

Modus Care Limited

# Penhayes

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 23 January 2019. Penhayes is registered to provide care for up to five people who may have an Autistic Spectrum Disorder (ASD) and/or learning disability and complex needs. Some of the complex needs may include mental health issues. The service supported people who at times may challenge the service. The service worked in partnership with commissioners and other health and social care professionals.

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.

There was a registered manager in post. They were also responsible for a four bed service in the same grounds as Penhayes called Penhayes House. 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The values that underpin Registering the Right Support and other best practice guidance were seen in practice at this service. There was evidence that the core values of choice, promotion of independence and community inclusion; were at the centre of people's day to day support. Staff were person centred in their approach in supporting people.

At our last inspection in 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People remained safe at the service. Staff understood safeguarding procedures and said they would not hesitate to report any concerns. Risk's to people safety and well-being were managed without imposing unnecessary restrictions on people. Medicines were managed safely ensuring people received their medicines as prescribed.

Staff were safely recruited and employed in sufficient numbers to meet people's needs. The staff team were

well trained and supported. There was an action plan to ensure all staff received regular supervision. All staff said they felt they were supported in their role.

Staff protected people's rights by following the principles of the Mental Capacity Act 2005 (MCA). People were supported to have choice and control of their lives.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

People's care plans had been developed to identify what support they required and how they would like this to be provided. People had opportunities to take part in activities and had a core group of staff supporting them. These had been kept under review to ensure they were still relevant based on each person's wishes.

All complaints had been acknowledged, recorded and investigated in accordance with the provider's policy, to the satisfaction of the complainant. People's views were sought through regular care reviews. People were supported to keep in contact with their family. Relatives were able to visit Penhayes and participate in regular care reviews.

The service was well managed. There were effective quality assurance arrangements in place to monitor care and plan ongoing improvements. People's views about the running of the service were sought regularly and changes and improvements took account of people's suggestions.

## 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 continues to provide a safe service.

### Is the service effective?

Good ●

The service continues to be effective.

### Is the service caring?

Good ●

The service continues to be caring.

### Is the service responsive?

Good ●

The service continues to be responsive

### Is the service well-led?

Good ●

The service continues to be well-led.

# Penhayes

## 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, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector, who visited on 23 January 2019. We last visited the service in August 2016 and found no breaches of regulations.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

As part of the inspection we looked at previous inspection reports and other information we held about the home including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

We contacted the local community learning disability team, the GP surgery, the dentist and commissioners and asked them for some feedback about the service. We received eight responses. You can see what they told us in the main body of the report.

People living at Penhayes had limited communication. Therefore, they were unable to tell us about all their experiences of the services. During our inspection we spent a small amount time with people, observing daily routines and interactions between people and staff supporting them. This helped us gain a better understanding of people and the care they received.

During the inspection, we talked with seven staff including the registered manager either in small groups or individually.

We looked at the care records of two people, staff duty rotas and other records relating to the management

of the service. These included one staff recruitment file, maintenance records, incident reports, training records and audits. After the inspection we contacted three relatives about their experience of the service. We also received feedback from 22 staff electronically. You can see what they told us in the main body of the report.

# Is the service safe?

## Our findings

People living at the home were not able to comment directly on whether they felt safe. We spent time in various areas of the home, including people's individual flats. No one expressed any concerns about their safety. Two people told us they liked living at Penhayes. Relatives confirmed that their loved ones were safe.

The front door of the property was locked and opened by a key fob. This was because people were not aware of the risks in relation to road safety and were at risk to themselves and others. The reason for the locked door and any other restrictions was clearly recorded in people's care records and agreed with the placing authority.

Staff were aware of their responsibilities in relation to safeguarding people who use the service. They told us they had training about this and that they could talk to the senior management about any concerns. There were policies and procedures to guide staff on the appropriate approach to safeguarding and protecting people and for raising concerns. This included the organisation's whistle blowing policy.

The registered manager understood how to support people and how to prevent abuse. They had reported concerns to the local authority and put appropriate safeguards in place to keep people safe. This included notifying the Care Quality Commission. Two health care professionals commended the home on their open and transparent way of working with people and keeping them informed of any concerns.

