

The Royal National Institute for Deaf People

RNID Action on Hearing Loss 16 Pendean Court

Inspection report

16 Pendean Court
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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 7 September 2016 and was unannounced. Pendean Court provides care and accommodation for up to for up to nine deaf adults who may also have a physical or learning disability. On the day of the inspection seven people lived in the home.

A registered manager was employed to manage the service locally. 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.

People received support from staff who knew them well and had the knowledge and skills to meet their needs. Staff had an in depth knowledge of how each person preferred to communicate plus other methods to use if the person became anxious or was having difficulty making themselves understood.

There was a positive culture within the service. The registered manager had clear values about how they wished the service to be provided and these values were shared by the whole staff team. Staff empowered people to make choices about how they spent their day and provided support where necessary. People were listened to when they requested new activities and staff acted upon these requests.

Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected. There were some risk assessments in place to help reduce any risks related to people's care and support needs. However, although staff administered people's medicines and looked after their money, there were no risk assessments in place to identify why it would be unsafe for people to do these tasks for themselves. The registered manager told us they would update these as soon as possible.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The recruitment and induction process for new staff was robust. People were involved in recruiting new staff to help ensure the staff team had the skills and interests to meet people's social and health care needs.

The registered manager and staff had attended training on the Mental Capacity Act 2005 (MCA). Where appropriate, people had mental capacity assessments and Deprivation of Liberty safeguards (DoLS) applications had been made. However, there was no specific guidance for staff about how people's mental capacity affected how they made decisions and which decisions staff may need to make in people's best interests. There was no evidence this had impacted the care people received and the registered manager told us they would add this information as soon as possible.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by other senior staff who had designated management responsibilities. People told us they knew

who to speak to and any changes or concerns were dealt with swiftly and efficiently.

Feedback received by the service and outcomes from audits were used to aid learning and drive improvement across the service. The manager, staff and senior managers monitored the quality of the service by regularly by undertaking a range of regular audits and speaking with people to ensure they were happy with the service they received.

The registered manager told us they were open in the way they worked and always apologised if things went wrong. Staff and healthcare professionals confirmed the manager was open and approachable.

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 told us they felt safe using the service.

Staff knew how to recognise and report signs of abuse. They knew the correct procedures to follow if they suspected or witnessed abuse or poor practice.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Recruitment practices were robust and staff were employed in sufficient numbers to keep people safe.

Risk assessments did not record the risk to people of managing their own money and medicines. The registered manager told us they would add this information as soon as possible.

Is the service effective?

Good ●

The service was effective. People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice and training needs.

People had mental capacity assessments in place, where appropriate. The registered manager told us they would add guidance for staff about how people's capacity affected their ability to make individual decisions.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with respect.

Staff supported people to improve their lives by promoting their independence and wellbeing.

Is the service responsive?

Good ●

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People had information about how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture in the service. The management team provided strong leadership and led by example.

The registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team.

People and those important to them were involved in discussions about the service and their views were valued.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvement and raised standards of care.

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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.

The inspection took place on 7 September 2016 and was unannounced.

The inspection was made up of an inspector and a British sign language interpreter. This was so we could gain the views of some of the people who live at Pendean Court. However, due to their conditions, people were not all able to share their views and some people declined to talk with us.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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 also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke briefly with four people and observed interactions between people and staff. We reviewed four people's records in detail and spoke to them where we could. This was to ensure they were receiving the care as planned. We observed how staff interacted with people. We also spoke with three staff and reviewed three personnel records and the training records for all staff. We were supported on the inspection by the registered manager.

Other records we reviewed included the records held within the service to show the registered manager was reviewing the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and practices.

Following the inspection we sought the views of a number of professionals who know the service well. We spoke with three health and social care professionals. This included an independent mental capacity advocate (IMCA), an IMCA who was acting as someone's DoLS representative (this means someone who supports a person to appeal against their DoLS authorisation, if they wish), and a liaison nurse. We also spoke with two relatives of people who live at the service.

Is the service safe?

Our findings

People were comfortable speaking with staff and told us staff would address any concerns they had about their safety. A staff member told us, "It's probably one of the best homes I've seen for safety." Relatives confirmed they felt staff members helped keep their family members safe.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

People were supported by staff who knew how to keep them safe in an emergency. People had personal emergency evacuation plans in place so staff and the emergency services would know what support people needed to evacuate the home safely, if necessary. The home also had flashing lights and pillow alarms as part of the fire alarm system so people who could not hear, would still recognise the alarm was activated.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. Comments included, "Even though I had done shifts here via an agency, I still had to wait until my DBS (disclosure and barring service) check was returned, before I started work as a permanent member of staff."

