

Cornerstones (UK) Ltd

Pennings 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?

Good 

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

Pennings View is a residential care home providing personal care to people with learning disabilities and/or autism. The service can support up to seven people. At the time of the inspection four people were living at the home.

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.

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

Quality monitoring systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

Health and safety actions were not always completed in a timely manner. There had been a recorded fault with fire doors not closing since June 2019. There were two radiators in the hallway which were missing covers. There was an old sofa and two wooden pallets left out in the people's garden area. These all posed potential risks to people.

Systems were not in place for reviewing and analysing accidents and incidents. Medicines were not always managed safely. Checks were not carried out to ensure medicines were stored in safe conditions.

The home was decorated in a way which people felt was homely. However, each door in the home had a 'fire door keep closed' sign on them which did not support this homely feel. The registered manager and team leader told us that staff appraisals were overdue. Staff last received appraisals in September 2018.

People told us they were happy and felt safe. Individual risk had been identified and measures put in place to keep people safe. For example, for epilepsy, mobility and access to the community. Mental capacity assessments and best interest paperwork was in place for areas such as personal care, medicines and finance. Consent for care and treatment had been sought from people. Where people were not able to give consent assessments and meetings had been held to ensure care was delivered in their best interests.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards inclusion and enabling people to learn essential life skills. Equality, Diversity and Human Rights were promoted and understood by staff.

Staff were described as caring, kind and friendly and the atmosphere of the home as relaxed and engaging.

People received pre-admission assessments and effective person-centred support. The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

Care plans were personalised and updated in response to people's changing needs. Staff listened to what people wanted and acted quickly to support them. Staff looked to offer people solutions to aid their independence and develop their skills.

Local leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management at Pennings View and staff had a clear understanding of their roles and responsibilities. The registered manager, team leader and staff team worked together in a positive way to support people to achieve their own goals and to be safe.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 4 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to quality monitoring systems at Pennings View.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Pennings 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 completed by one inspector.

Service and service type

Pennings View is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 was an unannounced inspection.

What we did before the inspection

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 reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with three people who used the service. We met with the registered manager, team leader and four support workers. We spoke to the regional manager via telephone during the inspection.

We reviewed a range of records. This included two people's care records and 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 health and safety and quality audits.

We walked around the home and observed care practice and interactions between support staff and people. We sat in on part of a monthly staff meeting.

After the inspection

We looked at training data and policies.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to 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.

Assessing risk, safety monitoring and management;

- People were not always protected from harm as fire safety had not been managed within the home. There had been a recorded fault with fire doors not closing since June 2019. This posed a potential fire risk to people. We discussed this with the registered manager and regional manager who told us this would be addressed as a matter of priority.
- Some people living at Pennings View were at risk of falls. There was an old sofa and two wooden pallets left out in the people's garden area. There was a risk that these could obstruct people and cause a fall. The regional manager told us they would arrange for these to be removed.
- There were two radiator covers missing in the communal area, this meant people could be at risk of harm from hot surfaces. We spoke to the registered manager and they arranged for covers to be fixed.
- Annual safety checks were completed by external professionals such as gas safety and portable appliances. People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.
- Risk assessments were in place which gave clear measures for staff to follow to reduce the risk of harm. Assessments covered areas such as; epilepsy, sight loss, falls and accessing the community.
- Positive behaviour support plans were in place. These were up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge others or the service. A staff member said, "Behaviour plans are really useful. We have seen such positive changes in people's behaviour recently".
- Staff took part in debrief meetings with management following behavioural incidents. The meetings enabled staff to reflect on the incident and discuss events before the incident occurred, actions taken and any learning.

Using medicines safely

- Medicines were not always managed safely. Checks were not carried out to ensure medicines were stored in safe conditions. For example, temperature checks were not completed. We spoke to the registered manager and they addressed this during the inspection. Medicine administration records were completed and audited appropriately.
- The service had safe arrangements for the ordering and disposal of medicines.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Where people were prescribed medicines that they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Systems and processes to safeguard people from the risk of abuse

- Staff could tell us signs of abuse and who they would report concerns to locally and external to the home.
- The service had raised safeguarding alerts as required. There was a file in place which recorded and indexed all alerts.
- People and staff said Pennings View was safe. Comments included; "Happy here, staff nice" and, "People are safe. There is 24-hour support and staff are very knowledgeable about people living here".
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Staffing and recruitment; Learning lessons when things go wrong

- There were enough staff on duty to meet people's needs. We asked one person if there were enough staff. They said, "Yes, nice staff too". A staff member commented, "I think there are enough staff here. We are lucky with the staff we have".
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated people employed were safe to work with vulnerable adults, had satisfactory skills and the knowledge needed to care for people.
- The registered manager and team leader said they monitored the amount of staff needed based on people's needs and their activities and appointments.
- Learning was shared with staff during supervisions and staff meetings. The registered manager believed it was important to reflect on practice and share learning with each other.

