

Centurion Health Care Limited

Penley View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Penley View is a residential care home providing personal care to six people with learning disabilities in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was registered for the support of up to six people. Four people were using the service at the time of our visit.

People's experience of using this service and what we found

This is the first inspection for this newly registered service. The registered manager was managing three services at the time of our inspection. The lack of management oversight impacted on the running of the service. Following the inspection, we spoke with the provider, who assured us they were looking into various options to improve the management oversight of the service. Recruitment was on going and the provider assured us they would make sure senior staff would be in place within each service to oversee the management of the service until permanent staff were in place.

People's relatives told us they did not think there were enough staff, however during our visit we observed there were. Staff from another registered service operated by the provider were covering gaps in the rota. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Overall the service was safe, however we found some aspects needed some extra consideration. Records, related to medicines were not always accurate, we have made a recommendation about the safe recording of medicines. Food was not always stored in a safe way. The front door had a key lock even though it was a fire exit, we asked to see a fire risk assessment with regards to this specific concern, but none was forthcoming. Following the inspection this was changed to a keypad. We noted there were no systems in place to summon help from other staff members if needed.

We found improvements could be made to the records related to incidents and accidents. It was not always clear what actions had been taken before and after an incident. We could not see from the records how the service prevented a reoccurrence. Concerns had been raised to the clinical commissioning group (CCG) in relation to the staffing levels, and the lack of detail in care related records and records related to people's

challenging behaviour.

Following the inspection, we requested records of staff training related to fire safety, these were not forthcoming. There was no evidence therefore, staff had completed the necessary training as required by the fire risk assessor. Records related to staff training were not up to date or accurate. Although the training matrix was not up to date at the time of our inspection, the registered manager told us they would update it. Following the inspection, the registered manager sent us the matrix but agreed it was still not up to date.

For other areas of care and the environment, risk assessments were in place and the maintenance of equipment meant they were safe to use.

People were supported to eat and drink sufficiently to maintain or improve their health. Staff worked alongside other health and social care professionals to ensure the care provided was appropriate. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were supported by the registered manager and provider. People were treated with respect and kindness. Staff took advice from people's families and professionals to ensure the care provided was in people's best interest and in line with their choices and preferences. The service had systems in place to assist people with two-way communication. This was important in order that people could maintain some control over their lives and make choices about how their care was provided.

Safe recruitment systems were in place to minimise the risk of unsafe staff working with people. Staff were knowledgeable about the appropriate action to take if they were concerned about a person's welfare. Staff were confident to whistle blow if they were worried about aspects of the service that may not be in people's best interest.

Work had been undertaken to make the service compliant with the Accessible Information Standards (AIS) however the staff needed to utilise the systems they had in place more thoroughly for the benefit of people using the service. This was agreed by the registered manager. We have made a recommendation about the AIS.

People were supported to maintain relationships with people who mattered to them. People appeared well cared for by staff who knew them. The relationships between staff and people were developing. The service was still relatively new, and the provider assured us they wished for the service to be stable before any more people moved in.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21 December 2018 and this is the first inspection.

Why we inspected

We inspected this service in line with our inspection schedule.

Enforcement

We have identified breaches in relation to safe care and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Penley View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an inspector.

Service and service type

Penley View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service since its registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with four members of staff including the provider, registered manager, and two support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and four people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection we spoke with three relatives on the telephone about their observations of the care provided. The provider sent us documentation we had requested during our visit, although, not all the information we requested was sent to us. We spoke with a health care professional, an environmental health advisor and a member of the fire and rescue service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- We found there was an open culture and incidents and accidents had been recorded. However, no action plans were in place to evidence the learning and the actions taken to prevent a reoccurrence. This meant the service was unable to evidence how they had made improvements to the service.
- One person's relative told us when incidents occurred the records did not reflect in detail what had happened. This meant the service could not analyse what the triggers may have been and how best to improve the situation for the person. We found some records related to supporting people with behaviour that was challenging were not sufficiently detailed to guide staff on the correct way to support people. Records of how people had been supported were not clear.
- The assessments and management of risks was not always effective. We noted there were no systems in place to summon help from other staff members if needed. For example, there were no emergency alarm systems in place throughout the building. We asked staff how they obtained assistance, they told us they had to shout for help.
- We also saw portable halogen heaters were situated around the building, there were no risk assessments in place for these, this was important as these are a fire and burn risk to people. The provider subsequently told us these heaters were not being used and have now been removed them from the building.
- During our visit to the kitchen we found food was not always stored safely. Food in the freezer and dry food was not always labelled when opened or kept in sealed packaging. This placed people at risk of harm.
- The front door was a fire door, this was also locked using a key lock. We asked the registered manager to send us a copy of the fire risk assessments related to the use of the key. This was not forthcoming. The provider subsequently told us the lock had been replaced with keypad system which would automatically release in the event of a fire.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care planning had considered the risks to people and staff. Risk assessments were in place in relation to the care being provided to people. For example, for one person required Percutaneous Endoscopic Gastrostomy (PEG) feeding tubes. (A PEG is a way to give food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach.) The risk assessment gave clear directions to staff if there were any problems with the PEG on what action staff should take.
- Environmental risk assessments were in place, and maintenance contracts ensured equipment for fire

