Parkview Society Limited (The)

Pennhaven

Inspection report

36 Powderham Crescent
Exeter
Devon
EX4 6BZ

Tel: 01392255588
Website: www.parkviewsociety.org.uk

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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

This inspection took place on 8 December 2015 and was unannounced.

Pennhaven provides accommodation with personal care for up to 8 people with mental illness. The home is situated within walking distance of Exeter city centre. On the day of the inspection there were 8 people living there.

The service had a registered manager. 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 home supported people recovering from mental illness. Staff worked with them to increase their confidence and independence, with a view to moving into the community where appropriate. They worked collaboratively with external health professionals to meet people's needs.

Regular supervision and relevant training gave staff the necessary skills and knowledge. They knew people well, and had a good understanding of their needs. This meant they were able to manage risks to people, while supporting them to make choices and feel in control.

Detailed risk assessments contained clear information about how to recognise when people were at risk, and what action staff should take. Staff worked openly and honestly with people, ensuring they were fully involved in identifying and agreeing the goals in their care plans, and in agreement with any plans to keep them safe. They encouraged people to make positive, informed choices, at the same time acting to keep them safe when their behaviour put them at risk of harm. They treated people with dignity and ensured that their confidentiality was respected.

People were supported to manage their own medicines as part of their transition towards independence. Systems were in place to ensure that their medicines were managed safely.

People lived independently with support available as they needed it. They chose how and where they wanted to spend their time, and were encouraged to engage in activities which were geared towards increasing confidence and building links with the community. They were encouraged to contribute to the running of the home by participating in a cleaning rota and cooking for everyone once a fortnight. One person told us, "The best thing is the meal in the evening. It's a proper meal every day. It makes it feel more like the real world".

The provider and registered manager were proactive in working to improve the quality of care provided. The registered manager participated in a number of forums for exchanging information and ideas and fostering best practice. She ensured this information was shared with staff, and supported them in their professional

development.

Quality monitoring systems were in place, and effective in identifying areas for improvement. People at the home and staff were encouraged to express their views, enabling the service to provide care which met their individual needs and was of a high standard.

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.

Staff managed risks to people, while supporting them to make choices and feel in control.

There were systems in place to ensure medicines were managed safely.

There were sufficient numbers of staff to keep people safe and meet each person's individual needs.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's support needs and provided care and support in line with their care plans.

People received effective care and support from staff trained in providing care for people with mental health needs.

People had access to healthcare services and received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

They encouraged people to make positive, informed choices, at the same time acting to keep them safe when their behaviour put them at risk of harm.

People were fully involved in drawing up their care plans and agreeing goals.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences.

Staff responded to changes in people's needs.

Activities aimed to increase people's confidence, and support them towards more independent living.

Is the service well-led?

Good

The service was well led.

The service promoted an open and caring culture centred on people's individual needs.

The registered manager and staff participated in a number of forums for exchanging information and ideas and fostering best practice.

People were encouraged to provide feedback, to ensure quality assurance was meaningful and effective.

Pennhaven

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 7 December 2015 and was unannounced. It was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other data and enquiries. We looked at the information in the Provider Information Return (PIR) completed by the registered manager prior to the inspection. 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. At the last inspection on 23 October 2013 the service was meeting essential standards of quality and safety and no concerns were identified.

During the inspection we spoke with three people using the service, four members of staff, the registered manager and three external health professionals. We reviewed three care plans and other records relevant to the running of the home. This included four staff recruitment and training records, medication records, accident and incident files and feedback questionnaires.

Following the inspection we telephoned two people's relatives to gain their views on the care and support provided by the service.

Good

Is the service safe?

Our findings

People living at the service told us they felt safe. Comments included," I feel safe here. The staff are understanding" and, "I feel very safe living here because the office is right near the front door. I have my own front door key".

People's relatives told us they did not have any concerns about their relative's safety. "For them to be somewhere where you know they are safe and looked after. It's a nice feeling."

