Mrs Eveline Anne Basile

# Penshurst

## Inspection report

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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

Penshurst is registered to provide accommodation and personal care to three people living with a learning disability. People lived with the provider in a large house based on four floors. Each person had their own room and there was a choice of communal areas where people could socialise.

The inspection was conducted on 27 October 2017 and was unannounced. At the time of our inspection there were three people living at the home. At our last inspection, in August 2015, the service was rated as Good. At this inspection, we found the service remained Good.

The provider delivered the majority of the care and support themselves. They had developed positive, supportive relationships with people. People were at the centre of all decision making and said they were treated as members of the provider's family. We observed positive interactions between people and the provider. It was clear they knew each other well and the provider understood people's needs.

People told us they felt safe and secure at Penshurst. The provider had received appropriate training in a range of subjects, including how to protect people from the risk of abuse. Risks to people's health and well-being were assessed and managed appropriately.

Medicines were stored securely and managed safely. One person was supported to manage some of their own medicines. Suitable arrangements were in place to deal with emergencies and people knew what to do if the fire alarm activated.

The provider was an experienced social care professional. They met people's needs effectively and followed legislation designed to protect people's rights.

People's nutritional needs were met through a wide choice of meals based on their needs and preferences. Their health and well-being were monitored and they were supported to attend appointments with healthcare specialists.

People were involved in planning the care and support they received and the way the home was run. For example, they were consulted about changes in the use of communal areas of the home.

The provider had developed care plans to help ensure people's needs were met in a personalised way. They empowered people to make choices and to lead happy, fulfilled lives.

People satisfied with the way the service was run. An appropriate quality assurance system was in place. The provider worked with an external consultant to help make sure they followed best practice and remained compliant with all regulations.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains safe. | **Good** |
| **Is the service effective?**<br>The service remains effective. | **Good** |
| **Is the service caring?**<br>The service remains caring. | **Good** |
| **Is the service responsive?**<br>The service remains responsive. | **Good** |
| **Is the service well-led?**<br>The service remains well-led. | **Good** |

# Penshurst

**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 October 2017 and was unannounced. It was conducted by one inspector.

Before the inspection, the registered manager 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. We reviewed the PIR and other information we held about the home including previous inspection reports.

We spoke with the three people living at the home. We also spoke with the provider. We looked at care plans and associated records for three people and records relating to the management of the service. We observed care and support being delivered in communal areas of the home.

Good

# Is the service safe?

## Our findings

People told us they felt safe at Penshurst. One person said, "Nothing worries me. I really enjoy myself living here." Another person told us "I do feel safe up here [in my room]. I feel secure." We saw people were at ease in the company of, and communicating with, the provider. The provider was an experienced social care practitioner who knew how to identify, prevent and report abuse. They had received safeguarding training, which they refreshed regularly. They also reminded people living at the home of the importance of safeguarding. One person told us, "If anything was wrong, I'd just say and would call [CQC] or safeguarding; but I don't need to as everything is good."

The provider understood the risks to people's health and well-being. These were assessed, monitored and reviewed regularly and people were supported in accordance with their risk management plans. For example, one person was at risk of skin breakdown and had been provided with a pressure-relieving mattress. Another person needed support to use the bath safely. They told us, "I have to use the [bath] hoist as I can't bend. It's more safer for us, so we don't slip." The person added, "[The provider] has rules, but they're good rules for our own safety. I don't always see danger, but she advises me."

People told us the provider was always available to support them. Two people were able to leave the home and engage in activities independently. The third person told us the provider was "always there if I need her". As this person's care needs had increased, arrangements had been made for them to receive additional support from an external care agency, in addition to the support delivered by the provider. The person told us this joint approach was working well.