protection and electrical equipment were safe to use.

Using medicines safely

- There was a medicine policy in place to support medicines management. Staff received training in how to administer, store and destroy medicines safely. Their competence was assessed annually.
- However, we saw medication administration records (MAR) were sometimes hand written. A blank MAR chart was photocopied and filled in by staff. Good practice required two staff to check the inputted information was correct and accurately reflected the prescription. When satisfied the information was correct both staff should have signed the form. This had not happened. The provider subsequently took action to ensure the form was being double signed.
- We found each form had two pieces of prepopulated information on it which were duplicated each time it was photocopied. This information had gone unnoticed when staff had hand written the medicine details. The prepopulated information stated the administration route of the first medicine recorded on the form was oral. The second medicine to be administered was via the ear. This placed people at risk of harm as not all medicines are taken orally, and few are taken via the ear.
- This highlighted the need for the information to be double checked and audited regularly. We brought this to the attention of the registered manager who told us they would deal with this immediately.

We recommend the provider consider current guidance on the safe recording of medicines and act to update their practice.

Staffing and recruitment

- Staff told us they felt there were enough staff working with people. People's relatives told us they did not feel there were enough staff. However, we observed there were sufficient numbers of staff to support people during our visit.
- Staff from another registered service operated by the provider were covering gaps in the rota. When needed agency staff had been employed. From looking at the rota we could see the full complement of staff was being provided.
- Systems were in place to ensure new staff were suitable to work with people. Checks included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and address. DBS is an organisation in England and Wales which provides criminal records checks for employers or employees.

Preventing and controlling infection

- Systems were in place to manage, control and prevent the spread of infections. Staff were familiar with their responsibilities in this area of care. We saw appropriate protective personal equipment (PPE) was used when staff were providing personal care and assisting people with meals. Alcohol gels were available to staff who wore them on their person. Colour coded cloths and mops were used to clean the premises.

Systems and processes to safeguard people from the risk of abuse

- All staff had received training in how to identify indicators of abuse and what action to take if they had any concerns. Staff told us they would have no hesitation in reporting any concerns. Staff understood their responsibilities in protecting people from abuse.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they felt suitably trained and clear about their roles and responsibilities. Staff told us their training was up to date, however when we cross referenced the fire risk assessment requirements for compliance, we were unable to match the required training to the records.
- The fire risk assessment dated June 2018 stated, "All staff need training in the practical use of fire extinguishers." "All staff need training in the role of fire warden." We asked the registered manager to provide us with evidence this training had taken place. This information following the inspection was not forthcoming. The training matrix demonstrated staff had received theory training in fire awareness and two staff had out of date training in "Fire principles". This was required annually and had been completed in 2018.
- We found it difficult to ascertain from the training matrix how many staff had completed each subject as information was not up to date or accurate. The registered manager confirmed this when we queried the information. This did not enable the provider to be confident staff had been trained and had up to date skills and the knowledge to carry out their role.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).

