Larkfield With Hill Park Autistic Trust Limited

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

We inspected Pepenbury on 28 and 29 September 2016. The inspection was unannounced. Pepenbury is a residential care service which offers accommodation and support for up to 56 adults with a learning disability and other associated needs, such as physical disability. At the time of the inspection there were 56 adults living at the service in 8 residential houses on the Pepenbury site. People were grouped in the homes with people of a similar level of ability or diagnosis. Some people had profound learning disabilities and physical disabilities, some people had autism spectrum disorder, other people had behaviours that challenge and some people had moderate learning disabilities. Some people were able to communicate verbally and other people had severe communication difficulties. The site is on the outskirts of Tunbridge Wells and people are accommodated in eight detached houses.

At the time of our inspection there was a registered manager at the home. 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.

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.

Some premises had been adapted to meet people's needs but some environments, such as bathrooms were in need of refurbishment. We have made a recommendation about this in our report.

Medicines were managed safely and people had access to their medicines when they needed them.

Staff were well trained with the right skills and knowledge 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 in the care sector.

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.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff talking with people as equals. Staff knew the people they cared for well and treated them with kindness, compassion, dignity and respect.
People could have visitors from family and friends whenever they wanted. People and [most of?] their relatives spoke positively about the care and support they received from staff members.

People received a person centred service 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 felt well cared for and were supported with a variety of activities. People had individualised activities planners that reflected their choices and interests.

Support plans ensured people received the support they needed in the way they wanted. 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 and maintained an active presence in the home.
Audits to monitor the quality of service were effective and embedded. 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.

People were protected from avoidable harm and abuse.

Risk assessments were comprehensive and reduced hazards for people

The provider had ensured that there were sufficient numbers of staff in place to safely provide care and support to people.

Medicines were stored, and managed safely.

Is the service effective?

Good

The service was effective.

Staff received training that gave them the skills and knowledge required to provide care and support to people.

Consent was being sought and the principles of the MCA were complied with.

People had access to a range of food options that was nutritious and met their needs. People were supported to maintain their specific diets when required.

People's healthcare needs were being met with support to routine appointments and appropriate referrals.

Is the service caring?

Good

The service was caring.

Staff knew people well and used the information effectively.

People and their families were involved in their lives.

People were treated with respect and their independence was encouraged.

Is the service responsive?

Good

The service was responsive.

People received a person centred service and staff responded effectively to people's needs.

Complaints were responded to appropriately and lessons were learnt where needed.

Is the service well-led?

Good

The service was well led.

The culture of the service was open, person focused and inclusive.

The management team provided clear leadership to the staff team.

Quality monitoring systems had been effective and led to change.

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 28 and 29 September 2016 and was unannounced. The inspection team consisted of three inspectors, one specialist advisor and one expert by experience. The advisor was specialised in learning disabilities and behaviours that challenge. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of service.

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 in consideration.

As some people who live at Pepenbury were not consistently able to tell us about their experiences, we observed the care and support being provided for them. 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 seven of the eight houses and spoke with the registered manager, one senior manager, four care co-ordinators, one community nurse, ten care staff, 12 people and seven people's relatives. We looked at a range of records about people's care and how the service was managed. We looked at 13 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.

We last inspected Pepenbury in March 2014 when no concerns were found.

Good

Is the service safe?

Our findings

Most relatives told us that they felt that people were being kept safe from avoidable harm and abuse. One relative told us, "I was very impressed with how the staff reacted [after an incident] two staff reacted very quickly and kept people safe. X's very well protected. There's always been a policy that residents' protection and safety is upmost: I've been very impressed." Another relative told us, "There's good transparency in the twice yearly reviews. My [relative] has occasional behavioural issues and there's transparency as to what's going on. [They had an injury] in April and I've had six months to reflect on whether she's safe and my conclusion is: absolutely, yes."