Staff told us there was always sufficient staff to keep people safe and support them with their daily living and social activities. Staff told us the registered manager kept the staffing under review to ensure people's needs could be met. People had individual support hours to keep them safe and to support them with every day activities. One person had four staff supporting them throughout the day and evening, and two staff providing night support. This was an intense package of care. Two staff would support the person for half an hour and then the team would change. Staff told us this was vital to ensure the person's safety. There was a minimum of eight staff working during the day providing people with one to one support or two to one support. Additional staff worked throughout the day to enable people to go out in the community depending on the funding arrangements for each person.

Risk assessments were in place to guide staff on how to support people safely. These covered people's risk associated with accessing the community, using the vehicles, daily activities and where relevant, behaviour that may be challenging. Risk assessments considered if the activity was an acceptable risk to take. Staff told us to ensure people's safety all sharp objects were locked away. This was clearly recorded in risk assessments. Staff were aware of their duty of care to supervise people to ensure their safety. However, it was evident this did not stop people from participating in everyday activities.

People had risk assessments in place regarding their behaviour, which could be seen as challenging to others or themselves. Staff were aware of people's individual needs and the strategies and protocols in place helped staff manage people's behaviours. If it was necessary to use physical interventions, including restraint or medicines this had been agreed with other health professionals with clear guidelines in place.

De-brief meetings were held with staff about techniques and consistency and to make sure restraint had been carried out correctly and appropriately and only as a last resort. It was evident there was a culture of learning and adapting the service to meet the needs of the individual.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager. There was a bottle of medicines that had expired. This was removed at the time of the inspection as the person was no longer taking this medication. It was an 'as and when' required medication.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. Staff completed monthly checks on each area of the home including equipment to ensure it was safe and fit for purpose. Safety glass had been put on external windows and doors where needed.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People's support needs in the event of an emergency evacuation had been individually assessed. Their support needs were described in a Personal Emergency Evacuation Plan (PEEP) which enabled staff and emergency services to identify their needs in an emergency. It was noted that not all staff had participated in a fire drill at the required intervals. The registered manager told us they would address this and contact the local fire authority for advice. This was because the registered manager had understood they only needed to do one fire drill per year. However, they had sought guidance after the inspection that confirmed each staff member should complete a fire drill at least once a year.



# Is the service effective?

## Our findings

The service continued to provide effective care and support to people. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

Relatives said the staff were knowledgeable about the person and their conditions and kept them informed about any changes to their loved one. One relative said, "This is the best place their loved one had ever lived in". They explained their past experiences had not been so positive and had caused trauma for their loved one. They said the staff at Penhayes had a better understanding of their loved one's individual needs and had a good awareness of autism. They said the staff were professional and calm in their approach. Another relative said, "Cannot fault the staff. They are all really good especially the day staff". They said that further training was being given to the night staff so they had a better understanding of their relative's needs.

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and well-being. Staff confirmed people's care plans and risk assessments were really useful in helping them to provide appropriate care. Staff understood the importance of providing people with a consistent service where the person felt safe and secure.

People were supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People identified at risk due to their weight had been referred to appropriate health care professionals. Their advice was clearly documented, followed by the staff and suitable food choices provided. Some people prepared meals in their flats and others had their meal prepared in the home's main kitchen. People were involved in their menu planning. The emphasis was on healthy eating. A health professional told us, "Many of their residents have lost weight through diet and exercise". A relative voiced their concerns about some weight gain but said this was being addressed by the staff team and management. They felt this was due to medication and lack of exercise.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. Health and social care professionals were involved in people's individual care on an on-going and timely basis. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. Feedback from professionals was positive in respect of the knowledge of the staff and the support that was given. One professional told us, "I feel it is a relatively good service. People receive a service that is safe and effective". Another commented positively about the person centred approach and the involvement of the clients in making decisions.

There was detailed information in care files to inform staff about people's mental health and general well-being. The signs of a person's mental health deteriorating was clearly documented. This included when it was likely to occur, early warning signs and the action staff should take to support the person. The actions for staff to take were clear, person centred and described how to provide effective support. The plans

included who should be contacted, for example the person's GP or psychiatrist. Where relevant, people were receiving support from the community mental health team and a psychiatrist. A clinical psychologist supported the team with supporting one person on a fortnightly basis. A member of staff said the fortnightly meeting was also an opportunity for bespoke training and to discuss and agree how the person should be supported. The registered manager said this helped reduce some of the emotional stress for staff due to the complexity of the person they were supporting.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Everyone living at Penhayes was subject to a DoLS. One person had support provided by two care workers at a time and spent most of their time in their flat segregated from other people living at Penhayes. A DoLS authorisation was in place which had been reviewed by the Court of Protection. In addition, the person's funding authority and Independent Mental Health Advocate (IMHA) were regularly involved in reviews and agreeing protocols to ensure suitable protection which was in the person's best interests. Relatives confirmed their involvement in attending regular meetings.