People were protected from the risk of abuse through the provision of policies, procedures and staff training. Staff knew how to recognise if people were vulnerable to abuse, and how to report any concerns. They were aware of the service's whistleblowing policy and told us they would feel confident to use it. Where allegations or concerns had been bought to the registered manager's attention they had acted to make sure issues were resolved and people were protected.
'Safeguarding' was always on the agenda at staff meetings, which meant any concerns were shared and discussed with the staff team, and at the staff handover between shifts.

People were free to come and go, and staff were proactive in monitoring their well-being. They described how good relationships and communication helped them to recognise whether people were vulnerable and at risk. They told us, "If they want to talk they will. Developing listening skills and the quality of the relationship is crucial because you need to have the trust".

Risks of abuse to people were minimised because the provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the home. Staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. The DBS checks people's criminal history and their suitability to work with vulnerable people.

There were sufficient numbers of staff deployed to meet people's needs and to keep them safe. One person told us, "Oh yes there are plenty of staff to meet your needs".

Staff managed risks to people by undertaking detailed risk assessments. They contained clear information about how to recognise when people were at risk, and what action staff should take. For example, for someone at risk of absconding, staff were guided to ensure they were aware of the person's history, mental health and possible triggers, to follow the service's missing person's procedure and report their concerns to the care team and manager.

Staff ensured people were well informed about risks, and in agreement with any plans to keep them safe. This meant they were able to make choices and feel in control. For example, the manager had written to people to warn them of the dangers of 'legal highs'. The research and risks were clearly explained, and people had signed to show they had read and understood. "Legal highs can be extremely dangerous, so please don't take them. We care about you and want you to stay safe. If you would like more information

please talk to staff who will be able to discuss your feelings with you".

Systems were in place to ensure people received their medicines safely. Medicines were kept in a locked cabinet in the office, or locked away in people's rooms if they were self-medicating. Care staff completed medicine administration training before they were allowed to administer people's medicines. The service supported people to manage their own medicines as part of their transition towards independence. This was a gradual process which required individualised support according to how independent people were. A formal risk assessment was carried out, and a contract drawn up with the person, with clarity around responsibilities and monitoring arrangements. This was reviewed regularly. We looked at the medicine administration system, and saw that there were different signing out sheets according to whether people took their medicine in front of a member of staff, or were self-medicating, which helped ensure the correct medicines were administered for everybody. We observed three people being given their medicines and saw the signing out sheets were completed in line with this system.

Staff had a good understanding of the policy and procedures related to accident and incident reporting. Records were clear and showed appropriate actions had been taken. The manager reviewed these records, which allowed them to understand any causes and identify wider risks, trends and preventative actions that might be needed to keep people safe.

There were plans for responding to emergencies or untoward events. A range of health and safety policies and procedures were in place to keep people and staff safe. Fire doors were in place and a smoke detection system was inspected and serviced regularly by an approved contractor. One person, who was hard of hearing, had a smoke alarm in their room. Fire checks and drills were carried out in accordance with fire regulations.

People did their own laundry with staff support if they needed it. They were given guidance to minimise the risk of cross infection by washing soiled items at the correct temperature.

Health and safety checks were carried out every month, to ensure the physical environment in the home was safe. Cleaning tasks were done by the people living in the house, for which they received money, as a 'thank you' for doing the job. Staff told us it was part of their licence agreement, and a way of encouraging people to contribute to their community and take responsibility for their environment. People also took part in periodic 'deep clean and takeaways' nights. Their contribution was valued at the residents meeting, "Pennhaven staff would like to thank all those who have worked every day to keep Pennhaven looking nice and tidy and fresh looking".

Good

Is the service effective?

Our findings

People's needs were met effectively. Relatives commented," "[The person] looks well. They have their meals on time. It's clean. They always look well", and," It's great the way [the person] is looked after".

There was a stable staff team. The registered manager told us they had used agency staff once in the last 20 years. This meant staff knew people at the service well and had a good understanding of their individual needs.

