Aspens Charities

Pepenbury

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

The inspection took place on 20 September 2018 and was unannounced.

Pepenbury 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. Pepenbury accommodates up to 56 people in 8 adapted detached houses. There were 53 people living at Pepenbury at the time of this inspection.

We last inspected Pepenbury in September 2016 when no concerns were found. However, this was the first comprehensive inspection following a change of legal entity and new registration on 5 October 2017.

Each house provides accommodation and personal care for between six and nine people who live with complex learning and or physical disabilities.

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 physical and learning disabilities, along with people who also suffer from autism using the service can live as ordinary a life as any citizen.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Risks to people's safety had been assessed and actions taken to protect people from the risk of harm. The provider had systems in place to protect people against abuse and harm. The provider had effective policies and procedures that gave staff guidance on how to report abuse. The registered manager had robust systems in place to record and investigate any concerns. Staff were trained to identify the different types of abuse and knew who to report to if they had any concerns.

Each house had been adapted to meet people's needs and people's rooms had been decorated to reflect their personalities. The premises were well maintained; clean and regular health and safety checks were carried out.

Medicines were managed safely and people had access to their medicines when they needed them. Staff were appropriately trained to provide people with the care and assistance they needed.

Staff met together regularly and felt supported by the management team. Staff were able to meet their line manager on a one to one basis regularly. There were sufficient staff to provide care to people throughout the day and night. When staff were recruited they were subject to checks to ensure they were safe to work at

Pepenbury.

Where people did not have the mental capacity to understand or consent to a decision, the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make their own decisions had been completed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure each person's rights were protected.

People had enough to eat and drink, and received support from staff where a need had been identified. People's special dietary needs were clearly documented and trained staff ensured these needs were met.

Staff knew the people they cared for well and treated them with kindness, dignity and respect. People could have visitors from relatives and friends at any time.

People and relatives were positive about the care and support they received. People received a person centred experience that enabled them to live active and meaningful lives in the way they wanted. People had freedom of choice at the service. People could decorate their rooms to their own tastes and choose if they wished to participate in any activity.

Staff respected people's decisions. People took part in activities that reflected their choices and interests.

People's health needs were well managed by staff so that they received the treatment and medicines they needed to ensure they remained healthy.

Staff responded effectively to people's individual needs. Staff interacted with people very positively and people responded well to staff.

The culture of the service was open and person focused. The registered manager provided clear leadership to the staff team.

Audits to monitor the quality of service were effective. They identified actions to improve the service which were followed up and carried out.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risk assessments and positive behaviour support plans were in place. People were safeguarded from abuse.

Staff were recruited safely. There were enough staff to meet people's needs. Staff had clear guidance to reduce the identified risks and manage people's anxieties.

Incidents and accidents were recorded. Lessons were learnt and risk of further occurrences reduced.

People received their medicines as prescribed. Protocols were in place for when medicines prescribed as 'when required' should be administered.

Is the service effective?

Good

The service was effective.

Comprehensive assessment of needs using best practice guidance were carried out prior to people moving to the service.

Staff received training and support through supervisions and team meetings to effectively undertake their role.

Staff were trained in intervention techniques. This meant staff could support people with challenging behaviour.

The service was working within the principles of the Mental Capacity Act (2005).

People were supported to meet their nutritional needs and maintain their health.

Is the service caring?

Good

The service was caring.

Staff had developed positive relationships with people and knew their needs well.

Individual communication passports, pictures and Makaton signs were in place to assist people to communicate, verbally and non-verbally.

People were encouraged to complete the tasks they were able to do themselves to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care plans were in place which gave detailed guidance for staff in how they should support people to meet their assessed needs.

There were sufficient activities to help people keep stimulated and lead meaningful lives.

The service had a complaints procedure in place. All complaints received had been responded to appropriately.

Is the service well-led?

Good

The service was well-led.

There was an effective quality assurance system in place. Audits were completed by the provider's quality monitoring officer.

Staff said they enjoyed working at the service and felt the management team were supportive and approachable.

Feedback was obtained from residents, relatives, professionals and staff through surveys. These were positive and reports had been written to summarise the feedback received.

Pepenbury

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 September and was unannounced. The inspection team consisted of three inspectors and one specialist advisor in learning disabilities.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. Before the inspection, the provider had completed 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 plan to make. We took the PIR into consideration.