People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for medicine changes, suitability of placement and dental treatment.

People were cared for by staff who had been effectively trained and received on going refresher training when this was needed. Staff told us that they were up to date with training and could also request to do more in-depth training. A member of staff told us, "The training I was given has been really good and it included shadowing other staff". The registered manager told us staff completed two weeks of shadowing but this could be extended if the staff member needed more experience of working with people. Another member of staff said, "I don't particularly like the on-line training offered at present but feel this is adequate for me as most courses I have done repeatedly over my years of service".

New staff confirmed that they had undertaken a comprehensive induction and staff new to care undertook the Care Certificate. This is a set of standards introduced by Skills for Care for people new to the industry. New staff completed training in supporting people who challenge before they were allowed to work in the service. This was updated annually for all staff. Trainers in this area were employed by the company and worked alongside the staff. Two staff were also champions in positive behaviour support to support staff on daily basis. Staff had opportunities to complete other recognised courses such as a diploma in care.

Training records showed training was well-organised and that staff were trained in core subjects. A recent fire brigade visit had recommended that fire training should be done annually and not three yearly. The registered manager told us they had liaised with the in-house training department and this was being reviewed.

There was a policy in place to guide the registered manager on their responsibilities to ensure all staff received supervisions with their line manager. The registered manager told us this had recently changed from quarterly to every six weeks. They were aware that some staff were overdue and a plan was in place to address this.

Staff confirmed they met with the registered manager, the deputy manager or a senior care worker regularly to discuss their roles, training and any concerns that either party might have. Supervision meetings are where an individual employee meets with their manager to review their performance and any concerns they may have about their work. One member of staff said, "I have supervision every 3 months". They felt this was adequate as the managers had an open door policy. They also said the team were very supportive of each other.

In addition, all staff had an annual review of their performance, this included setting goals in relation to their role and identifying any future training needs and areas for improvement. Staff confirmed they were supported in their roles and could speak to the senior management team at any time.

The registered manager organised senior care worker meetings, team meetings and link team meetings. Link team meetings were an opportunity for each person's support team to discuss and review people's individual needs. These were informative and included a discussion on changes to the person's support needs. The registered manager had planned all the meetings throughout the forthcoming year. They told us on occasions these had been cancelled due to incidents happening in the home, which had taken priority. They said there was good communication in the home from informal discussions and daily handovers which also complimented the team meetings. In addition, Staff were able to debrief after specific incidents.

Staff completed a six-month probationary period where the registered managers checked if they were performing to a suitable standard. This continual process enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people.

The layout of the home had been organised to accommodate people's individual needs. For example, three people had access to their own self-contained flat, with a small kitchen, lounge, bathroom and bedroom. They had access to a small secure courtyard garden. There was extensive grounds surrounding the home, which was in close proximity to another service operated by the provider called Penhayes House.

Some people due to their needs and behaviours required their own separate living space with staff supporting them. Others were more able to use the communal areas and had some interaction with other people in the home.

Some areas of the home would benefit from a refurbishment and carpets being replaced due to heavy staining. When we discussed this with the registered manager she confirmed that there was a redecoration programme in place and work would commence in March 2019. They said this would include a new kitchen, decoration throughout and replacing carpets. There was a plan in place to ensure that this would be least disruptive to people. For example, known times when the person would be out and about in the community. One area of the home had already been redecorated and refurbished taking into consideration the needs of the person to keep them safe. There were no sharp objects or radiators due to the risks. Temperature and

lighting was done remotely in conjunction with the person.

# Is the service caring?

## Our findings

People continue to receive a service that was caring. Feedback from health care professionals about the caring approach of staff was positive and included, "I have found the staff team to be caring and compassionate and a person-centred approach has been adopted to meet the complex needs of the client", "Family contact is excellent with daily and weekly updates offered" and "The team are competent, knowledgeable well educated and moreover kind and considerate".