Care and support was provided in line with care plans. A health professional told us, "They work collaboratively with us. They understand people's behaviours and recognise their known relapse signature". A 'relapse signature' is a way of identifying the early warning signs that someone is at risk of a psychotic relapse.

There was a comprehensive three week induction programme for new staff during which they met people living at the home and read their care plans, to learn about their support needs. They familiarised themselves with the policies and procedures at the service and completed key training, including safeguarding. All staff were going to complete the new 'Care Certificate'. This qualification ensures that all staff have the introductory skills, knowledge and behaviours needed to provide safe, high quality and compassionate care.

Staff had an annual appraisal, and formal supervision with the registered manager every six weeks. This was an opportunity to discuss strengths, training needs and reflect on their practice. For example, the registered manager told us she had been supporting staff to understand the effect their own personalities had on their interaction with people. Staff said they found supervision helpful and supportive. "She always asks if we have things to bring up, and will tell us if things need correcting. It's done somewhere out of the house, over coffee and lunch". This meant there were no interruptions and they could focus on the supervision session. The registered manager was careful to ensure that confidentiality was maintained by choosing a setting where they could not be overheard.

An ongoing training programme helped staff to develop and maintain the skills and knowledge needed to support people at the service, and a member of staff had responsibility for ensuring this was kept up to date. This included safeguarding, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, administration of medicines, fire awareness, infection control, listening skills and 'how to fill in person centred care plans'. Staff had identified additional training needs related to mental health, but relevant courses were not currently available. The registered manager was therefore developing in- house questionnaires, on topics such as schizophrenia, to support their learning in the meantime. Staff were encouraged to undertake qualifications and four were completing diplomas in health and social care, or management. They told us they were happy with the level of training provided and that it helped them to do their job.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).

The 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. The service had an MCA policy and staff had received training in the requirements of the Act. The people living at Pennhaven had capacity, when well, to make decisions about their care, and were supported to do so. If there was any concern about a person's ability to make decisions, staff would ask for support from health and social care professionals.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Staff had received relevant training, although to date nobody living at the home had required assessment under DoLS.

A choice of meals and snacks was available whenever people wanted them. People took it in turns to cook for everybody living at the home once a fortnight. They told us they enjoyed doing the cooking, and were thinking about what they would make next time it was their turn. One person told us, "The best thing is the meal in the evening. It's a proper meal every day. It makes it feel more like the real world". People were given a budget of 15 pounds and went out with a member of staff to buy the ingredients. There were colour coded chopping boards and knives to ensure safety with food preparation, and guidance about water temperatures and safe hand washing techniques on the kitchen wall.

People were encouraged to eat healthily, while their choices were respected. Staff did this through individual discussion and writing care plans with people, as well as group discussion at residents meetings and providing written information. Staff provided support to people with special dietary needs, helping them to access specialist help as required.

Staff supported people to keep health appointments, and care plans showed health professionals had been consulted appropriately. This meant people were supported to maintain good health.
The health professionals we spoke with told us staff at Pennhaven worked collaboratively with them to meet the needs of the people there. "The Manager is very professional and experienced and always gets back to you within 48 hours. She is a collaborative worker. She works with you…and is appropriate in her contact with external professionals and clients".

Good

Is the service caring?

Our findings

In the Provider Information return (PIR) the registered manager stated, "Staff treat people with dignity and respect by accepting they are individuals with individual needs and choice". This was confirmed by the people we spoke to. Comments included, "Everybody's really nice to me", and, "They knock before they come in. They respect your space". A relative said, "I'm very grateful that [the person] has this placement. It's as near to a home life as they could have. I'm glad they are safe and looked after ".

People chose how and where they wanted to spend their time, and were coming and going throughout the inspection. They had their own front door key and valued the fact they could be independent, with support if they needed it.

Training and supervision supported staff to see people as individuals and treat them with respect, even if they did not share the same values and beliefs. We observed this to be the case. For example, staff introduced us to people as they came into the office for their medicines, and asked if they minded us being present. They took the time to listen and respond to any queries or concerns.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. A notice in the office reminded staff to respect people's confidentiality by shutting the door when giving hand overs, as they could be overheard from outside.