We observed the care and support being provided. We talked with relatives and other people involved with people's care provision during and following the inspection. As part of the inspection we visited six of the eight houses and spoke with the registered manager, one senior manager, three care co-ordinators, one community nurse, ten care staff, nine people and five people's relatives. We looked at a range of records about people's care and how the service was managed. We looked at seven people's care plans, medication administration records, risk assessments, accident and incident records, complaints records, health and safety checks, fire safety documentation and quality audits that had been completed.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe living at Pepenbury. One person told us, "I do feel safe here, they do come and check on me at night time." A relative told us, "We don't have any concerns, we feel [loved one] is safe and well cared for."

Staff knew how to recognise signs of abuse and knew how to report any concerns they may have. Staff told us that they were confident that the registered manager would deal with any concerns they had appropriately. Staff understood the whistle blowing policy and their ability to report concerns to outside agencies if they felt they were not being dealt with properly. A member of staff told us, "Looking after people and managing behaviour is important to us. I always make sure people are treated properly and would tell the registered manager if something isn't right."

There were enough staff to keep people safe and to meet people's needs. Some people living at Pepenbury received one to one support from staff during the day and this was taking place. Recruitment practices helped ensure that as far as possible, only suitable staff were employed. Records showed relevant checks had been completed. This included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Proof of identity and references were obtained as well as full employment histories.

Risk assessments were in place to ensure people were kept safe. Staff told us how they supported people when levels of anxiety increased. For example, when family visits were getting near, people's anxiety triggered some behaviours that challenged. Positive behaviour support plans described these triggers and informed staff of diversion techniques to use that helped manage such situations. Staff told us, "We know [person] needs reassuring before family arrive – a bit of quiet time generally helps."

People were also supported to manage their road safety. The service is situated by a road and people needed to cross this road to access other areas such as the art studio for example. During the inspection we saw people crossing the road and on one particular occasion we heard a member of staff ensuring they were aware of road safety and checking before they crossed.

Staff completed weekly and monthly checks of, for example, water temperatures. Water was within the safe range and this reduced the risk of people being scalded. Legionella testing had taken place in line with national guidance. Fire safety checks were completed regularly and people had individual fire risk assessments that identified how to move them to safety in the event of a fire.

People's medicines were managed safely, people were given their medicines when they needed them. Staff received training to administer medicines and their competency was checked by the registered manager. We observed medicine rounds, staff were patient and spoke to people in a compassionate way and gave them time to take their medicines.

Staff accurately recorded when they administered medicines. The temperature of the rooms and the fridge where medicines were stored were recorded. This was to ensure that they were stored at or within the recommended temperature. This is important because some medicines, if not stored at the correct temperature, can expire more quickly or become less effective. All liquid medicines, creams and lotions had an opening date written on them. This ensured that they were not used past the once opened expiry date.

People were prescribed 'as and when' medicines, such as for pain relief and medicines for anxiety. There were protocols in place for staff to follow about when to give the medicines, how often and the maximum dosage. The dispensing pharmacy also carried out regular checks.

The houses we visited were clean and tidy. There were cleaning schedules for staff to follow. Staff used personal protective equipment such as gloves and aprons when required. There were infection control boxes in each person's room, containing gloves, bags and aprons. We saw evidence of audits that had been carried out ensuring infection control was being managed.

Steps were taken to learn lessons and make improvements when things went wrong. Accidents, incidents and near misses were reported by staff and reviewed by the registered manager to look for themes and patterns. The registered provider used an assessment tool to review a person's behaviour when it became challenging, and to provide guidance to staff on how they should respond. Records showed that incidents where a person displayed a new behaviour were added to the guidance and staff used this to help reduce the likelihood it would happen again. In one instance the registered manager identified that one person was unsettled when being supported by inexperienced female staff. The rota was amended so they were only supported by male or more experienced female staff in the future. Learning from incidents was shared with the team during supervision sessions, team meetings or via conversations or emails. A visit from the Food Standards Agency identified that staff from one house were not putting food on the correct shelves in a fridge. The registered manager shared learning with the whole service and amended their quality assurance audit to ensure food was being stored safely.

Good

Is the service effective?

Our findings

People's needs were assessed before moving into the service and local authority assessments and reviews were available in people's records to add to the assessment process. People's needs assessments were kept up to date and reflected in people's care records. The service supported people with a variety of different and in some cases, complex needs. For example, people with autism; people with multiple care needs, such as needing catheterisation and peg feeding; and people who may present with behaviour which could be challenging. People's care records had clear guidance for staff on how they were to be supported with their needs in the way they wanted.