People were involved in recruiting staff as far as possible, to help ensure people with the right knowledge and skills were recruited. The PIR stated, "People who live at Pendean have been involved during the interview process by asking questions of their choice to candidates. The questions asked relate to their preferences of interests and hobbies." People's care plans also included information about the type of person that would be best suited to support them. This could be used to help ensure staff were recruited with the most appropriate skills and personality for people's needs.

People were supported by enough competent staff on duty to meet their needs and keep them safe. The PIR explained that, "Staffing levels are assessed and monitored to ensure there are sufficient to meet people's identified needs, considering staff members' skills, competencies, knowledge, qualifications and experience." Staff were not rushed during our inspection and acted quickly to support people when requests were made. For example, a staff member excused themselves from talking with us immediately, when someone requested assistance to open some food packaging. Staff confirmed they felt there were sufficient numbers of staff on duty to support people.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. For example one person's care plan listed things they would like staff to remind them of before they went out shopping alone.

Some risk assessments were in place to give guidance to staff about how to reduce risks to people, however, even though staff looked after people's money for them and administered their medicines for them; there were no risk assessments in place to give staff guidance on why people needed support and what level of support they needed. The registered manager told us they would ensure these were developed as soon as possible.

One person told us staff always gave them their medicines on time and how they wanted them. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and there was a fridge available to use for medicines if anyone needed medicines to be kept at a certain temperature. Staff were knowledgeable with regards to people's individual needs related to medicines and helped people understand the reason and purpose of the medicines they were given. However, where people had medicines, that were prescribed to be taken, 'as required', there was no guidance for staff, describing what the medicine was for or when the person might need it. The registered manager told us they would add this information to the medicines risk assessments.

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. A relative told us, "I trust them. They know what they're doing."

New members of staff completed a thorough induction programme, which included being taken through the home's policies and procedures and training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Staff told us this gave them confidence and helped enable them to follow best practice and effectively meet people's needs. One staff member told us, "I like to see things being done, when I'm learning, so shadowing was really useful to me. After three shadows they asked me if I felt comfortable. I did some more shadow shifts and then was observed in my work too, before I worked alone."

On-going training was planned to support staffs' continued learning and was updated when required. This included core training required by the service as well as specific training to meet people's individual needs, such as British sign language. Staff told us they had the training and skills they needed to meet people's needs and could request further training they thought they would benefit from. Comments included, "All our training is updated regularly. I've probably got over and above the training I need for the role" and "We can suggest training and where possible we get it. I can't think of anything I haven't been able to do." Staff we spoke with were working towards qualifications appropriate to their role. Most staff had achieved or were working towards a level two in British sign language; but two staff had achieved level four. These staff shared their advanced knowledge with other staff. One staff member told us, "We try to talk whilst we sign so newer staff members can understand what the signs mean."

Staff told us one to one supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. The registered manager told us they sometimes came in early in the morning or at weekends to do spot checks on staff. This helped ensure they were aware of any practice issued staff needed support with.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. Where people lacked capacity, there were mental capacity assessments in place. However, there was no guidance for staff about how the person's capacity affected their ability to make different decisions. It was not clear that this had impacted on the quality of care people received and the registered manager told us they would make sure this was recorded clearly for staff in the future.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf

of people however, these were awaiting review by the local authority designated officer. Where appropriate, DoLS applications had been made and best interest meetings held to ensure people's rights were protected.

Staff told us they always asked for people's consent before supporting them with anything. We observed this to be the case. Staff gave people time to answer and offered to come back later if the person did not want the support at that time. The PIR confirmed, "Understanding and consent to care is checked regularly by asking questions in different ways or at different times." When people had declined to consent to certain things, for example, a blood test, this had been clearly recorded.

People told us they were able to make choices about what they had to eat and where they ate. People chose to eat out in the local town sometimes. Residents' meetings were used to discuss people's meal preferences and plan the menu, but there were always alternatives available if people didn't want what was planned. There was pictorial information about healthy and unhealthy food displayed in the hallway and staff had spent time discussing this and trying healthy alternatives with people. The food people disliked or enjoyed and what the service could do to help each person maintain a healthy balanced diet were clearly recorded in their care plans.