- Staff told us they felt supported by the registered manager and the provider. They told us they received support through monthly supervision and regular team meetings. One staff member told us "[Name of registered manager] is the mother of all. She gives ears to all of us. The residents come first, if she has a happy team the residents are happy." Staff received training through induction which included areas such as safeguarding and moving and handling. Supervision was provided regularly for staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficiently to maintain or improve their health. We observed lunch being served and the support people received. People were supported in a discreet but friendly way. Staff were aware of their needs and did not rush people but allowed them to eat at their own pace.
- Where people needed additional help with obtaining nutrition through a Percutaneous Endoscopic Gastrostomy (PEG), staff were trained to do so by specialist advisors. A PEG is a feeding tube which provides nutrition to people who cannot obtain nutrition by mouth, are unable to swallow safely, or need nutritional supplementation.
- Pictures were used to assist people to make food choices. People were able to have an alternative meal if

they did not want the one being offered to them. Staff were aware of people's nutritional needs and their weights were monitored to enable them to maximise their health.

Staff working with other agencies to provide consistent, effective, timely care

- The service had liaised with GPs and other health professionals when required. Support was being offered to staff by an occupational therapist on the use of sensory stimulation. The dietetic service was used for advice on assisting people with their dietary needs. This enabled staff to acquire skills and knowledge that enabled them to respond to people's health and care needs when required to do so.

Adapting service, design, decoration to meet people's needs

- The service was situated in an extension building adjacent to an established residential care home for adults with learning disabilities. Both buildings could be accessed through a link door on the first floor. The provider told us this would only be used in the event of a fire. Each person had their own bedroom which was decorated in their preferred way with their own accessories.
- The first floor was accessed by a stair way, however, there were some bedrooms available on the ground floor.
- We discussed with the registered manager how they intended to decorate the lounge and dining area. They told us they were looking into ways of introducing decorations that people liked and could tolerate.
- We saw each person had decoration in the hall way outside their bedroom door, indicating whose room belonged to whom. These were bright, cheerful and welcoming.
- The land around the service enabled people to enjoy the countryside. One person's relative told us the location met the person's sensory needs, as it was a quiet location away from noise.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals such as the GP, dietitian, district nurses and the clinical commissioning group. Where advice was given this was incorporated into the person's care plan.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were not able to make decisions for themselves, significant others had power of attorney for health and welfare and were able to make decisions on their behalf. Best interest processes were followed to ensure any decisions made on the person's behalf was in their best interest. For example, one person was given covert medicine. This meant it was hidden in food. This had been agreed by the GP to ensure the person took their medicine, as this was in their best interest.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the service. Care plans and risk assessments were drawn up to guide staff on how to care for people in line with their preferences. Care plans reflected people's physical and psychological needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and kindness. We observed people being supported by staff. During one interaction the staff member demonstrated a sensitive approach by gently moving a person's hair out of their face whilst they were eating. They communicated with the person in a way the person understood. The person was comfortable with them, and the atmosphere was calm and considerate.
- Staff were described by people's relatives as "caring" and "quite nice". People were treated equally. There was a diverse group of staff from different cultures. There was no evidence of discrimination towards people or staff. Staff spoke positively and respectfully about the people they were caring for. Staff spoke courteously towards each other and appeared to support each other well.

Supporting people to express their views and be involved in making decisions about their care

- Where possible people were able to be involved in decisions about how they spent their time and the aspects of care they wished to be supported with. For example, one person enjoyed walking in the woods and staff supported them to do so. Staff took advice from people's families and professionals to ensure the care provided was in people's best interest and in line with their choices and preferences. Although people were not always able to verbally communicate how they felt, staff were knowledgeable about how to care for them. Where significant others in people's lives held Power of attorney, they were able to advocate on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was protected, and they were treated in a dignified manner by staff. We observed staff spoke with people in a respectful way, calling people by their preferred name and knocking on doors when visiting their room.
- Some people closed their bedroom door, this indicated to staff they did not want their company and wished to be alone. We saw staff respected this.
- Staff told us they encouraged people to be as independent as possible by "giving them (people) choice." One staff member told us they encouraged people by praising them for what they had achieved. They protected people's dignity by ensuring their privacy was maintained during personal care. We observed this to be happening in the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People did not always communicate verbally. Sometimes they used body language, verbal language or facial expressions. Some people used sign language and understood pictures and symbols. Each staff member had access to a key ring with several cards attached with pictorial key words such as drink. We were told these were used to aid communication with people, however we did not see these in use, they remained in a box in the office, only one staff removed some after they had demonstrated their use to us.
- In the same box were further larger symbols and pictures, used to compose social stories. A social story is a simple description of an everyday social situation, they help people to deal with unfamiliar social events.
- The service had systems in place to assist people with two-way communication. This was important in order that people could maintain some control over their lives and make choices about how their care was provided. Although some people could use simple signing, we did not see staff use this to encourage people's participation. Staff told us they had received training in the use of Makaton (simplified sign language) and one demonstrated the signs they knew.
- We discussed with the registered manager how this could be improved. They told us they would encourage staff to use the picture cards more.
- Care plans did outline each person's care needs, however, the detail of records around supporting people with behaviours that challenged required more detail. People's health needs were not all documented in care plans or risk assessments to ensure staff were fully aware of the health needs of the person and the risks involved. This was something we discussed with the registered manager who told us they would act on.

