust to ensure only suitable staff were employed

Is the service effective?

Good

The service was effective.

People received care from staff who received a structured induction and undertook training.

Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

Staff received regular supervisions to make sure they supported people effectively.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect at all times.

People were supported to be independent and access the community.

People were supported by staff who engaged with them well and took an interest in their well-being.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a range of activities to

avoid social isolation.

People's preferences and wishes were supported by staff and through care planning.

The service responded appropriately if people had accidents.

Is the service well-led?

Good

The service was well led.

People' care was monitored to see how the service could improve practice.

People were provided with care that was in line with the services vision's and values, such as dignity and respect.

The manager was a role model and inspired staff.

Care Quality Commission

Penley Grange

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 19 and 22 September and was unannounced on the first day.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is someone with personal experience in using this type of service. Before the inspection we reviewed the information we held about the service including notifications of incidents that the registered provider sent to us since the last inspection. The provider completed 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.

Due to people's complex communication needs we were unable to speak to anyone during our inspection. However, we observed care practice and interactions with staff.
We contacted people's relatives by phone during the inspection to get their views on the service. We made contact with health and social care professionals following our inspection. We spoke with three members of staff a visiting professional and the registered manager.

We inspected records relating to the service. This included four care plans, medicine records, staff recruitment files, accident and incident documents and quality assurance documents.

Good

Is the service safe?

Our findings

During our previous inspection in May 2016 we identified a breach of Regulation 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found care and treatment was not provided in a safe way as people's medicines were not managed safely. The registered manager had not ensured fit and proper persons were employed due to insufficient recruitment. During this inspection we found improvements had been made and the service was not in breach of regulations.

Relatives we spoke with told us they felt their family member was safe living at Penley Grange. We received comments such as, "I am quite happy with Penley Grange and I feel my family member is safe there" and "Yes (name of person) is safe as they have a tendency to want to run away and can't because the security is really good."

Risk assessments had been written to ensure people could maintain their independence as safely as possible without restricting people's independence. For example, we saw that one person could become challenging at times when they could not have attention from staff immediately. The person's risk assessment informed staff to teach the person to get attention in a more appropriate way. This was by way of using a symbol book, or shaking hands.

We saw that medicines were managed safely and daily checks were in place. For example, stock balance and staff signatures. However, we saw that occasionally staff used the incorrect code on the chart. We discussed this with the registered manager who told us they will address this with the staff concerned.

The provider had robust recruitment and selection procedures in place. Information contained in staff files demonstrated that appropriate checks had been carried out prior to staff commencing employment. We saw an application form, evidence of formal identification had been sought and written references had been obtained. In addition a health declaration had been completed together with Disclosure and Barring Service (DBS) checks carried out. These checks ensured that only staff with a suitable character was employed by the provider.

Staff members we spoke with had a good understanding of the different types of abuse and what action they needed to take if they had concerns. All staff confirmed that they would not hesitate to report any concerns immediately to the registered manager or external professionals if necessary. Policies and procedures were in place in relation to the safeguarding of vulnerable people. Records confirmed that staff had received safeguarding training. Staff told us they understood the whistle blowing procedure and said they would raise any concerns if they had to. Whistle blowing is where staff can raise concerns either inside or outside the organisation without fear of reprisals.

Personal emergency evacuation plans (PEEPS) were in place for each person living at the service in the event of an emergency such as a fire. Assessments identified specific levels of risk and what support each individual would require in the event of an evacuation. Records relating to fire drills and practice evacuations were seen and monitored by the current registered manager. On arrival at the service we were

informed there was a fire test to be carried out later that morning and where the assembly point was in the event of an emergency.

The provider had a policy and procedure in place to review and monitor accidents and incidents at the service. Accident and incident records had been completed as required when events had occurred.

The premises were cleaned to high standards. Records confirmed evidence of cleaning had taken place.

Good

Is the service effective?

Our findings

Staff told us they had the training and skills to meet people's needs. Training included safeguarding, fire safety and moving and handling amongst others. New staff were supported to complete an induction programme before working on their own. They told us, "We have enough training to meet everyone's needs." We saw staff completed training in autism spectrum disorder to help meet the specific needs of people living at Penley Grange.