The provider had not needed to recruit any care staff, although a family member of the provider was employed as a part-time cleaner. Their suitability to work at Penshurst had been verified by conducting relevant checks, including with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services

Medicines were managed safely. Systems were in place to ensure medicines were ordered, stored, administered and recorded safely. One person was able to manage some of their own medicines and took responsibility for ordering, collecting and storing these. One of their medicines was a blood thinner and both they and the provider were clear about the risks posed by this medicine if the person suffered an injury.

Suitable arrangements were in place to deal with emergencies. A fire safety risk assessment had been completed and an evacuation chute was in place, which showed that appropriate arrangements were in place to keep people safe in the event of a fire. People living at the home were clear about what to do if the fire alarm activated. In addition, the provider had attended first aid training.

Good

# Is the service effective?

## Our findings

The provider was skilled in meeting people's needs. They had a wealth of experience and had completed refresher training to help ensure they were able to support people effectively. One person said the provider had supported them with their mental health and told us, "If it wasn't for [the provider], I wouldn't be here today." The only other staff member was a cleaner who visited to clean once a week. They had completed first aid training and arrangements were in hand for them to complete other training relevant to their role, including safeguarding and infection control.

The provider followed the principles of the Mental Capacity Act, 2005 (MCA). The MCA provides a 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 should be made involving people who know the person well and other professionals, where relevant.

Some of the people living at Penshurst had a degree of cognitive impairment. However, in line with the MCA, rather than make decisions on behalf of people, the provider supported people to make their own decisions. For example, they helped people understand the medicines they were taking, so they could make an informed decision about taking them. This avoided the need to make a best interest decision on behalf of the person and promoted their independence.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, the provider understood when an application should be made and how to submit one.

Nutritional assessment had been completed for each person living at the home detailing the type of diet they required, together with any support they needed to maintain it. The provider was aware of people's food preferences and went to great lengths to meet these by offering a wide variety of meals. One person told us, "There's a good choice. I like pizza and chips and shepherds' pie and I do get them." The provider was flexible with the timing of meals to fit in with people's schedules; for example, one person was given an early lunch to fit in with a hospital appointment. People were offered a wide variety of meals to meet their individual preferences and needs.

People told us they enjoyed all their meals. One person said, "The food's out of this world, it's lovely." Another person said they were being supported to eat healthily as they wanted to lose some weight. They told us "I need to lose some weight as [being overweight] is bad for my heart. [The provider] understands all that, that's why I'm on a diet."

The provider monitored people' health and well-being. People were supported to attend regular appointments with doctors and specialists. One person had diabetes and needed to monitor their blood sugar levels. They told us, "My levels are the best they've been for ages." Another person needed daily support from the community nursing service and records confirmed they received this.

Good

# Is the service caring?

## Our findings

People lived as part of the provider's family in a homely environment and were treated with kindness and compassion. One person said of Penshurst, "It's not a [care] home, it's a family. [The provider] is a lovely person with a warm heart." Another person told us, "Being with [the provider] is lovely. She is a nice lady. She is kind to me."

We observed caring interactions between people and the provider. For example, before people went out, the provider talked to them about where they were going and what their plans were. This was done in a positive way, showing an interest in the person and their life. One person talked openly with the provider about a relationship they were developing and told us they valued the provider's advice and guidance. They said, "[The provider] doesn't treat me like a kid; she treats me like an adult. We have a good rapport and I respect her."

People were encouraged to be as independent as possible. One person said of the provider, "She will advise me but doesn't tell me what to do. She lets me do my own thing." Another person told us, "She helps me organise my [medical] appointments. I didn't used to be able to go to appointments on my own, but now I can go to some. I like doing things on my own, it makes me feel independent."

People were encouraged to maintain and develop relationships that were important to them. One person talked about a friend they were encouraged to meet. Another person said, "I'm really happy living here, but I still visit people at [my previous home]." All the people living at Pensurst told us they got on well together and enjoyed each other's company. One person was waiting for an ambulance to take them to a hospital appointment and another person had volunteered to travel in the ambulance with them for support. The person told us this arrangement "helps me quite a lot". It was an example of the close, mutually supportive relationships that people had developed, which they said made the home feel more like "a family".