Relatives praised the staff, the welcoming atmosphere when they visited and how the staff kept in contact with them. A relative said the staff had recently organised some trips home. They said as a family this had been really appreciated due to their health needs changing enabling them to continue to see their daughter.

We observed that staff were friendly and proactive in their interactions with people. Staff communicated effectively with people and made sure they understood what was happening. Some people had pictorial aids to help them express how they were feeling. Others had a script that staff would use to ensure a consistent approach which clearly explained the consequences of a person's actions and decisions. For example, when a person used self-injurious behaviour staff distracted and encouraged a more appropriate activity.

Staff were able to tell us about people's different moods and feelings, and reacted swiftly when they identified that people needed extra support. For example, one person was asked if they would like to show us their bedroom, it was explained to them that it was their choice. The staff member asked if they wanted support or wanted to speak with the inspector on their own. This person's decision was respected by the staff member. One person clearly indicated they did not want to spend time with us. This was respected. Staff told us this was normal behaviour and they often refused to see health professionals or participate in any care reviews or meetings. Staff said it was really important that this person was supported by staff and professionals that were familiar.

Staff were attentive to people's needs and supported people in a manner that maintained their privacy and dignity. People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. We observed staff knocking on people's doors and calling out to people, by their names, before entering their rooms. When a person indicated they did not want staff, staff withdrew to give them the personal space they needed. Staff said for another person they would take their hand and lead you out of their flat. Staff said this had been positive in reducing some behaviours that challenged and was respected if it was safe for the staff to leave.

Staff treated people with respect and it was apparent that people had positive relationships with the staff who supported them. We observed that staff supported people in a kind and sensitive way, ensuring their well-being and comfort when providing their care. Staff said when supporting people with personal care they would when possible sit outside the bathroom, even if for a short time, allowing the person privacy, whilst ensuring they remained safe.

People were able to make choices about their day to day lives and staff respected these choices. Where required people had the opportunity to be supported in their decisions by an advocate. Advocacy is one person supporting another person to make their needs and wishes known. An advocate supports people to ensure they can make their own choices in life and have the chance to be as independent as they want to be. Health professionals confirmed the staff involved people in their care.

Staff were able to explain how they interacted with people when they displayed behaviours that may be challenging, and how they could de-escalate behaviours or anxiety to help support the person. One person was vocal during the inspection. Staff understood that this person was happy and excited. They provided the person with space whilst still ensuring the person continued to be in a happy state. Staff told us for some people this was difficult as they mood could rapidly change. One person liked to ask for hugs, staff said they understood this was important and had to assess each situation to ensure their safety. Staff showed empathy and understanding and talked about people in a positive way.

Staff described a team that not only supported people but also each other. We observed positive communication throughout the inspection. Staff were continually updating each other about what was happening and what was going to take place. This ensured everyone knew where the team were working. The registered manager told us, "It's a great team, we all support each other." They showed us a book that staff could record compliments about each other and what had gone particular well. The registered manager said this was important and a way of showing staff how valued they were. The book was called 'the fluffy book'. Comments in the book included, "Thank you for a lovely shift", "Thank you to X, Y and Z (names of staff) for staying on when they had finished to support a person when they were upset". Another example was where three staff had come in earlier to support a person to go to hospital and had stayed with them all day. Some had been written by the registered manager and others by the team. It was evident the staff cared about each other.

## Is the service responsive?

### Our findings

People told us they liked living at Penhayes and the staff that supported them. In addition, people put their thumb up or sang to us. Relatives felt the staff were responsive and kept them informed of any changes through regular meetings and telephone calls.

People were supported with regular activities of their choosing. Some people due to their own state of mind had put restrictions on themselves. For example, one person liked to go out in the home's vehicle but refused to get out when they arrived at their destination. Staff told us previously this person had been known to go to the pub, go for long walks, out for pamper days but since returning had refused these activities. Staff continued to offer and support this person. Another person benefited from an approach where if staff were completely ready and the event took place at that split second, they were willing to go out. However, if the person had to wait they would often refuse. Staff told us for some people activities needed planning to ensure the person, the public and the staff were safe. This included staff having knowledge of the area, knowing there was a good phone signal so if they had to leave quickly they could. Risk assessments and guidelines were in place in respect of activities and going out in the local area.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. People had a support plan, which detailed the support they needed, which was personal to them. They were informative and contained in-depth information to guide staff on how to support people well. Photographs captured some of the information in the care plan and what was important to the person. This enabled people to be involved in the planning of their care, as the information was accessible and acted as an aid to communication.