People were supported by staff who had supervisions (one to one meeting) with the registered manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff told us they felt supported by the registered manager and could always go to them at any time. One member of staff told us, "When the registered manager came in it was very positive, they are teaching us to take on more. I am being supported to complete my level three in care." Another staff member told us, "There are a couple of us here that are part of the brickwork but most of the team are relatively new."

The service used a key worker system. A keyworker is a member of staff assigned to the person, who can liaise with families and co-ordinate care and ensure any changes to care plans are accurate and up to date. We saw that any updates in the person's care was summarised by the key worker when changes occurred.

People's nutritional needs were met by the service. Care plans included information about dietary requirements people had. We saw that staff went to the local food store to purchase food for people. In addition people would be able to accompany staff in order to make food choices. We were aware of one person who was losing weight. The registered manager had arranged for further training to take place in relation to using a malnutrition universal screening tool (MUST). MUST is a five step screening tool to identify adults who are at risk of malnutrition, or obese. It also includes management guidelines which can be used to develop a care plan. It is used in hospitals, community and other care settings and can be used by all care workers. This demonstrated the service was proactive and encouraged best practice which was relevant to the people it supported.

We saw people enjoying their meal during lunch time we noted this was a time convenient to them. On the first day of our inspection some people had lunch out in the local café.

Staff told us communication was good and daily handovers took place. This was supported with a communication book and dairy.

The service had a proactive approach to respecting people's human rights and diversity and this prevents discrimination that may lead to psychological harm. For example, we saw one person refusing to join in during the handing out of certificates for art and crafts awards ceremony. We were told the person disliked too many people and preferred their own company. The service respected this and gave the certificate to the person after the event.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support people needed to stay healthy. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

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 so that they can receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principals of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body and was waiting to hear the outcome of these applications.

Good

Is the service caring?

Our findings

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. We saw good interaction between members of staff and people living at the service. For example, we arrived and caused some confusion for one person who thought we were members of staff, as they were asking us where they were going that day. We saw that staff intervened in a calm and professional manner and took the person to one side to explain who we were. Another person was boisterous and wanted to keep showing affection towards us. Again staff intervened and quietly spoke to the person to defuse the situation.

One relative told us they felt there was good communication between staff. They told us how they would often stop for a chat and a coffee when they visited and that staff were friendly and caring. Another relative commented, "Yes they are quite caring and I can see they work hard." Another relative told us, "They are good at giving feedback and I have a communication book."

Staff knew people's individual communication skills, abilities and preferences. Where communication was difficult, staff used other ways of communicating with people such as Makaton, picture cards and iPad. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's care views were sought through care reviews and surveys.

People's care was not rushed enabling staff to spend quality time with them. For example, we observed certificates being given out to people on the second day of our visit for art and craft achievements. One person was particularly reluctant to stand up to go and collect their award. We saw that staff were very patient and spent time encouraging the person to collect the award. Eventually, the person collected the award and seemed pleased receiving this.

The home was spacious and allowed people to spend time on their own if they wished. We observed people using the large garden and sensory room for one to one support from staff.

The service promoted people's independence. Staff told us "We encourage positive risk taking."
Staff told us that people were encouraged to be as independent as possible. This included choosing what foods to buy and being accompanied to the local shop to purchase the food. In addition people were able to have meals at a time that suited them. We were aware of a 'late breakfast' being served for a person who requested to get up late that day.

Information about advocacy services was available for people. We saw that advocacy services had been requested and used where appropriate. We noted an advocacy professional meeting with one person during our visit. We spoke with the advocate during our visit and they told us the service was responsive to people's needs and promoted individual choices and independence for people.

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Speaking with staff they were able to explain the individual needs of the people they supported. One relative told us how staff had been able to wean their family member off fizzy drinks. They told us, "I am very happy with the way staff have weaned my [daughter] off the fizzy drinks since arriving at Penley Grange as it was used as a reward in the previous place." The relative also told us how their family member is happy to go back to the service after a home visit, and that this was not the case in the previous place. Another relative told us how their family member is always happy to go back to Penley Grange after outings with the family they said, "That speaks for itself."