People were referred appropriately to other professionals if staff had concerns about their health or wellbeing. Care records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced they had recently been referred to a speech and language therapist (SLT) for advice after they had choked on their food.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One staff member told us, "We can often pick up that people aren't well before they tell us anything and then we can suggest they go to the GP." Staff were always available to support people to healthcare appointments to aid communication between the person and the professional. Staff told us some people were reluctant to visit healthcare professionals but that staff continued to make further appointments, helped them understand why the appointment was important and encouraged them to attend. People had a health action plan which described the support they needed to stay healthy.

People benefitted from a staff team who were proactive in making sure the environment and people's equipment were suitable for their needs. For example, one person particularly enjoyed gardening but much of the garden was too low for them to reach, so there were plans to install raise beds for them to use. In the meantime they had their own planter with a large sign saying, "[...]s herb garden", which they enjoyed tending.

Is the service caring?

Our findings

People were well cared for. People appeared happy and contented and were comfortable communicating with staff, making jokes and asking for any support they needed. A relative told us, "The staff have got [...]s best interests at heart." Staff communicated with people in a personalised, respectful way. The PIR confirmed, "Families have complemented us on the care we have provided to their loved ones in various degrees and visitors to the home have commented on the atmosphere as being relaxed and welcoming." Staff members told us, "I enjoy spending time with the guys. It's like a family here" and "Staff show they care through their body language. Staff always have a happy expression."

The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff informed us of various ways people were supported to have the privacy they needed. For example, one staff member explained, "If I'm going to put someone's washing away, I ask if they want to come and help me. If they don't, I check it's ok for me to go into their room to do it before I go and do it." Another staff member told us, "They're human beings. Dignity is important." The PIR highlighted the fact that each room had a flashing door entry light and people also had the option to have a key for their bedroom if they wanted to. This helped empower people to maintain their privacy.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. We saw staff interact with people in a caring, supportive manner. They listened to people wishes and concerns, to help ensure any unnecessary anxiety was avoided. Staff comments included, "Staff always ask if people are ok and if there's anything we can help them with or get for them" and "I always think of people as if they were a relative and how I'd want them treated." The registered manager explained that one person liked to have activities planned clearly in advance. To help the person maintain their wellbeing, staff took time each evening to help the person plan the following day. This helped the person avoid any anxiety they may feel about the following day and was clearly recorded in their care plan for staff to follow.

Staff told us people were encouraged to be as independent as possible. Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with. Staff members told us they encouraged people to do as much for themselves as possible. One staff member commented they felt this not only helped people maintain their independence but gave them a sense of self-worth and responsibility. The registered manager told us how one person enjoyed baking and staff supported them to maintain important skills through this hobby. The person was encouraged to make a shopping list of the ingredients and buy the items they needed. This also meant they were maintaining financial independence. Staff had developed a record for them to use to record what money they had spent, in a format that was easy for them to use and understand. The registered manager told us, "We're trying to ensure they keep their independence as long as they can." Another person's mobility had decreased so the service had contacted the relevant health care professional who had raised the legs on the sofa to enable the person could get up more easily. This helped maintain their independence.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt. Staff gave us examples of how they used different

forms of communication to encourage people to make decisions, for example, British sign language, writing or pictures. This information was recorded clearly in people's care plans and staff were in the process of developing communication passports for people which included even more detail. The PIR explained further work was being done to make information available in different formats, to aid people's understanding of the support provided by the organisation and other networks. A social care professional told us the registered manager was always striving for staff to have better communication skills.

People were given information and explanations about their treatment and support when they needed them, so they could be involved in making decisions about their care. For example, one person had to have a procedure at the dentist. The registered manager and staff produced information, in a format that was easy for the person to understand, which explained the whole procedure. A social care professional told us, when they visited the person, the person was able to explain it all to them because of the clear explanations staff had provided. This not only helped the person to go ahead with the procedure but also gave staff a clear explanation about what their role would be too.

Is the service responsive?

Our findings

People had care plans that were very personalised. Care plans included people's specific wishes about how they chose, preferred and needed to be supported. They also included information about people's whole life, their likes and dislikes and important routines. For example, one person's care plan included details of how to scan their computer to help keep it free of viruses, so staff would be able to support them to do this regularly. Staff told us they involved people in developing their care plans so care and support could be provided in line with their wishes. People and where appropriate, those who mattered to them, were involved in the planning and reviewing their care, to help ensure their views and preferences were recorded, known and respected by all staff.

People had their needs assessed before they moved to the home. Information was sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. The PIR stated, "The plan focuses on what is important to and for people. We have a robust referral and admission procedure which ensures people's needs, preferences, aspirations and goals are identified early so that the service can provide appropriate support and make reasonable adjustments if required prior to them being supported by us."