Some people had experienced breakdowns in their previous homes and had challenged traditional services. Some people had also lived at Penhayes when it was registered as a hospital. The service had registered as a care home in 2013. The registered manager had worked hard to change the culture within the service to enable people to lead a life that was less restrictive. Each person had an individualised package of care tailored to their needs. People were supported by a core team of staff to ensure consistency. One person had returned to Penhayes because of a placement breakdown. Staff said the person had moved when the hospital had closed and had been moved back within their local funding authority. Staff said they returned with more complex behaviours. Staff said it had taken a long time to build up trust with the person enabling them to feel safe and secure. Their relative commended the service telling us this was the best place that they could be in. They said they were glad that X (name of person) had returned to Penhayes.

A health professional told us, "The support team have a good awareness of client needs, this is reflected in the rapport built with staff and the strategies used to manage behaviours that challenge". They said there had been a reduction in the intensity of behaviours presented. They said the staff team encouraged a least restrictive approach and had a good understanding of how to apply different strategies and had received suitable training in this area.

Staff training had been specifically designed around people's individual needs so that staff had a clear

understanding of how to support people in a consistent and responsive way. Some people due to their behaviours needed physical interventions and environmental restraints, which significantly restricted their opportunities. The registered manager and the staff were working closely with the organisation's behavioural specialist and other agencies to consider ways of supporting people in a less restrictive way. It was evident this was continually kept under review.

Care plans were in place to show people's care and support requirements when they became distressed. Information was available that detailed what might trigger the behaviour and what staff could do to support the person. Care records provided clear detailed and up-to-date information for staff to provide consistent support to people if they became distressed and challenging. There was a traffic light system detailing what level of support the person needed in respect to any behaviours shown. The behaviour specialist provided advice and staff training in supporting people's communication and the techniques necessary to support people's behaviour. The registered manager said this guidance and support would be provided in liaison with other specialist learning disability and mental health services.

Staff understood people's current and historical health needs and concerns and explained how they followed professional advice when it was given. Staff told us how people were always supported when attending hospital appointments or when they attended their GP surgery. They gave examples where staff had stayed on at the end of a shift or come in early to support people to attend a hospital appointment. They gave an example where a person had been agitated when attending an accident and emergency department and had hit a member of the public. The registered manager told us, they had learnt from this incident and now all visits to the hospital were planned and organised. For example, entering the building from an alternative route, ensuring the health professional was ready for them rather than waiting in a communal area. They said this had improved the person's experience of accessing health care facilities. The staff had also arranged for the GP to visit the home rather than attend the surgery for one person who found this experience extremely stressful.

One person had a bespoke therapeutic package, which had been commissioned by the local authority and implemented by the staff team. The package included a private commissioned service of professionals including a consultant psychiatrist and a clinical psychologist. This was because the placement was funded by another county. They met with the service every two weeks to support the person and the staff team. They also offered clinical supervision enabling staff an opportunity to debrief. From talking with a member of staff it was not a one size fits all approach. For example, other therapeutic approaches were used such as Gentle Teaching and PACE.

PACE is supporting a person within a framework of playfulness, acceptance, curiosity and empathy. Staff told us this had been useful in building a relationship with a person that found this very difficult. They said that this had assisted them in reducing the level of conflict and enabling the person to decide whether they wanted staff to be present. We were told PACE enabled the staff to support the person to see their strengths and positive features that lie underneath more negative and challenging behaviour. Staff spoke about each person in a positive way focusing on their strengths such as their sense of humour, or their acts of kindness.

At the time of our inspection, the registered manager informed us that there were no ongoing complaints. There was a clear procedure for staff to follow should a concern be raised.

Relatives confirmed they knew how to complain and would have no hesitation in speaking with the registered manager or the deputy manager. One relative said, "No complaints. When we have discussed any areas for improvement the staff try their best to resolve". They gave us an example in that their relative's flat was extremely hot as they refused to open the windows. They said the provider had addressed this by



installing air conditioning which had made a massive difference to the comfort of their relative, visitors and staff. Another relative said, "We meet up regularly and I can raise concerns there". They said overall this was the best place that their relative had lived and they knew they were safe and supported by really good staff".