Care plans and risk assessments described fully how to support people when their behaviour may challenge others. Positive behaviour support plans were used, enabling staff to understand people's triggers and the support they may need when they displayed behaviour which could be challenging. One staff member told us, "It's about spotting the triggers before they happen, you can then take the person away from the situation and use distraction tactics." Staff had received training in positive behaviour support and were supported by the providers positive behavioural support coaches who were accredited by a nationally recognised body. The provider also had a restrictive practice lead who supported staff to reduce the use of any restrictive practice. This had had a positive impact for people as there had been no use of physical restrictive interventions in over a year and people's behaviour was managed in the least restrictive way possible. The provider was currently reviewing all restrictions on people which had become accepted practice over time, for example locking coffee away for a person who would drink it excessively, and finding new strategies to support people in a more encouraging way. PRN medicines for people's behaviour which can challenge were used as a last resort and staff described to us how the use of this has decreased for one person.

Staff had the skills, qualifications and experience to deliver effective care and support. Staff who had been newly recruited were required to complete a week-long induction into the organisation at the beginning of their employment, and shadowed more experienced staff before they were assessed to be competent to work alone. They completed mandatory training in subjects such as autism, challenging behaviour, safeguarding adults and children. They were also supported to complete the Care Certificate if they had not done so in previous employment. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. More experienced staff were supported to maintain their knowledge with regular refresher training in mandatory subjects, and were encouraged to further develop their careers by completing, for example, diplomas in health and social care. Staff were also trained using a nationally recognised course which aimed to equip them with the skills and strategies to de-escalate behaviour that challenged. When people had specific care needs, the registered manager sought additional training to ensure staff could meet their needs. Records showed one person with epilepsy was supported only by staff who were trained in how to support them in the event of a seizure.

People were supported to live healthier lives and were supported to access health care and social care professionals when needed. Staff told us that people were referred to different professionals when required

such as GP's, dentists or opticians. People's relatives told us that the staff team supported people to attend health appointments as needed.

People's nutritional needs were being met. Weekly menus were agreed by people for the main evening meals. People were supported to make their own choices of meals. We saw plenty of fruit on offer for people to help themselves to. Risk assessments were in place for people who tried to place too much in their mouths. We saw staff following guidance and appropriately managing people's consumption. Guidance was provided to meet people's dietary needs, for example healthy eating information and guidance for a diabetic diet. The speech and language team (SaLT) had provided guidance for people to reduce the risk of choking. For example, clear instructions had been written for one person who needed a soft, moist diet with food cut into small pieces. We saw staff followed this guidance during lunch.

The houses were adapted appropriately to meet people's needs and to aid mobility, for example there were wide doorways and hand rails. Throughout the inspection we observed people moving freely within their home. Rooms were personalised and reflected people's interests. Some houses were situated on an incline which made walking to and from the on site day service, for example, potentially tiring. We saw people using steps and ramps provided and we asked people about this. People had no concerns and were able to access all areas of the site should they wish. Electric wheelchairs were used by some people to move around the premises, but we noted that there were times when these had not been charged. Staff told us that they were now monitoring this and we saw that wheelchairs were charged.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a good oversight of DoLS and where needed, people had a DoLS authorised or they had been applied for. The DoLS in place were not subject to any conditions.

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 were being met. The provider was working within the MCA. People had 'decision making plans' which detailed how the person liked to receive information, how to present them with choices, how to support the person to understand the information and when was the best time for them to make decisions. Care records evidenced that where possible people consented to their care and support.

Good

Is the service caring?

Our findings

People and their relatives told us and indicated that they were happy with the care and support they received, from staff who were kind and caring. One person told us, "Staff understand what I need. They are patient with me if I get my words muddled up."

During the inspection we observed many kind and caring interactions, where it was evident that staff knew the person well, and how they would respond. We saw a member of staff engaging with a person during an art and craft activity. They were using soft feathers to stick on to paper and when the member of staff started moving the soft feather across the person's cheek we could clearly see that the person enjoyed the sensory sensation and indicated that they would like the staff member to carry on. This was in line with information that we saw in the person's care plan and this showed us that the member of staff knew this person well and what stimulated them.

Staff spent time with people to get to know them, and supporting them in a way they preferred. A relative told us, "All the staff know everybody really well. My [loved one's] support workers are lovely. Keeps me up to date with anything and everything". A relative commented, "The staff are brilliant; they have lots of patience and are so calm." Each person had a communication passport which detailed how the person communicated and explained how a person would show what they wanted through their behaviour or actions, for example that they were happy, bored, wanted to go out or wanted to be on their own.