Support staff knew how to keep people safe from abuse. One member of staff told us, "I would report any concerns I had to my line manager. We complete body maps for unexplained bruising and record it in the daily record. We also inform social services and the CQC." Another staff member told us, "There is a safeguarding policy in place and it is discussed at every supervision and team meeting. If a person has a safeguarding concern we have a duty to forward it to a senior manager. I have done referral forms to the local authority and if the manager isn't here we inform the duty manager." The relatives of one person who no longer lived at the home told us that they had concerns about how staff responded to risk, and how the concerns that they had raised had been dealt with. Where incidents had occurred or concerns had been identified, appropriate referrals had been made to the local safeguarding teams and the local authorities who funded placements. Investigations were undertaken and responded to, indicating that risk and incidents had been appropriately managed although some learning was identified by the registered manager, for example, there have been changes to the referrals process to the home.

Staff were knowledgeable about how to report concerns and possible signs of abuse. Staff members were trained in safeguarding adults and whistle blowing. One staff member told us, "I had safeguarding training one year ago." The staff member was able to describe different types of abuse and commented, "I know about the whistle blowing policy and would contact CQC or Social Services if I needed to whistle blow." This meant that staff had the knowledge and training to keep people safe if they suspected neglect or abuse. Staff members who supported people with behaviours that can challenge had additional training to keep themselves and the people they support safe. One staff member told us, "I will be having NAPPI training before the end of the year and I have had conflict management training." Non-Abusive and Psychological and Physical Intervention (NAPPI) training focuses on positive behaviour support for staff who work with behaviours that challenge.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Positive risk taking was being encouraged in the service and staff used positive behaviour support plans to determine what triggered challenging behaviours in people. Risk assessments were used to protect staff and other people who live at the service. Positive behaviour support plans identified people presenting behaviour that may challenge. These plans contained information about early warning signs, triggers and strategies for preventing challenging behaviour. Staff members actively looked for these triggers and used agreed coping strategies to help people stay safe. For example, one person spent time using a trampoline and staff commented that the person enjoys this and seems to feel better and calmer as a result

and therefore less likely to present with challenging behaviour. Staff had been given specialist training to work with people who have behaviours that challenge. This would reduce the need for any form of restraint and in the most serious of cases would ensure that any restraint was safe. The registered provider had a policy on restraint to ensure the safety of people and staff.

Staff members took an active approach to people' safety. For example, a person approached staff and said they were going to go out; staff spoke about road safety and asked what the person needed to remember. The person said, "I look left and right four times" and staff confirmed this was correct. Adequate safety checks were being carried out in all the houses we visited. One care co-ordinator commented, "I do weekly and monthly audits including water temperatures, room temperatures, first aid supplies, pest control and vehicle checks". Services were being audited for their safety with regular health and safety checks for hazards such as water temperature and infection control. 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.

Thorough recruitment procedures were followed to check that staff were of suitable character to carry out their roles. Criminal records checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. Staff members had provided proof of their identity and right to reside and to work in the United Kingdom prior to starting to work at the service. References had been taken up before staff were appointed and references were obtained from the most recent employer where possible.

People told us they felt there were enough staff on duty to meet their needs. One relative told us, "I go in twice a month and I never see the staff panicking or running around: there's an aura of calmness and if there was a shortage of staff you'd see tiredness or stress." One staff member told us, "The staffing levels are brilliant. Because of people's complex needs if the risk assessment says we need to have two people for a drive because someone may experience seizures then we can do that. We can also use agency if there is a staff shortage." One care co-ordinator told us, "The social service case manager uses a matrix that identifies the level of support a person needs. We use core hours and people with higher needs have allocated one to one support and the manager is supernumerary and available to provide support. We wouldn't take a person with high mobility needs because we wouldn't be able to accommodate their needs here. We always have two staff and we plan ahead for when people want to go out and arrange for extra staff." Rotas and staff planners showed that there were adequate staffing numbers in place to keep people safe. Each service had its own level of safe staffing and these levels were consistently applied over the four week period that we looked at.

There were safe medication administration systems in place and people received their medicines when required. Three administration rounds were observed in different services. People's medicines cabinets were in their rooms. Staff told people when it was time for their medicines, approached them in their rooms asking if they were ready for taking their medicines and reminding them to have their drinks ready. Staff prompted one person four times in a calm and friendly manner. Staff counted the medicines in front of the person and placed it into their individual cups which they used for their medicines. Ear drops for one person were dated when opened. Medicine Administration Record (MAR) charts were seen in three services and no medicines errors were identified. A medicines audit was completed daily and all medicines were counted at handover sessions with an additional am and pm check completed.