## Is the service well-led?

### Our findings

The service had a registered manager. They were also the registered manager for another service next to Penhayes called Penhayes House, which was registered to provide support to four people. 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 service continued to benefit from strong leadership. The registered manager was passionate about providing person centred care and this was reflected in every aspect of the service. They were enthusiastic and committed to providing the best outcomes for people using the service. Feedback from all the health and social care professionals said, Penhayes was a service that was well led. A health professional said, "The staff appear to respect the manager and in my observations, appear to be well supported to carry out their roles".

Staff told us that the management team were flexible and their support was increased during challenging periods. Observations confirmed the registered manager and management team were highly visible within the home and provided clear and direct leadership to the staff. The registered manager told us they encouraged staff to be open and honest about any concerns they may be experiencing in their job roles in relation to the people's care but also each other. There was a culture of no blame with an emphasis on learning from incidents.

Observations of how staff interacted with each other and the management of the service showed there was a positive and open culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns.

Staff were very passionate about their role in supporting people to lead the life they wanted. Comments included, "I feel the home is run very efficiently and I'm proud to work in a home that the people we support are always the main priority", "The staff are some of the best people and the service users are a joy to work for", and "I enjoy feeling fulfilled that I have made the people we support days better and by the end of the day, although the role is exhausting emotionally, it is a very fulfilling and rewarding job role that I have never experienced before". This was echoed by other staff that gave us feedback both during the inspection and after via email.

We asked if there could be any improvements to the service. Areas staff felt could be improved was a programme of refurbishment, which was already in hand. A larger communal shared space was suggested. One member of staff suggested that communication between some staff could improve and two staff suggested a longer induction period to enable new staff to have confidence and knowledge in supporting people. All 22 responses from staff, stated they were supported in their role and they enjoyed working at Penhayes.

People and their relatives knew who the manager was and other key staff. Comments included, "X (name of manager) is lovely, very approachable and will always take the time to answer our questions", "All the staff are friendly and approachable" and "Cannot fault the service. This has been the best place X (name of person) has lived".

The service was transparent, collaborative and open with all relevant external stakeholders and agencies. Health professionals confirmed this in their feedback. Comments included, "Penhayes manager is a collaborative worker, putting the person at the centre of their care and they have a good relationship with his parents", and "They welcome support from outside agencies". From talking with the registered manager and the deputy it was evident they valued the support they had from other professionals and worked closely with relatives. Two relatives confirmed they met with the staff and other professionals on a regular basis.

The registered manager had a proactive approach to reviewing all incidents of challenging behaviour and the use of restraint. The registered manager said it was important to keep these under review to ensure these were the least restrictive. Reports were compiled on all events to see if there had been a change in pattern which enabled them to learn from incidents and make improvements to the care of the person. The information was shared with commissioners, health and social care professionals enabling them to jointly plan appropriate care and treatment. It was evident for some people that there were fewer incidents of physical restraint used in the last 12 months. This was put down to a number of factors such as a consistent approach from staff, staff really knowing the person and treating the person as a whole. For example, ensuring people had timely medical interventions as this could have been indicative of an increase in incidents.

The registered manager carried out checks on the home to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls, action plans had been developed. These were shared with the regional manager who followed these up at subsequent visits.

The registered manager told us they completed a monthly report on a number of areas including complaints, staffing, accidents and incidents and finances. This enabled the provider to have an overview of the service and any risks so these could be jointly managed. In addition, the registered manager told us they received supervision from their line manager who visited regularly to discuss care delivery, staff and the general running of the home. The regional manager compiled a comprehensive review of the service monthly covering all areas of the service. This meant the provider had an oversight on the quality of the service. The registered manager said they felt supported in their role.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed by the registered manager. The registered manager told us that learning from accidents was discussed during handovers and team meetings to prevent any further risks.

From the incident and accident reports, we could see that the registered manager had sent us appropriate notifications. A notification is information about important events, which the service is required to send us by law.

The Provider Information Return (PIR) had been completed by the registered manager and returned within the specified time frame. We found the information in the PIR was an accurate and comprehensive

assessment of how the service operated. Improvements had been clearly documented in respect of enhancing the service to people living at Penhayes.