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved. An example of this was seen in one person's care plan when the staff had identified the person was losing weight. We saw requests for the person to be reviewed by the GP and in addition the service had organised an update in training for staff in the management of weight loss. We saw an outside professional had been booked to deliver updated training in this area. Care plans were focused on the person's whole life and how they preferred to manage their health. Health action plans were in place and described the support the person needed to maintain their health.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

People were empowered to make choices and have as much control and independence as possible. People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. We saw on the first day of our visit most people living at Penley Grange had been supported to attend various community activities. For example some people were at day centres and others were shopping and having lunch out after they had been shopping. We spoke with the registered manager who told us how they were planning more structured events in the coming months. One relative told us how their family member particularly enjoyed trampoline and art therapy. We saw a timetable for activities, however staff told us this was subject to change, as sometimes people changed their minds about what they want to do.

We saw a celebration of people's achievements took place on the second day of our visit. Certificates were given out to people from a professional training organisation. People from the provider's other services also attended this event. Cakes and drinks were given out following the event. This demonstrated the service responded to people's achievements and encouraged people to celebrate what they had achieved. We saw different responses from people during the event and staff intervened where necessary. For example, one person was reluctant to collect their certificate, whereas we saw another person eagerly accepting their award and wanted to go back for more. This demonstrated the diversity of people and that staff knew people well and how to respond to them in a way that promoted their abilities. Staff told us families were sent photographs from the celebration to ensure they were involved in their family member's life as much as

possible.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. We saw there had been no complaints this year.

The service had good links with the local community. Staff were proactive and made sure that people were able to maintain relationships that mattered to them. Relatives told us they were able to visit their family member as they wished. We saw that staff encouraged and supported people to keep in contact with their families.

Good

Is the service well-led?

Our findings

During our previous inspection in May 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems or processes had not been established and operated effectively to ensure the quality and safety of the service was assessed and monitored. The service did not maintain records securely. During this inspection we found improvements had been made and the service was meeting the regulations.

The service had a positive culture that was person centred open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice.
People staff and relatives were empowered to contribute to improve the service. We saw evidence of meetings with people and their families. Discussions took place around the quality of the service and if everyone was happy with the support they received. When communication was difficult we noted some people responded with a 'thumbs up' and a smile to indicate all was well. One family member told us they got invited to meetings concerning their family member and they had recently been invited to a meeting to discuss DoLS.

People's experience of care was monitored through regular reviews with people and their families. We saw this was clearly documented in people's care plans and any changes documented so all staff were aware of the current health care support people required. We saw examples of this when one person was losing weight. We noted the person's weight was monitored more regularly and the relevant healthcare professionals contacted to support the person.

The registered manager regularly worked alongside staff which gave them an insight into how care was provided. They told us, "They (staff) will often come and ask me for advice." Staff told us the registered manager was supportive and they felt they could always rely on them to 'help out' when needed. We saw the registered manager was very much involved during both days of our inspection. During the achievement awards they were busy making drinks and offering cakes to everyone present. One member of staff said they (staff) are looked after well and are hoping for stability. The member of staff was referring to the various registered managers the service has had over the years. They went on to say the registered manager is 'fair but firm' and everyone knew where they stood in terms of what was expected of them.

Quality monitoring systems were in place to monitor the quality of service being delivered and the running of the service. We saw evidence of internal audits carried out on a monthly basis. These were audits of medicine, incidents and accidents, finance and care plans. Where any concerns were noted action was taken. Records had been maintained to a good standard and we were able to locate them easily.

We received positive feedback about how the registered manager ran the service. One relative told us how impressed they were with the new manager and they told us that they seemed very organised. Families and staff said they had confidence the registered manager would listen to their concerns and this would be received openly and dealt with appropriately.

The service had links with the local community and supported people to go out. We saw a summer picnic had taken place and people from other services were invited.

Providers and registered managers are required to notify us of certain incidents which have occurred, during or as a result of the provision of care and support to people. The registered manager had informed us about incidents and from these we were able to confirm appropriate actions had been taken.

People benefited from staff that understood and were confident about using the whistle blowing procedure.