The communication passports and care plans also provided details of people's interests, likes and dislikes and what they enjoyed talking about. This meant staff had the information to be able to positively engage with people about topics they were interested in. Staff knew people's likes, dislikes and interests. For example, one staff member told us, "[Name] likes animals so I chat to them about this to distract them, if they get anxious."

Some people living at the service used Makaton signs as part of their communication. Makaton uses signs and symbols to support verbal communication. The staff team had done some training in Makaton which meant they were able to communicate better with people.

Staff could describe people's support needs and how they gave them choices in their day to day lives. For example, showing people a choice of food or clothes so they could indicate which they wanted. Staff spoke with people in a respectful way. Staff were aware how to maintain people's privacy and dignity when providing support. One staff member told us, "I always explain what I'm going to do before I give any support so people know what is happening."

People were encouraged to complete the tasks they were able to themselves. One person told us they had helped make their evening meal the night before our visit. Care plans clearly identified where people were able to do things independently. People also enjoyed walking in the nearby countryside. Some people were supported to make a lunch for them to eat while they were on their walk. A person said, "I love going for walks and enjoy eating my sandwiches."

Staff could tell us how they prompted and encouraged people where possible. A relative told us their relative was now doing far more things for themselves. "We noticed when we went away on holiday, that [loved one] wanted to help with small cooking tasks and offered to make drinks which was really nice to see."

The manager informed us that they considered personal characteristics under the Equality Act 2010 within people's assessments and care plans. For example, the manager established if people had cultural or ethnic beliefs that affected how they wanted their care to be provided. The provider had a policy in place, they had discussed this within team meetings and staff had received training. Care plans included information about people's religious beliefs where appropriate. People were supported to go to church if they chose to. One person from a different cultural background was supported to celebrate their national holidays and to eat their national dishes.

The service had appropriate independent advocates to ensure decisions made were in people's best interests. An advocate is somebody that helps people make their own decisions. They help people understand information so that they can make decisions about future care and support and can speak on a person's behalf to ensure that the person's voice is heard.

People's confidential information was securely stored in the office at the home. The computers used by staff were password protected.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. One person had recently been admitted to hospital and returned to Pepenbury following an infection. Continuing care was needed to ensure the infection healed and we saw records reflected this. An updated risk assessment informed staff that regular checks needed to be made at night. Records showed these checks were completed.

Care plans and assessments were person centred and looked at what was important to the person, including their likes and dislikes and were tailored to their individual needs. People's care reviews focused on what was important to them, what people appreciate about them, what they had achieved and their future goals. They showed how people had become more independent and they focused on people's strengths, dreams and wishes. Records showed that people were involved in their reviews, along with their relatives and external health and social care professionals.

People's concerns and complaints were listened to and were used to improve the quality of care people received. The registered provider sought different ways to encourage people to express their views on the support they received. Complaints were a standard item in the weekly house meeting, where people were encouraged to raise any concerns they had. Each house had a poster which described how to make a complaint in a format that people could understand, and included pictures of people to complain to, such as that of the registered manager. The registered manager told us that regular audits of the quality of care included speaking to people about their experiences. They told us, "Staff are trained to treat people with respect. We investigate all complaints." Action was taken to improve the service following a complaint. For example, when one person said they were not getting along with their keyworker in the way they wanted to, senior staff arranged for an alternative keyworker for that person. Records showed the registered manager kept complainants up-to-date with any investigations and subsequent outcomes.

The registered manager was aware of the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Providers of health and social care services are required to follow the standard to make sure that people have every opportunity to understand and be involved in their care plans and documents on an individual basis. We found that information had been provided to people in a way which met their individual needs.

People were supported to take part in activities they enjoyed. People could access activities provided at the day centre if they chose to, and taster sessions were offered for people to try. For example, there was a large well-equipped art studio, pottery studio and IT room on site.

People were part of their community, they used local facilities, accessed community health facilities and some people did voluntary work in the local community. The homes had their own vehicles which enabled people to access their community. For example, people went swimming, trampolining, horse riding, on day trips to Hastings and to the local shops, restaurants and pubs. The registered manager described how they encouraged people to go out as they did not want the service to be 'insular'.

