

Really Flexible Care Ltd

Penniston Barn

Inspection report

Wadelow Grange
Wood End, Tingrith
Milton Keynes
Buckinghamshire
MK17 9ER

Tel: 01525873265

Date of inspection visit:
13 March 2020
19 March 2020

Date of publication:
12 May 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Penniston Barn is a residential care home providing personal care to six younger adults living with a learning disability or autism the time of the inspection. People had their own bedrooms, with en-suite shower rooms and shared communal areas such as the kitchen, the lounge and the garden.

The service had 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.

The service was in a rural location far away from local amenities with limited access to public transport. The service was clearly advertised as a care facility with identifying signs and industrial waste bins. However, this did not have a negative impact on people using the service. The service was decorated as a home environment inside based on people's choices and people had their own vehicles which they could use to access the community.

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

People and their relatives were positive about the care they received. One relative said, "[Staff] are great and work well as a team as well as working with [Person]. It is a great little service and [person] is so happy there."

People received exceptionally effective care which ensured that they achieved fantastic outcomes and were supported to improve their quality of life. Without exception people were encouraged to communicate their needs more effectively, access the community more and manage their own anxiety and distressed behaviours. The support which people received to maintain a balanced and healthy diet was exemplary. Relatives feedback about the impact the support at the service had for their family members was complimentary. The manager kept up to date with best practice guidance and used this to continually improve people's support.

People were supported by a kind and compassionate staff team who had got to know them as individuals. People were kept at the centre of their care and supported to make choices in all aspects of their daily living. Staff promoted people's independence and respected their privacy and their dignity. People's support was tailored to their individual needs and preferences and staff supported people to take part in a wide array of activities based on their interests. Staff supported people to communicate in ways which they understood.

People felt safe living at the service and staff had a good understanding of safeguarding. Staff followed people's risk assessments when supporting them to ensure that they stayed safe whilst taking positive risks. There were enough staff to support people safely and staff were recruited in line with best practice and

guidance. People were supported safely with their medicines. The service was clean and staff followed good infection control practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The manager had a detailed complaints procedure in place and responded to any complaints made promptly. Staff were working to help people put plans in place for the end of their life and document their wishes.

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.

The manager and staff team were passionate about providing a positive atmosphere for people at the service. The manager completed audits to monitor the quality of the service and acted to make improvements where these were necessary. People, relatives and staff were encouraged to be involved and feedback about the service. The service linked and worked well with other organisations. Feedback about the support which the manager and staff team gave to people was exceptionally positive.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 13 March 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Penniston Barn

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

One inspector carried out this inspection.

Service and service type

Penniston Barn 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 who was not registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

Some people had complex needs which meant they were not able to tell us about their experience of the service. We observed how staff interacted with and supported people in communal areas of the service. This

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

We spoke to one person and two relatives about their experience of the care provided to them or their family members. We spoke to six staff members including four support workers, one senior support worker and the manager.

We reviewed a range of records. This included two people's care records and multiple 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 audits, policies and procedures were also reviewed.

After the inspection

The manager sent us further evidence in relation to training data and quality assurance records. We spoke to relatives about the experience of their family members at the service on 19 March 2020.

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 as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection some areas of the service were not kept clean and good infection control processes had not been followed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Staff members had training in infection control and kept all areas of the service clean. One person told us, "It is clean here. It is good."
- The provider had redecorated areas such as the kitchen and shower rooms which had been identified as not being suitable at our last inspection. These areas were now nicely decorated and suitable for people to use.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One relative said, "[Person] is safe living at the service. No issues at all and the service is also very secure."
- Staff received training in safeguarding and had a good understanding of signs which may indicate abuse. They knew how to report concerns internally and externally to other bodies such as the local authority safeguarding team.

Assessing risk, safety monitoring and management

- People had risk assessments in place depending on their needs and preferences such as accessing the community and cooking. Staff had a good understanding of the potential risk to people when they took part in these activities.
- Staff had a good understanding of how to support people who may display behaviours that may harm themselves or others. The manager had created detailed plans informing staff how to support people without the need for physical intervention.
- Staff completed daily checks of the building in areas such as fire safety to ensure that the premises were safe for people to use.