Care plans contained good information about people's history, support needs, risks and signs of becoming unwell. This helped staff understand how best to support people and respect their choices. Each person had their care needs reviewed with them on a regular basis which enabled them to make comments on the care they received and review their goals.

Staff spoke knowledgeably and with compassion about people's needs and some of the challenges they faced. They encouraged people to make positive, informed choices, at the same time acting to keep them safe when their behaviour put them at risk of harm. They developed open, honest relationships with people to allow them to work in this way, sharing any concerns about their physical or mental health needs. They told us that care plans were the '"culmination of a number of chats beforehand", and that people were "fully involved in drawing them up and agreeing goals". This approach helped people recover from their illness and move on when they were ready. A health professional told us," "It's a really good placement for people who have come out of an institution. It helps them to feel confident and get back on track. People don't relapse when they go there".

The registered manager had considered how the service could be more supportive to people of different cultures and faiths. She knew where to access interpreters, and a member of staff had compiled information about local resources that could meet people's emotional and spiritual needs, like the mosque and catholic church.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were supported to make choices about all aspects of their day to day lives.
Prior to admission the registered manager visited the person to complete an assessment. This was to make sure the home was appropriate to meet the person's needs and expectations. Arrangements were then made for them to visit Pennhaven for an informal chat about the service and the way staff worked with people to support their recovery. They could then come for an evening meal and, depending on their anxiety levels, for further meals and an overnight stay. Staff told us, "We want to make it as comfortable and easy a transition as we can for them".

New people moving into the home were given a 'Residents Welcome Pack' which provided essential information about facilities, the key worker system and the location. House rules and expectations were clearly explained, such as the fact that smoking was not allowed in the building, there was a rota for cleaning and cooking and there were guidelines for staying out after 11pm. It was clear that the use of unprescribed drugs, abuse of alcohol, and violent and disruptive behaviour would lead to the person being asked to leave. This helped them to understand the routine and boundaries, and minimised risks to them and others living at Pennhaven.

People were allocated a key worker, with responsibility for overseeing their care. Care plans were completed within their first week, and looked at people's support needs related to medication, diet, spiritual needs, psychological and health needs, and social needs. They were written with the person, to identify goals and the outcomes they wanted. For example, one person's goal was to look at self-medicating by a certain date. Their care plan asked, "How would you like your time at Pennhaven to support you to achieve your goals?", "Who do you feel can realistically give you this support?" and "How often do you feel you need this support?" The review date was set in advance and the outcome recorded. Care plans also contained signed agreements, related to the way in which care was provided. This meant that care plans were current and person centred, helping people to feel in control and motivated to achieve their goals.

The staff responded to changes in people's needs. For example, there was concern that one person's physical and mental health was deteriorating and they were putting themselves at increasing risk. Staff recognised that the person now needed specialist input, and supported them to access this through appointments with external health professionals.

In the Provider Information Return (PIR), the manager commented, "Our client group are able to express their likes and dislikes but often lack motivation, staff will attempt to find ways to motivate clients to do what they want, enabling them to move on from the residential setting when they are ready". Although one person and a relative expressed a wish for more organised house activities, people were encouraged to engage in individual activities which built confidence and developed independent living skills, to support their recovery. They contributed to the running and maintenance of the house and garden, and attended activities in the community such as boxing and swimming, further education courses or church. People valued having easy access to town and the shops. A health professional told us," They encourage people to

get involved in the community and integrate locally. Activities are geared towards supporting them towards more independent living." One person told us," It's good for me here now. It's helped me stabilise myself. I'm working towards being more independent, but it's a good base for me now. It's good to get you back on your feet. I feel so much more confident than when I first came here. Unbelievable".

People told us they liked their rooms, which were decorated as they wanted. One person was looking forward to having a 'feature wall' painted in a colour of their choice. Another person told us, "It's a nice room, with a window view and a sink. I've got quite a lot of stuff. It's a comfy bed, a warm room. All the amenities". Documents in people's files showed they were regularly asked whether they happy with their room as it was, or wished to request improvements.