The maintenance of buildings was not consistent and could potentially lead to safety issues. Not all bathrooms were decorated to a high standard. In one service the walls leading to bathrooms had holes in them where plaster was coming away and doorframes and architraves were coming apart. There were sealant and wall areas crumbling and a tired décor in a second bathroom. In another service people's en-

suite bathrooms had tiles that needed replacing and were discoloured. There were joins on the flooring in a wet room that were split in two places leading to a possible infection control and damp issue with water not fully draining away. In four services we visited we found bathroom areas that were tired and in need of refurbishment. We spoke to the registered manager about this and were told that there was a programme in place to refurbish buildings and that the work required in bathrooms had been planned for and quotes had been obtained.

We recommend that the registered provider upgrades the buildings and decorates them to a consistently high standard.

Good

Is the service effective?

Our findings

People received effective care, from staff who had the knowledge and skills they need to carry out their role. One staff member told us, "I enjoy the training. I completed autism training which gave me a greater understanding of people's needs. I have had moving and handling training which has helped me support X with the hoist. We always support X with two staff and there have been no incidents." Another staff member told us, ""The training is good. I have had epilepsy care training and it was great as there was a theory and a practical part." The staff member talked about supporting a person at the service with epilepsy care needs, "X tends to have a seizure once a month. They had one in the bath and I ensured their head was supported and called for support. I can tell when a seizure is coming because X becomes unresponsive and non-verbal." The staff member was able to explain the emergency procedure in the event X had a prolonged seizure.

Records showed that there was a comprehensive training programme in place to meet people's needs. Courses were available to staff in areas such as moving and handling, infection control and food safety amongst others. The registered manager had ensured that all staff had received a comprehensive training programme and that training was kept up to date with regular updated courses. There was a full induction programme in place. Staff told us, "The first week was all classroom-based and we worked through the induction booklet. The second week I was shadowing X's care worker, the third week I was being shadowed by the care worker. I had a very thorough experience and I felt confident at the end of the shadowing to start working on my own. I was nervous but the shadowing showed me how to support people without invading their privacy."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had ensured that people's freedom had not been restricted and systems were in place to keep people safe. The registered provider had made appropriate referrals for DoLS and was using the principles of the MCA to protect people by using the least restrictive measure that would keep them safe. People were having their capacity assessed with the assistance of advocacy where needed to ensure that people who require wheelchair lap straps and bed rails were supported in the least restrictive way.

People appeared to enjoy mealtimes and have access to the food and drink they liked. One relative told us, "Yes, X gets enough to eat and drink and there is on demand access to food and a drink but there's a very nice balance between the satisfaction of good food and the need to control appetite. For instance, X has lost half a stone through changing to a healthier diet. It's appropriate to his needs." Another relative commented, "The food is basic but good for nutrition. They know he doesn't like fish or rice and he gets a varied and good diet and most of it is freshly cooked on site." A third relative told us, "When I've been there

the food is terrific. Each house does its own catering and what I've seen is good healthy well prepared stuff, at the weekends I've seen roast chickens etc. The quality of food is good, surprisingly good given the financial state of the industry." In one service we observed a lunchtime meal. Orange and blackcurrant juice was on the table for people to choose from. People sat at the table where they wanted and the atmosphere was relaxed. People requested toast in addition to their planned meal and were asked what they wanted on their toast. People with special diets were given appropriate soft foods as per speech and language therapy (SALT) guidelines and staff reminded them to eat slowly when required. Staff showed people a choice of dessert to choose from. One staff member told us, "People choose their own menus here. Everyone wants sausages so we looked at different meals using sausages."