Staffing and recruitment

- There were enough staff to support people safely. One relative said, "[Staff] are great. They work well as a team and really know how to support [person]." Staff confirmed that there were always enough staff to support people and this was evident during our inspection.

- The provider completed robust checks to ensure that staff members were suitable to work with peoples at the service before they commenced in their job role.

Using medicines safely

- People were supported safely with their medicines. Staff received training in medicines administration and had their competency in this area checked regularly.
- Staff completed regular audits of medicines to ensure that they were being administered appropriately. People had detailed protocols in place for 'as and when required (PRN) medicines and these were well understood and followed by the staff team.

Learning lessons when things go wrong

- The manager reviewed any accidents and incidents to see if any improvements could be made to the quality of the service. Any findings were shared with the staff team in supervisions and team meetings.

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 now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Without exception, people's quality of life since living at the service had improved dramatically. Feedback from relatives and evidence at the service showed that people had received exceptionally effective care which had enabled them to live their life in a way which met their needs and choices in every way.
- One person had displayed a lot of behaviour that may harm themselves or others. At a previous placement this person had not been able to access the community for some time and was also refusing to eat anything but food from takeaway shops. This person was unable to have a wardrobe in their bedroom due to the way that they expressed themselves. This person was also being administered PRN medication to help them manage their anxieties on a nearly daily basis.
- Thanks to the support of the management and staff team this person was now accessing the community regularly trying new and healthy foods. There had also been a massive reduction in the amount of PRN medicine which this person was being administered. This had been achieved by staff members working with and getting to know the person at the person's pace. The manager had also linked with professionals such as psychologists and put plans in place to help staff support this person without the need for PRN medication.
- Records showed that this person was happy living at the service and had also been supported to learn to communicate more effectively with staff members. This person was visibly happy and relaxed at the service. The manager had even sourced an adapted wardrobe for the person so that they could keep their clothes in their room. This had led to this person being more motivated to keep their room clean and take pride in their appearance. Staff explained that this person now took the lead with regards to preparing meals and cleaning their own room.
- Another person was severely overweight when they started living at the service and was refusing to be supported with personal care or any activities. This person was also regularly displaying self-injurious behaviours.
- The manager and staff team worked with professionals such as dietitians, speech and language therapists and psychologists to support this person. Plans were put in place to guide staff on how to support this person in a person-centred manner. Because of this, this person had lost a considerable amount of weight and was now happy to be supported with personal care. They took part in a wide array of activities of their choosing. This person was happy being supported at the service and their quality of life had improved dramatically thanks to the support of the management and staff team.

- Every person living at the service had been supported to improve their quality of life in a number of ways. The manager and staff team had an exceptional knowledge of best practice guidance such as Registering the Right Support and STOMP (Stopping Over Medication of people with a learning disability).
- People were encouraged to take control of how they spent their days and were supported to access and be apart of their local community. People had also been supported to reduce the number of medicines which they were prescribed to support them with distressed behaviours. Incidents of these behaviours had significantly decreased since people began living at the service. This was because plans to support people without the need for medicines were in place and well understood by the staff team.
- Staff assisted people to have regular exercise and lead healthier lives. Records showed that exercise had a very positive impact on people's wellbeing and helped them to manage their own emotions and anxieties. Staff had taken the time to get to know people as individuals and knew how to motivate them to understand the importance of this. One person told us, "Exercise. Independence. It is good."
- People's relatives were complimentary about the care that people received at the service. One relative said, "[Person] is so much more independent and confident in themselves since living at the service. [Person] surprises me every time I see them with what they have learnt and how happy they are. [Staff] have made a real effort to get to know [person] and they understand them so well. [Person] used to show [behaviours] when they were upset but now feel so safe at the service that this does not happen anymore. There could not be a better location for [person] really."
- Another relative told us, "[Person] has settled in so well at the service. [Staff] support them fantastically and they are so happy now in everything they do. They never get cross anymore and they have no restrictions at the service. [Person] can go anywhere and do whatever they want, and it is all thanks to the great support of the staff team. The service is excellent."
- The manager had created detailed 'hospital passports' which explained people's communication needs and preferences if they needed to be treated in hospitals. After visits to professionals such as GP's, dentists or psychologist detailed notes were made and used to update people's support plans. This meant that staff were aware of any new guidelines to most effectively support people.