People were empowered to make choices and have as much control as possible. The PIR explained, "All staff are trained in person centred thinking, supported by Person Centred Champions, who are intensely trained staff. They role model a caring approach and coach others in using thinking tools and approaches." People were asked what they planned to do each day and staff support was provided where required. There were boards available to people, where they could plan their day or week, if they wanted to. People were involved in planning their own care and making decisions about how their needs were met. The PIR explained, "Information is made accessible to each person, and decision making agreements are used to find out how, when and who to involve, when making decisions."

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. For example, one person had recently requested support to go biking. The staff were in the process of finding the best and safest way to support the person to fulfil this wish. In addition to group activities, people were able to maintain hobbies and interests and staff provided support as required. The PIR stated, "We are committed to delivering Person Centred Care and Support to everyone who uses our services. Matching tools are used to match a person with staff, they can spend time with someone who knows them well and shares their interests." One staff member told us, "[...] wants to paint a canvas, so I'm going to spend some time doing that with them this evening." Items people had made were displayed around the service. The PIR also explained volunteers were being recruited to increase the options available to people.

A newsletter was published regularly which highlighted things people had enjoyed doing and celebrated people's achievements. For example, a recent newsletter stated, "[...] achieved one of their goals, painting one of their bedroom walls bright pink!" It included pictures of the finished results. The registered manager told us, "We're in the process of asking people's friends and relatives if they would like to receive a copy too."

The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version available for those who needed it. People's concerns and complaints were encouraged, investigated and responded to in good time.

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service and knew people and staff well. They were supported by a deputy manager who worked full time at the service and an area manager, who made regular visits to the service. One staff member told us, "The management are great." The registered manager told us, "My line manager is extremely knowledgeable and supportive" and staff members told us, "The area manager's on the ball" and "The area manager is extremely supportive and knowledgeable."

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at Pendean Court. One staff member told us, "They're always trying to improve things for people. It's amazing the changes I've seen."

Relatives and staff described the management of the home to be approachable, open and supportive. Staff comments included, "We can say anything to the deputy and registered managers and ask them anything. There's always an open door" and "The manager's door is always open. They're really approachable." A relative also told us, "I really feel I can be honest with them."

Staff were positive about how the service was run. They told us they had confidence the registered manager would listen to their concerns and deal with them appropriately. One staff member told us the registered manager had been particularly supportive to them after a period of ill health. They told us the support they had received was, "Brilliant and massively helpful." Another staff member told us a senior staff member was supporting them to gain sufficient skills and experience to apply for a university course. They explained, "They've been amazing. It's really nice to feel like I'm not doing it alone. Everyone supports everyone here."

Staff told us they felt empowered to have a voice and share opinions and ideas they had. Staff meetings were regularly held to provide a forum for open communication. A staff member explained, "We discuss people's care, any problems or issues plus anything else we want to discuss. We can make suggestions and they're acted upon." The PIR explained that team meetings were also used to communicate any feedback received and any actions taken relating to concerns, complaints, and ideas for improvement.

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. The PIR highlighted the values of kindness, compassion, dignity and respect as being at the core of the service. Staff worked within these values. Comments included, "I love it. I love coming to work. I love the whole ethos, its very person centred. I love everything about it."

The registered manager told us, "We are privileged to be able to work with these people in their home." Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Staff talked about personalised care and promoting independence and had a clear aim about improving people's lives and opportunities.

The home worked in partnership with key organisations to support care provision. Social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support.

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager and were confident they would act on them appropriately.

People had opportunities to feedback their views about the home and quality of the service they received. Meetings were held every two weeks for people to discuss things that were important to them. These meetings were recorded and action taken according to people's wishes. People were also asked on a monthly basis for their opinion of the service. A survey in a pictorial format was distributed and staff were available to help people complete it. The PIR stated, "Findings are analysed, themes are identified and learning is logged and shared with people. Results are made accessible using easy read formats which supports people to understand what others have said and what actions we will carry out based on these results." The PIR also explained that the registered manager was working, "to find better ways of engaging and gathering views of people with more complex needs."

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. These were recorded on a central computer system which would prompt the registered manager to complete any outstanding actions, when necessary. This system also meant senior managers and staff from other departments in the organisation such as health and safety and risk, could access the records and check that all appropriate actions had been taken in a timely manner. The registered manager told us the system also produced charts of feedback, complaints, accidents and incidents so it was easy to identify if any themes were developing. The PIR stated, "This makes sure we continually improve how we meet people's needs and the requirements of regulators and contracts."

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The PIR explained, "We say sorry if we get things wrong" and a staff member confirmed, "It's very transparent here with the management." The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.