There was a complaints policy and procedure, and a suggestion box. However, there had been no formal complaints in the last year and the suggestion box wasn't used. One person told us if they were unhappy about something they would talk to one of the senior staff. A relative said they would feel confident to ring Pennhaven if they had any concerns. "They have always been friendly and made me feel ok on the phone. If you wanted to know anything they would tell you. They told me, "You can come here any time".

Good

Is the service well-led?

Our findings

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. Everybody was extremely positive about her. One person told us, "Oh she's lovely. Very understanding. She listens to you and stuff". A health professional commented, "The manager is really approachable and attentive as well". A member of staff said, "She is the best boss I've ever worked for. She is always a good listener and she gives good advice. You can always tell her the truth if you're in a situation and be open and honest with her. She's always been there for me and I've always tried to do my best for her."

The registered manager described the culture of the home as, "person centred, open, honest and proactive". She said, "We are good at listening, really good at that. We do our best to meet the needs of clients". She was anticipating the impact of cuts next year, and consequently her vision was, "to continue to do what we are doing well, rather than grow". She wanted to support staff to build therapeutic relationships with people, through training and supervision. She was planning to introduce mindfulness training and techniques, "in a way that works for both staff and the people here. It can be a big thing if you get it right".

There was a staffing structure which gave clear lines of accountability and responsibility, with two senior staff and five support workers. They were clear about their roles and responsibilities and senior staff spent time on a daily basis supporting other staff. The registered manager also managed another home, but was available when required and contactable if not on the premises.

In the Provider Information Return (PIR), the registered manager stated, "We constantly strive to improve and learn from the views and experiences of people, to make sure a high quality service is delivered". She told us this was a challenge. They were looking for ways to encourage people to provide feedback, but take up was poor.

A monthly residents meeting, attended by staff, provided an opportunity for people to share their views about the service. A notice was put up 24 hours beforehand to remind them it was taking place. One person told us," We all get together to discuss what's going on and make suggestions". For example, people were asked what they thought about the meals, and whether they would like to have a dessert as well. It was agreed that people would make a dessert if they wanted to, and the additional ingredients would be bought separately if this took the cost of the meal over budget.

Staff meetings took place monthly and were minuted. This was a forum for staff to share concerns, discuss issues affecting the service and make suggestions about how things could be improved. A member of staff told us," [the registered manager] is always asking staff for new ideas, for example new stuff we can do involving the residents".

People were invited to complete feedback questionnaires, which stated, "We hope to use your answers to improve what we do. Anonymous or signed, it's up to you." People were asked questions like, "Do you feel you get enough support?" and, "Do you feel you are involved enough with your plan of care?" Two

questionnaires had been completed and returned, both providing positive feedback.

There were audits and checks to monitor safety and quality of care. The registered manager regularly completed monitoring forms for the mental health trust, which allowed them to monitor good practice. The provider's 'chief officer' was proactive and involved in the running of the home. He, and committee members, visited the home regularly, sometimes unannounced, to check standards. The registered manager briefed them every six weeks in relation to any developments. She also carried out internal audits to review service provision and identify areas for improvement. Records showed that action had recently been taken to update policies and improve training documentation. The PIR stated that further reviews were planned with regard to recording systems, care plan paper work, and communication processes within the team and with external agencies, to ensure continuity of care.

The registered manager participated in a number of forums for exchanging information and ideas and fostering best practice. For example she accessed the Skills for Care and CQC websites, and received regular updates from NICE and the Health and Safety Executive. She had strong links with community mental health services and managers at the hospital, as well as relevant therapeutic services and agencies like MIND, the CAB and the police. She ensured information was shared with staff and they were kept up to date through group discussion, supervision and training.

In 2014, Pennhaven were highly commended in the 'Celebrating Achievement Awards' for the delivery of care and support. They had been nominated by a person who used the service.