Staff support: induction, training, skills and experience

- Staff received specific training which enabled them to support people living at the service with their individual needs such as autism or distressed behaviours. One staff member said, "Autism training has benefitted me so much. It is all about how you approach people and understand them with time and patience."
- Staff spoke passionately about how their training had enabled them to support people not to display as many behaviours that may harm themselves or others. This was shown by the huge reduction in the use of PRN medicines and in the number of instances where people showed these behaviours.
- The manager ensured that staff were consistently involved and engaged with the service. Staff were given the support and time to keep up to date with best practice guidance and to understand how this could be used to provide effective care and support to people. Staff were complimentary about the support they received and the impact that this had on their ability to support people using the service.
- Staff were supported to progress and continue to learn in their job roles. Staff told us that this motivated them to learn and keep up to date with best practice when supporting people.

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

- People were supported to eat and drink enough to maintain a balanced diet and were given full control of what they ate. Staff supported all the people living at the service to make their own separate meals rather than share a communal meal. This meant that people were more likely to eat a balanced and healthy diet as they had chosen food which they wanted to eat. One person told us, "Pizza and cheese but not too much. It is good."

- Staff supported people to be involved in the preparation and cooking of their food to further encourage them to eat healthily and develop life skills. People were supported to choose healthy options, and this had a significant impact on their health and well-being. People had been supported to lose or gain weight and become healthier in other areas such as blood pressure.

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

- The service had been adapted to meet the needs of people living there. People had their own bedrooms and had decorated these based on their preferences and interests. People had also helped to decorate the large garden area, and this was used frequently.
- People were supported to use a quiet area of the service if they needed some time away from other people using the service. This had a significant impact on this person's ability to manage their own anxieties.
- People used symbols or PECS as a form of communication. Staff enabled people to use symbols that they recognised to identify items in the home such as utensils. The enabled people to access and use these items maximising their independence.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff asked people for consent before supporting them. People who may lack capacity to make decisions had detailed assessments in place. These were followed up by a meeting where family and professionals involved in people's care would make a decision in people's best interests. People had DoLS in place where these were necessary and any conditions were understood and followed by the staff team.
- The manager worked innovatively to ensure that people were involved and understood decisions that were made for them in their best interests. For example, they used symbols and pictures to help people understand that they could still refuse personal care or medication if it was their choice to do so. One person had been supported to write and agree to decisions in a way that made sense to them. This showed exceptionally good practice with regards to the MCA.

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 were treated with kindness and respect by a staff team who knew them well as individuals. Staff knew how to support people with their anxieties and spoke to them in a calm and patient manner. This had a positive effect on how people communicated their feelings to staff members.
- Relatives were positive about the care that people received. One relative told us, "It is a great service and [Person] is very happy there. [Staff] are so patient and respect [person] for who they are which goes a long way."
- Staff had a good understanding of people's needs with regards to equality and diversity. They supported people to eat certain foods and celebrate religious holidays which were important to them. One person was supported to attend a religious service every Sunday. This person's relative said, "[Staff] respect the religious side of things. [Person] loves going to [religious service], singing hymns and listening to music."

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

- The manager ensured that people were kept at the centre of their support and involved in decisions about their care. Staff supported people to make day to day choices in ways which made sense to them. This included offering pictorial choices to people or supporting them to write down their choices.
- People and their relatives were involved in regular reviews of their care and their thoughts were noted and used to inform support plans.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to promote people's independence. People were encouraged to develop life skills by helping to cook, clean areas of the home and post their own mail. One person told us that walking by themselves in the community was 'good independence.' A relative said, "[Person] is very independent living at the service. Much more so than what they were at the family home."
- People's support plans made it clear to staff if people were able to complete tasks independently. Staff were clear on when people were able to do things independently and when they may need more support.
- Staff had a good understanding of how to respect and promote people's privacy and dignity. People had the opportunity to spend time by themselves and staff respected people's home environment.