People's nutrition and hydration levels were monitored where there was a medical need to do so. Some people required to be fed via a percutaneous endoscopic gastrostomy (PEG), which is a medical procedure in which a tube is passed into a person's stomach through the abdominal wall to provide a safe mean of feeding. There were clear guidelines in place for giving both food and liquid through the PEG tube and staff members were sufficiently trained to use this system. Another person had a specific medical condition that required a specialised diet. A staff member told us how they had attended a study day in London and met people who talked about their experiences of the same medical condition. The staff member told us, "This gave me more food ideas for X. I always check protein levels in food and portion sizes. X has a special mix so they can have foods they like, such as sausages." The staff member talked about ensuring X had same food choices as everyone else but with safe food replacement items.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. One person's plan detailed how they have routinely refused to attend medical appointments. As a result an agreement had been put in place with the person's GP that they could have telephone appointments for most ailments, at the GP's medical discretion. This meant that when the person had a suspected chest infection the GP was able to prescribe a course of antibiotics over the phone and the person's condition improved. One person's care plan showed that staff had identified that a person was having difficulty eating. A referral was made to SALT. Following the SALT intervention, guidelines were put in place which staff followed to ensure the person was provided with the appropriate soft food diet to meet their needs. Across the services we visited, people's health needs were being consistently met and people had access to healthcare professionals. One relative told us, "X is scared of the dentist. Eventually X saw a dentist and had two teeth extracted; this was entirely down to the staff and the relationship they have with him and the trust he has in them. X is on medication and the doctors are trying to reduce medication and they got him down to a certain level and it provoked some particular behaviour, so staff fed back to the doctor and there was a partnership to work out the correct level of medication which X benefits from."

Where necessary the service had made adaptations to premises in order to meet people's changing needs. One person had progressive physical health needs. The service had made adaptations to the person's room and had reconfigured the layout of the room to make it more accessible for their wheelchair. A profile bed for transfers and pressure area management had been sourced and provided which the person was able to control independently. The person's relative told us "I have no complaints. X's condition is deteriorating and staff are aware of his needs and X's room has been adapted. X finds it easier to get around now." In response to this the person nodded and said, "Yes". The relative commented, "X is well suited here. I have never seen X so happy." X said, "I like it here." Records showed that a nurse visited every week to tend to the person's leg ulcers and the occupational therapist (OT) had reorganised the person's room so the room was more accessible. We saw other adaptations that had been made to people's living spaces and these assisted people to live as independently as possible.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. One person told us, "Yes they [staff] are nice here: very", another person told us, "Yes the staff are very kind". One relative commented, "One of the things that distinguishes Pepenbury is the culture there and care is the backbone of that: it's through the organisation. I don't have the skills and dedication I observe in the people who kook after my son: it's quite humbling actually." Another relative told us, "The staff are caring, definitely. They are very patient. X enjoys playing with toys and they set them up and play with him. They know he has a sense of humour and joke with him. It's more than a job; they take him on holiday and he has a lot of fun. The staff are there for a long time which makes me think it must be a pleasant place to work."

People received care and support from staff members who had got to know them well. The relationships between staff members and people receiving support demonstrated dignity and respect at all times. During a music therapy activity staff members were able to gently prompt people as to what songs and artists they liked. Records showed that these preferences were consistent with information kept in people's care plans. Staff members we spoke with were able to speak accurately about people they supported. They knew people's life history, their medical needs, dietary preferences, which activities they enjoyed and their plans and goals for the future.

People who had communication difficulties were understood by their staff teams. People had communication plans that contained important information such as, "'repeat yourself a few times until I have processed the information. Use short, simple sentences. Ensure you have my full attention. I like a strong routine; it helps me guess what is coming next". There were prompts for support staff to manage people's anxiety levels through good communication such as, "Use open body language and positive voice tone, and remember atmosphere and staff mood will impact on my mood." One staff member told us, "X uses Makaton [Makaton is a language programme using signs and symbols to help people to communicate]. Y has certain sounds for when he's agitated or happy." Staff members knew the specific sounds and were able to tell us what each meant.

On the days of our inspection we observed very open, familiar relationships between residents and staff and these were apparent throughout the site visit. We observed one person who called out to their care co-ordinator and talked about their birthday. The care co-ordinator went to them and held their hand and chatted with them. The care co-ordinator then asked if they could go and speak to another person and the person, who was relaxed and happy said "yes, thank you very much". Another person was very excited to be going on a shopping trip. Their support worker sat and planned the shopping trip with the person using a computer, to look at the shops and restaurants that would be available during their trip. One person was in the gardens with one to one support. There were four other people and two other staff enjoying the good weather. The person was looking at a book made by their friend to reminisce about different people and places. Staff interacted with him asking him who was in the photo, where it was taken and what they were doing. Another person was reading and drawing. People laughed and talked about Halloween and 'trick or treating'. People were comfortable and joining in social interaction or actively watching the conversation. The person with the one to one staff called out to a member of staff who was walking by, who stopped and