We recommend the provider consider current guidance on AIS and take action to update their practice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with people who mattered to them. However, relatives told us they were not always receiving activities that were stimulating. For example, one relative told us when they visited the service, one person was always alone doing the same activity with no support from staff. We were informed by the provider this was the person's preferred activity.

- On the first day of our visit we observed this to be happening, although staff were available to the person.

Improving care quality in response to complaints or concerns

- We were told there had been no complaints made to the service since it's opening, however we were made aware following the inspection that concerns had been raised to the CCG. This was in relation to the staffing levels, and the lack of detail in records related to incidents and people's challenging behaviour.
- We understood from the clinical commissioning group (CCG), meetings were being held monthly with the registered manager and family members and an action plan had been put in place to ensure improvements were being made. We were informed a new action plan would be drawn up by 13 March 2020 and a further meeting was to be held. People's relatives told us they knew how to raise concerns and had done so when they felt it was needed, but no official complaints had been raised. They told us they were listened to, and improvements to the service were ongoing.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was managing three services at the time of our inspection and on some occasions working directly with service users. This meant the time spent on management oversight of the service was reduced.
- We found areas of risk that had not been identified or addressed. Relatives told us the provider does not "Keep us up to date with what is happening." "We don't ever hear what is going on unless we ring up and find out." And "Communication could be better, when you ring no one answers and emails are not responded to." We experienced the same problem trying to request information from the registered manager following the inspection.
- The provider had planned for a registered manager and deputy manager to oversee the management of this service, and for a short period of time this had happened. At the time of our visit this was not the case. The provider was taking steps to address this through recruitment. The registered manager appeared to be struggling to manage all the services, at a time when Penley View was new and still being developed.
- We expressed our concerns to the provider at the time of the inspection, not because we felt the registered manager was incapable of carrying out their role, but the task was too big for one person.
- Following the inspection, we spoke with the provider who assured us they were looking into how to fill the management vacancies in the short term. This was either by upgrading staff to manage each service or using agency managers. They were in the process of employing new management staff to ensure the services were safe and well led.
- Relatives gave us mixed opinions as to whether the service was well led, one said "They have a bit of a way to go yet." Another told us they had no complaints about the service but would like more communication and contact to keep them updated on how the service was developing.
- We found there were incomplete records and there was a lack of systems in place to ensure staff training records were up to date and accurate. When we requested information, this was not always provided. This did not demonstrate the service was well managed.
- Audits had been completed in areas such as care plan reviews and health and safety checks. further audits needed to be completed to ensure the areas we found were identified and improved.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.(Good governance).

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager told us they would discuss duty of candour with the staff during a team meeting to make certain they understood their role and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The aim of the service was to provide good outcomes of care for people, and during our inspection we found this to be the case. People appeared well cared for, happy and spent time out in the community. Mostly care was person-centred, some improvements were required to records to reflect this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had only been opened since the summer of 2019. We were not aware of any public engagements other than those of family and friends. Community activities allowed people to socialise with the public.
- Care plans contained information about people's lives, family relationships, likes and interests. This helped staff to understand people's life history and what was most important to them. This encouraged meaningful interaction with people.

Working in partnership with others

- The service worked with other organisations to ensure people received effective and continuous care. For example, healthcare professionals. They were working alongside the CCG to improve the service to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment; and do all that is reasonably practicable to mitigate any such risks.</p> <p>12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>17 (1) (2) (a) (b)</p>