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 received personalised care which met their specific needs. Support was tailored around people's likes, dislikes and preferences as well as their physical and sensory support needs. This had a positive impact for people and the manager was able to evidence that incidents of distressed behaviours had reduced significantly. One relative said, "[Person] has settled in to the service really well. They would let us know if they were not happy."
- The manager matched staff to people depending on their choices and the personalities of the staff members. One staff member explained how this had allowed them to build a very positive relationship with a person. This person now took part in new activities and household tasks with this staff member.
- People's support plans were holistic and focused on people's emotional support needs and choices. They had also been developed so that people could be involved and understand the information in the support plans. This meant that staff always had up to date information about how a person wanted to be supported.

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.

- The manager and staff team ensured that people's communication needs were met. Staff knew each person's specific communication method such as using signs, pictures or writing choices down. Staff used these throughout the day to communicate with people and it was clear that people understood what was being communicated to them.
- One relative told us, "[Staff] have taken communication needs on board. They use [Person's] picture book to help them talk. This means that [Person] knows they have pictures to use if they cannot find the words they are looking for."
- Support plans were very detailed with regards to how people communicate and what people's facial expressions or body language may mean. This meant that staff were able to understand what people were trying to communicate if they chose not to communicate verbally.

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 took part in a large range of activities based around their choices. Staff supported people to plan activities on a weekly basis. Activities which people took part in included, swimming, bowling, visits to pubs

and restaurants, visits to shopping centres and walks or drives to places of interest. Photos showed that people enjoyed these activities.

- Staff organised monthly 'discovery days' where people were supported to try new activities such as going to zoos or aquariums. If people enjoyed these activities, then these were made a regular occurrence for people.
- One relative said, "[Person] is out and about most days and enjoys all the activities which they are supported with. [Person] is very content because of this."
- People were supported to see their family members. Staff made extra effort to ensure that family visits could still take place if family members were unable to visit the service. This included supporting people to visit their family members home.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place at the service and this was available in different formats such as easy-read. The manager responded promptly to any complaints made and ensured that actions were taken to improve the service if this was necessary.

End of life care and support

- People living at the service were young and had not been supported to put plans in place for the end of their life. The manager had developed an end of life policy and care plan which they planned to discuss with people and their relatives.

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 as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had a clear understanding of their job role and had made a lot of effort to improve the quality of the service. The manager completed a wide array of audits in areas such as medication, health and safety and staff interactions with people to monitor the support people were receiving.
- The manager had not applied to register for the manager of the service for an extended period of time since starting in their job role. This meant that the service had been without a registered manager for nine months. The manager explained that they had rectified this and were now in the process of registering for the CQC.
- Plans for emergency situations such as fire and staff shortages were in place and understood by staff members.
- The manager was open and honest with people, relatives and the staff team when things went wrong. They recorded all correspondence in a log book to monitor this and ensure that duty of candour was adhered to.
- The manager submitted notifications to the CQC in line with legal requirements.

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

- There was a positive culture at the service and staff treated people in an open and empowering way. People were clearly happy being supported by staff and felt in control of their own lives and support.
- People had been supported to achieve positive outcomes and have a better quality of life since starting to live at the service. This was noted by people's relatives and by professionals involved in people's care and support.
- Relatives were positive about the management of the service. One relative told us, "[Manager] is brilliant. They always make sure person is living life to the full and always update me with what [person] has been up to."

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

- People were asked for their feedback on the support they were receiving in regular meetings with staff and by the manager. Feedback was recorded and used to inform people's support plans or identify preferred activities for people.

- Relatives were also kept informed about the service through regular newsletters and meetings. One relative told us, "The manager is very good. Excellent at communicating with us as parents."
- Staff were involved in the development of the service and kept up to date with changes to the way that people were supported. Staff told us this helped them be passionate and motivated about supporting people to live the best lives that they could.

Continuous learning and improving care

- The manager was committed to the service and making improvements. They kept up to date with national best practice guidance and used this to inform the support which people received. This had led to some very positive outcomes for people.
- The manager continually updated audits and support plans when improvements were required. They were also open to suggestions from outside professionals to improve the quality of the service.

Working in partnership with others

- The manager and staff team worked with health professionals such as speech and language therapists and psychologists to ensure good outcomes for people.
- The staff team worked with the other services who were located on the same site to share best practice and support people.