chatted with him about his gardening activity.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Staff told us, "We have weekly service user meetings for less complex decisions and choices. Most people here don't have expressive communication so we use pictures to ask which activities, which meals or any complaints etc. For most people here it can be a challenge to know what they want at times, but because we've worked with people a long time we know what they like." Another staff member commented, "We minimise the choices to two or three choices. X can point with her eyes. We always offer choices and sometimes people smile or they may make a happy vocal sound." People were consulted about their care in regular review meetings. One person's care review showed that their family was present. There was a discussion around health referrals, which were made and the person's holiday was discussed. The person made clear their choice of holiday and then decided on all the activities they enjoyed and would like to do, such as going on bus journeys, bowling, shopping and trampolining. Care plans we looked at were reviewed regularly and had sought the person's views.

Care plans captured peoples' voice and preferences so that they received the care and support they needed in the way they wanted it. One person's care plan detailed how they presented when in different moods or when wanting different things from their staff team. For example, there were sections on 'when I am feeling contented' followed by detailed descriptions of the types of behaviours and vocalisations that would accompany this mood state. There were similar sections for 'When I am happy' and 'When I want attention'. In each section there was a detailed description of the exact things the person would do, written in their language. This meant that staff had the information to support the person in the exact way they wanted their support, at different times of the day and depending on different mood states.

People's privacy and dignity were respected by staff. One staff member told us, "I remind X to keep their dressing gown on and keep their door shut and blinds down [for personal care]. I regularly prompt people to keep their privacy and people can always lock their doors if they want privacy." Another staff member told us, "We have en-suite bathrooms in this house, which is great for dignity as everyone is doing their own private toileting and showering in their own room, except for X who chooses a bath. We always knock on doors and close curtains in people are not dressed. We also respect data protection and keep care plans and information locked up and only share information about people on a need to know basis." During our inspection we observed that people's privacy was protected and information was kept securely. During one meal we observed a person who was experiencing difficulties with eating. A staff member very discreetly supported the person to move closer to the table to protect their dignity. People were supported to use bowls instead of plates when necessary so that they could eat more independently. One relative commented that, "Bedroom doors are shut and they are definitely private areas and the staff treat the residents as adults. They're all dressed well and the staff speak to residents in a respectful way, in the way you'd expect them to speak to you or I."

Good

Is the service responsive?

Our findings

People were receiving a person centred service. One staff member told us, "Person centred care is a real strength due to staffing levels. For example, if X isn't enjoying his music session then we can take him for a drive. All our care plans are person centred so one person who had trouble swallowing now eats dinner before everyone else. Other people were distracting him, but we always give him a yoghurt at mealtimes so he's not isolated. Everyone has personalised activities planners and people do different things. X goes to discos to dance as she loves music." Another staff member commented, "People have their own care plans and they are centred around that one person. It's their needs and not anyone else's, just specific to that person." One relative told us, "They always make sure he sits in the chair he prefers. He doesn't like TV so sits away from TV and spends time with friends he likes. He loves bowling and holidays but doesn't like the sun so they ensure he has holidays in places where it is cooler."

We found that that staff were responsive to people's needs and demonstrated a good knowledge and understanding of the support people required. One staff member told us, "One of our service users has bought a [smartphone] and it is his best investment; he gets great enjoyment from taking photos and videos and sharing them with other staff and residents." We observed the person using the phone and talking to staff asking questions about who was in the photos and remembering a party with other people at the home. Staff members were using the phone as a positive means of engaging with the person. One person in their bedroom was becoming distressed watching a TV show involving a fight. Staff members noticed this and swiftly suggested changing to a DVD. The staff members offered the person a choice of two movies they really liked. When the person chose the film and started to watch it, they quickly became calmer again with some gentle reassurance from staff.