The provider was supporting one person at the end of their life and worked closely with the community nurses to ensure they received the care they needed. People's end of life wishes, where known, were recorded on a 'living and dying with dignity' form and were reflected well in people's care records.

Good

Is the service well-led?

Our findings

Staff told us they enjoyed working at Pepenbury. One person told us, "I have worked in many different care settings and Pepenbury is the best place I have worked. The registered manager is supportive and very approachable."

There was a registered manager in post. 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. They had the skills and experience to provide effective leadership. They held qualifications in health and social care, and kept up-to-date with best practice by attending local meetings with other registered managers and by subscribing to health and social care websites. The service also subscribed to nationally recognised bodies such as ARC for England and the British Institute of Learning Disabilities. Both are recognised for advocating that people with a learning disability are enabled to engage with and be a positive part of their community.

They were also aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. They had a close working relationship with the local safeguarding team.

The registered provider had a set of values, which included an aim "…to enhance the independence, potential and quality of life, of adults with learning, physical and other disabilities, through the provision of a stimulating, safe and supporting environment." The registered manager said, "Staff are made aware of our values during their induction, those of promoting people's independence and treating people with dignity. They have training and I reinforce through supervisions." We asked staff if they were aware of the registered provider values. One person told us, "I believe in providing the best possible care for people I support and the company provides me with the necessary tools to be able to do my job." During the inspection we observed staff carrying out their roles in line with the provider's set of values.

The registered manager was aware of the importance in having effective oversight of the service. They took an active role within it and knew the people and staff well. They told us, "I speak to the managers in the houses on a daily basis so I know what is going on. And I work as a duty manager regularly, which means I am on site supporting staff in their role. It means I get to know how they are doing, and what the residents think of them. I will ask visiting professionals like nurses what they think. Feedback from family members of potential residents when they visit is always useful. The feedback I get is usually very good."

Staff were treated fairly. Rotas were drawn up taking into account staffs commitments outside work, such as with childcare or hospital appointments. Rotas were also in a rolling format, meaning staff knew their working pattern in advance. Adjustments were made when staff needed support. One staff member with dyslexia was given documents printed on yellow paper, as they were sensitive to the glare of white paper on a page.

Staff were supported to positively manage people's behaviour which could be challenging and where incidents occurred they were given a debrief by a manager. This enabled both learning from the incident and support for staff to talk through what happened.

There was a system in place which was used to identify shortfalls and was used to improve the quality of the service. Quality assurance audits were carried out by the registered manager, and other senior staff. A quality assurance system was in place at the service. This included weekly, monthly and quarterly audits for medicines, people's money, and health and safety. The registered manager had good oversight of the accident and incident records, reviews of people's care plans undertaken and the management audits and checks completed. Any actions required from these reviews and audits were recorded along with the progress to date. Important updates were sent to the individual houses for staff to read. Audits by the registered manager highlighted that not all staff were aware of policy changes for example, so communication and handover books were monitored. This was to ensure staff signed to say that they had read the latest pieces of information at change of shift.

People, their relatives and staff were encouraged to be involved and engaged in the service. People's and relative's views were sought during the reviews of their care and support. Records showed the registered provider sought views from people such as if they felt safe in their home, if they liked activities and if they were happy with how their room was decorated. The registered manager was in the process of analysing results from a recent survey, and said they were keen to address any issues raised. Staff were supported to question practice and to raise concerns if they had any. There was a whistleblowing policy in place and staff had the opportunity to raise concerns anonymously. The registered manager told us, "We want staff to speak to us, and be confident they can do so without any fear. In one instance, a member of the senior management team met with a staff member offsite in the evening as they were concerned that meeting in the office might raise concerns." The registered manager also said they operated an 'open door' policy for both staff and people using the service.

The registered provider worked transparently with partner organisations in the local community, such as with the local authority, GPs, learning disability nurses and other health professionals. People had also been supported to proactively engage with the wider community like the local council and businesses. For example, a local bus company had reviewed its bus routes, and proposed to make changes to the route of one bus which meant it would not continue to stop near to the service. Some people were reliant on this bus route to access activities in the community. People were supported by staff to successfully lobby the bus company to change its decision. On another occasion, people were supported to write letters to the local council concerning the speed at which cars drove past the service, in the hope that the council would introduce traffic calming measures in the area.

The registered provider told us that they wished to give people living at Pepenbury the opportunity to influence the direction of the service in the future. In order to do this, they were planning to have service user representatives on the board of trustees so that they could put their views forward and the service user voice could be heard.