Preventing and controlling infection

- The inside of the home was visibly clean and odour free. People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- There was an infection control policy and cleaning schedule to ensure that risks to people, staff and visitors from infection were minimised. Staff had received infection control training and understood their responsibilities in this area.
- There were hand washing facilities throughout the home and staff had access to personal protective equipment such as disposable gloves and aprons.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "Training is good, it helps us".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff received training on subjects such as; diet and nutrition, behaviour and epilepsy.
- A new staff member told us, "My induction was relaxed and enjoyable. I got to know people and shadowed experienced staff. Everyone was very welcoming".

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

- The home was decorated in a way which people felt was homely. However, each door in the home had a 'fire door keep closed' sign on them which did not support this homely feel. The registered manager told us they would remove these signs as all doors were on self-close mechanisms.
- People told us they liked their home and felt comfortable living at Pennings View. People had the opportunity to choose their room colours and furniture. One person said, "Like my house thank you".
- There was an open plan dining and kitchen area, separate large living room and small lounge. Bedrooms were located on both floors with offices on the first floor.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People at Pennings View were living with a learning disability or autism, which affected some people's ability to make decisions about their care and support.
- Mental capacity assessments and best interest paperwork was in place for those who required them. These

covered areas such as personal care, medicines and aids and equipment. Consent for care and treatment had been sought from people.

- Where people were not able to give consent assessments and meetings had been held to ensure care was delivered in their best interests. Staff showed a good understanding of the MCA and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- One person had an authorised DoLS in place and three further applications had been made to the relevant local authorities. No conditions were attached to the authorised DoLS.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- There was a clear referral and admissions process in place which ensured people received pre-admission assessments and effective person-centred support during transition between services.
- People's needs, and choices were assessed, and care, treatment and support was provided to achieve effective outcomes. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

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

- People told us they enjoyed the food at Pennings View. One person told us, "Nice breakfast. Had [cereal name]".
- One person enjoyed helping staff prepare evening meals and had their own chef uniform. Staff had sewn their name into them. The person was proud to cook and told us this was important to them.
- Staff understood people's dietary needs and ensured that these were met. Where nutritional needs had been assessed clear guidelines were in place.
- People took part in choosing meals. The menu was displayed in the kitchen area. Staff told us that menu's and meal choices were mainly done on a day to day basis and people took part in purchasing items with staff each day.
- Staff told us alternative dishes were made available should people prefer something different on the day.

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

- People had access to health care services as and when needed. Health professional visits were recorded in people's health files which detailed the reason for the visit and outcome. Recent health visits included; GP, district nurse and dentist.
- People received an annual health check as per best practice for people with a learning disability.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals. Documents used included; hospital passports and health action plans.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and professionals told us staff were kind and caring. A person said, "Nice staff yes. [Staff name] beautiful". A professional had fed back saying that staff were kind and compassionate in their approach.
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- Staff received training in equality. Staff told us they would care for anyone regardless of their background or beliefs.

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

- People were able to express their needs and choices and staff understood their way of communicating. Staff told us it was all about knowing people, giving them time and being patient.
- People told us they were supported to make choices and decisions for themselves. A person said, "I can choose what to do thank you".
- Professionals and relatives were pleased with the care delivered at Pennings View. A professional fed back saying, 'I am very pleased with the support provided to the person I am a social worker for' and a relative had fed back saying, 'I am very happy with [person's name] care and wellbeing'.
- Where needed, the home sought external professional help to support decision making for people such as advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately.
- People's right to privacy was supported. A staff member said, "Everybody has a right to privacy and dignity".
- Promoting independence was important to staff who supported people to live fulfilled lives. We observed people being supported to do tasks for themselves. For example, getting ready to go into the community, making drinks and cooking.
- Staff told us, "We always encourage independence but recognise that people may not be able to for example make a big meal but could make their own sandwich".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had regular meetings with staff and formal reviews with local authorities and families once a year.
- Care plans were personalised and updated in response to people's changing needs. Long- and short-term goals were clear, and achievements captured. A relative fed back saying, 'We have noticed a marked change in [person's name] behaviour and mood'.
- We were told about how some people had moved into the home very isolated and displaying several behaviours towards staff, themselves and others. We heard about what staff had achieved by working consistently, being responsive and putting people in the centre of the support they provided. This had had a positive impact on each person's life.
- One person didn't used to like bathing, personal care or socialising and kept themselves in their room. We read about how the person is now enjoying time with their housemates, accepting support with personal care and going out on activities away from the home.
- People's likes, dislikes and preferences were known and led to the delivery of personalised care. Staff used this information to care for people in the way they wanted.