People were assessed to enable them to make decisions for themselves and live in the way they wanted. Where appropriate, people had profiles written for intensive interaction. Intensive interaction is an approach to teaching the pre-speech fundamentals of communication to children and adults who have severe learning difficulties and/or autism. The intensive interaction profiles contained highly personalised information on how to communicate with people. For example, "X will gain pleasure from the process and experience of an activity, not necessarily the end product. This is because X does not have a developed appreciation of sequencing. Therefore whatever the activity the focus should be on quality interaction and sensory experience." There was further information on how to structure activities for the person's benefit. We observed staff supporting the person in a way that was person centred and used the principles of positive interaction.

Care plans were personalised and detailed daily routines specific to each person, reflecting the choices people made every day. One relative told us, "X is involved in decision making and I believe there are house meetings where residents are involved and contribute. Whether he appreciated to be involved I don't know but when he decides something he communicates it in a very clear way and staff are sensitive to this." Another relative commented, "Definitely she is involved and that's a clear part of everyday life. What do you want to do? What you want to eat now? X will sign with the staff as to who I'd like to wash me who I'd like to help with food and she gets to make the decisions every day." A third relative confirmed, "X makes decisions

as much as he can. They ask him what clothes to wear. They give him a choice of food and although he doesn't speak he will refuse if he doesn't want to do something. They give him decisions about what he would like to do at the day centre." Observations made during our site visits confirmed that people were making decisions about their lives on a day to day basis, supported by their staff teams.

People and their relatives were involved in developing their care, support and treatment plans. Where people did not have capacity or other representation staff ensured that advocacy services were available for reviews. One staff told us, "We have an advocate under the 2014 Care Act. She ensured X's needs and wished were represented and she ensured everything was fair." Records showed that the service had utilised an advocacy service, to ensure people's voices were heard, for people who need to make complex decisions as well as for reviews. One relative told us, "In the six monthly reviews you get to personalise their care plan with them and X is asked for her input in that review." Records showed that the review process was used to tailor services for people and to put people at the centre of their care and support. One person's review notes showed that they were looking for volunteer work, planning a move to supporting living service as a stepping stone to community based accommodation and engaging with volunteer gardening. The planned move was discussed in detail in the care review.

People and most of their relatives spoke highly of the support that they and their loved ones received. One relative told us, "There's nothing I would change and he's been very happy. He's recently been more aggressive and they're managing it well and monitoring it for the dementia." Another relative told us, "I can't think of anything I would change, it's well run and never had any problems. He was 19 when he went and he's 48 now which says it all." Another relative told us, "My son likes to be left alone and my son will talk but prefers not to. What the staff have done is every day they go to Tesco to buy a newspaper and read it. He alternates between two newspapers and they ask him about news stories and engage him in conversation. It's become a routine and it gives him needed exercise and he enjoys the outside and within his disability they've encouraged this routine and it's added to his life phenomenally."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Staff recorded all complaints in a complaints log and there had been two formal complaints recorded in 2016. Both complaints had been investigated and addressed in line with the service's policy. As a result of a complaint, a member of staff had received additional training and support during one to one supervision. Most relatives felt able to complain and felt that their views were listened to. One relative told us, "I've not made a formal complaint but I give them constructive feedback as part of working with care workers as a team to get the best for my daughter. When I give feedback it is received well and acted upon and if not acted upon it would be picked up formally at a review, but I'm happy that input is received in a positive way and I feel comfortable that staff want X's life as comfortable as possible, and they get things done." Another relative commented, "Yes we try and build a rapport with staff and very rarely I've complained but I will write a letter and I've been very satisfied with the result and a staff will ring up to acknowledge the complaint and also to discuss the suggested action."

Good

Is the service well-led?

Our findings

The registered manager and the management team provided effective leadership to the service. Support staff consistently spoke highly of the care co-ordinators and the wider management team. One staff told us, "[care coordinator] is brilliant. They were appointed recently and are on top of everything. She cares about the guys here and started as a support worker so knows everyone really well." Another staff member told us, "[care co-ordinator] is fantastic and has done a great job here. They're very easy to go to if you need something. It's nice they know the people so well. I definitely feel supported." One relative commented, "I'm aware of the house management which is excellent and down to key individuals and it says something that they stay at the service." Another relative told us, "The management team are good and committed and they understand the provision of care and committed to the residents and some of them have tough jobs that are remunerated at relatively low levels so they put in a lot of personal commitment. If I call one or two members of the management team, as a parent, they call back or e-mail and the dialogue has been appropriate. They are well skilled and responsive."