People were involved in planning the care and support they received and were at the centre of all decision making. A new person had recently moved to the home and this had changed the dynamics of the group. In response, the provider had consulted people and agreed to change the living areas around to enable people to use a larger lounge that was better suited to their needs. One person told us, "I need to plan and think about things in advance and [the provider] gave us time to think about the change."

People had their own bedrooms. Bedroom doors had locks, although people chose not to use these as they said their privacy was never compromised. Two people needed support to use the bath and told us the provider helped them with this in a respectful way that protected their dignity. Confidential information, such as care records, was kept securely and could only be accessed by the provider.

The provider described how they took account of each person's character, culture, beliefs and preferences when supporting them. For example, they were aware that one person had chosen not to follow their previous faith and that another person had accessibility needs when visiting healthcare services.

Good

# Is the service responsive?

## Our findings

People told us the provider was responsive to their needs and supported them in a personalised way based on their preferences, wishes and individual needs. One person told us a long-term health condition had improved greatly since moving to Penshurst as they were "more settled and happy".

People were supported to lead happy and fulfilled lives in the least restrictive way. They were empowered to make choices about all aspects of their lives, including what they did each day, where they went and how they spent their time. They told us about a wide variety of community-based activities they were supported to take part in, from local clubs to voluntary work. One person said, "[The provider] lets me do my own thing; I'm enjoying myself here. I watch TV and go down town. I do singing and learn about money and maths." Another person preferred to stay in their room, where they enjoyed a panoramic view of the town and liked watching a particular form of transport. They told us, "I don't get bored. There's always something to look at." A further person told us they enjoyed helping the provider to prepare meals. They said, "I help with the shopping and help with the dinner. I like helping [the provider] with the meals." The provider had also supported the person to obtain a food hygiene certificate to help them understand the need for good hygiene in the kitchen. The person told us they were "proud" of this achievement.

Care plans had been developed in line with people's needs and the way they wished to be supported. Records of the care and support delivered were maintained and showed people had been supported in accordance with their plans and their wishes. The provider had an extensive knowledge of each person's needs and any underlying health concerns. When people's needs changed, their care plans were reviewed to make sure they remained up to date and fit for purpose. For example, one person's care plan was being re-written to reflect the support they were receiving from the care agency.

The provider had a positive, open, relationship with people, so did not need to use formal complaints procedures to resolve concerns. Any issues raised were dealt with immediately as and when they arose. The views of people were sought on a daily basis and people were listened to, for example in their choice of meals and the way their rooms were decorated.

Good

# Is the service well-led?

## Our findings

People told us, and we saw, that there was a positive, relaxed, atmosphere at Penshurst. The three people living at the home had distinct and individual needs. They were each satisfied with the way the service was run. None wished to move from the home and none could suggest any ways that the service could be improved. One person said "[The provider] is good, she's the best. I'm much happier here than anywhere else I've been."

The provider had a clear set of values which they worked to on a daily basis. These included treating people with honesty, openness, dignity and respect. These had helped them to build positive, trusting relationships with people. One person confirmed this when they said of the provider, "You can trust her, she doesn't lie." The provider had contact with everyone living at the home throughout the day. They continually sought feedback and consulted people about all issues relating to the running of the home.

The provider had shared the findings and ratings from the previous inspection with people. One person was even able to quote from the previous inspection report and told us they were pleased the home was rated "good". The provider was aware of their responsibilities to notify CQC of significant events, such as safety incidents and complied fully with the requirements of their registration.

The provider had an appropriate system in place to assess, monitor and improve the quality of service they provided to people. The size of the service did not warrant a formal quality assurance framework as most care was delivered by the provider directly. However, the provider was continuing to work with an external consultant to help ensure their practice remained up to date and they remained compliant with all regulations.