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 develop and maintain relationships. We were told about how a person was supported to keep in contact and meet up with their partner. The person said this was important to them.
- People had regular contact with family via telephone call, visits to the family home and family visiting them. A relative fed back saying, 'We are always made welcome whenever we turn up'.
- People were supported to access the community and participate in activities which matched their hobbies and interests. These were reflected in individual support plans.
- Throughout the inspection we observed people being supported to access the community. For example, one person wanted to go out in the homes vehicle whilst another wanted to go for a walk. A person told us they enjoyed going to the cinema last week.
- People were supported to attend and arrange events, celebrations and parties. People at Pennings view were attending a Halloween party on day two of the inspection. People told us they were excited about the party.
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.

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's communication needs were identified, recorded and highlighted in care plans. People had profiles in place. These reflected people's needs and were shared appropriately with others, for example, if someone was admitted into hospital.
- People's identified information and communication needs were met.
- Copies of information and procedures were also available in easy read format. For example, safeguarding and complaints.

Improving care quality in response to complaints or concerns; End of life care and support

- People knew how to make a complaint and the home had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns and felt confident they would be addressed.
- The home had not had any formal complaints however records showed the registered manager dealt with any feedback to people's satisfaction.
- People were confident that their concerns would be dealt with. A person said, "See staff if not happy".
- Each person had a 'when I die' booklet in their support file. This made sure that people's wishes were known to staff about how they wanted to be cared for at the end of their life. However, only one of these had been completed. The team leader told us they were currently working through these and would get them completed as a priority.
- The registered manager and team leader understood the importance of capturing people's preferences and choices in relation to end of life care because a sudden death may occur.

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.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality monitoring systems were not robust within Pennings View. The service did not complete audits of their processes. Therefore, hazards were not identified which meant people were at risk. For example, from harm from hot surfaces or falls.
- The service carried out audits of medicines and fire safety. However, these audits had not identified that medicines were not managed safely. Where they had identified actions, these had not been carried out. For example, faulty fire doors.
- The provider had introduced a new quality monitoring process earlier in the year however this had not been implemented by the service. The team leader told us they would start using this from 1 November 2019.
- Systems were not in place to analyse and review incidents and accidents. This meant that trends could not be identified, risks reduced or learning shared.
- An external quality visit in August 2019 had identified that there were shortfalls in the management of accidents and incidents. However, the action had not been completed. The team leader told us a new system was due to be implemented the following week.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt supported, valued and listened to by the registered manager and team leader. However, staff did not feel supported by the provider. Comments included; "We are reserved in our feelings about the provider", "We don't know anyone from NCG. We haven't met anyone and if they have visited they haven't taken time to meet with us [staff] or the people here" and, "We have had to wait a long time for maintenance repairs here". We fed this back to the regional manager who told us they had arranged to visit the home and arrange engagement sessions for staff with HR representatives.
- The registered manager had ensured they had communicated all relevant incidents to CQC as required by law.
- Staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions which were included in personnel files.
- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting. We observed part of a staff meeting

and noted that reflective learning took place in these meetings.

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

- The registered manager and team leader promoted an open, person-centred culture within the home and had a passion for inclusion and making a difference to people. For example, staff had worked to understand and work with people and their behaviours which had led them to be more engaged and confident.
- People, staff and professionals were positive about the management of the home. Comments included; "[Registered manager name] good. Nice lady", "We feel supported by the registered manager and team leader. They are both approachable and supportive. They are always available and happy to work with people on the floor" and, "I believe this to be a very well led service".

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; Working in partnership with others

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. The registered manager told us, "Its a statutory duty to inform service users and families when something has gone wrong that we must ensure we are open and honest".
- Pennings View worked in partnership with other agencies to provide good care and treatment to people.
- Professionals fed back positively about partnership working with the home. The registered manager attended registered manager forums. A professional fed back saying, "The service works using a person-centred approach putting the person and their wellbeing central to their support".

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	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.