The management team was actively involved in raising standards and making improvements. The registered manager regularly conducted audits to ensure that the quality of services was being maintained. Audits were conducted quarterly and covered areas such as health and safety checks, medicines checks, infection control, incidents and accidents, and documentation such as care plans, daily care notes and activities planners. . Each service within Pepenbury conducted its own monthly audit check covering areas such as, pest control, health and safety, fire and finance. The monthly service audits generated their own action plan and this was threaded through to the quarterly audit. Records showed that audits had led to improvements. One improvement was in relation to how the registered provider conducted pre-admission assessments. The registered provider was working closely with a local authority around improvements to their assessment process and changes were made to ensure that for applicants, who previously received services from that local authority, Pepenbury would always request information from the local psychology services.

Audits were evolving to meet the changing need of the service. The registered manager told us, "We have appointed an audits officer with ISO9000 accreditation [ISO9000 is a group of nationally recognised quality management systems standards]. The officer has questioned what the audits meant to people we support and we are in the process of changing the audits to make them more person focused, e.g. spending more time doing observations and talking with people." Work had been completed in challenging functional language in services, such as 'you do that person' instead of 'can you support [name]', and during our inspection we observed staff members using person centred language with people.

The registered manager sought feedback from relatives. Relative's feedback was sought at the yearly review where they completed a feedback form that the care co-ordinators keep on file. Letters were sent to invite families or they were contacted by phone. Families were then sent minutes of the review meetings when they were unable to attend the reviews. The registered manager told us, "We have some families who visit weekly. From the first contact we tell families that they can visit when they like. At the initial setting up of the care plan we send a copy to parents and ask for their input. At reviews the care plan is there for parents and people to review. Families are invited to all events and we involve families in decisions such as holidays."

However, one relative told us that they did not feel the registered provider had been open in responding to their feedback. This had been raised to the local authority who funded the persons placement, who were investigating the matter, and the registered provider was continuing to respond to the relative's concerns.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. Professionals and relatives were encouraged to visit at any time. One relative told us, "I think the service is very good we've never had any problems the staff are good and I can't really fault it." The registered manager told us, "The main themes have been communication and helping people to communicate. There is a magazine completely compiled by service users, supported by a grant and the organisation will continue to financially support this. There are also community- based events run by people we support. One was on personal safety and hate crime and the police attended." Records showed that the magazine and groups were part of a positive culture that empowered people. The registered manager commented, "We have a woodland walk and small animals section and this is completely wheelchair accessible now. This is open to the public and the general public come and get awareness."

The registered manager had made links with the local community and told us, "We're engaged with the community through shopping, sailing, trampolining, swimming and the church. Quite a lot of people go to church on a Sunday. Once a year there is a big church event led by the local vicar; we lay on sandwiches and there's hymns and singing. It's really popular. We sell Christmas trees here and people love it and the community come back year after year to buy their trees." The service had also forged links with local schools, some of which were schools for children or young people living with a disability, whose staff visited Pepenbury to do volunteering or site visits. The registered manager told us, "We give them a talk on learning disabilities and the type of services we offer here. The owner of [a national food company] came to judge the cake competition and because they have training chefs they are very keen to come and people in our café and our training kitchen. We have an alliance with friends of Pepenbury who do charitable events and recently donated funds to purchase a vehicle. People go to local discos and we go to the local library for story reading sessions for learning disabilities once a week."

People benefitted from having a staff team that was supervised and assessed regularly by the management team. People were receiving regular supervisions and appraisals. New staff members were supported to work through a structured induction programme. Care co-ordinators had used a supervision calendar that showed all staff received an annual appraisal and at least six supervisions per year. Future supervisions had been booked in with staff members. The management structure of a registered manager, two senior managers and care co-ordinators in each service meant that supervisions were completed regularly and consistently across services. One staff member told us, "I supervise three staff and am supervised by my manager. The supervisions I have are brilliant. We always have a good dialogue and I can openly discuss my well-being, staff and service users."

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They were 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. The Duty of Candour is to be open and honest when untoward events occur. The registered manager confirmed that no incidents had met the threshold for Duty of Candour.