Community Integrated Care

Penk Ridge 26

Inspection report

26 Penk Ridge
Havant
Hampshire
PO9 3LU

Tel: 02392483074
Website: www.c-i-c.co.uk

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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

Care service description
Penk Ridge 26 is a residential care home for three younger adults with complex autism. At the time of our inspection two people were living at this service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

Why the service is rated Good
People were protected against the risk of potential abuse. Staff had the knowledge to identify safeguarding concerns and risks to people's health and wellbeing and acted on these to keep people safe.

People were supported by sufficient, consistent and familiar staff who knew people well and completed training in order to meet people's needs effectively.

Procedures were in place and followed to safely support people with their medicines, prevent the risk of infection and to keep people safe in an emergency situation.

Incidents and accidents were recorded and monitored to keep people safe and prevent a reoccurrence.

Staff were supported in their role through training, supervision and team meetings. Current guidance and best practice information was used to support staff to deliver effective care.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to have enough to eat and drink. People received healthcare support as required. The service worked with other healthcare professionals to plan effective care and support and achieve positive outcomes for people.

Staff understood the value of building positive relationships with people and responded to people's

individual and diverse needs in a kind and compassionate way. People were treated with dignity and respect and were supported to take part in decisions about their care and treatment using their preferred methods of communication.

People's care and support needs were assessed and person centred care plans were developed to meet people's needs. People were supported to follow their interests, take part in social activities and maintain their important relationships and independence as far as possible.

A procedure was in place to ensure any complaints received were managed appropriately. Staff understood how people may express dissatisfaction and acted to address any issues for people.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The provider and registered manager promoted an open and inclusive learning culture which focused on delivering person centred and responsive care for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Penk Ridge 26

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 comprehensive inspection took place on 23 May 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law. Prior to the inspection we reviewed information included on the 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 used this information to help us decide what areas to focus on during our inspection. Following the inspection we asked for and received further information from the regional manager and registered manager.

Not all people living at Penk Ridge 26 were able to share with us their experiences of living at the service. Therefore we spent time observing staff with people in communal areas. We spoke with three care staff, the registered manager and the provider's regional manager. We spoke with a relative of one person and we received feedback about the service from a GP who provides healthcare to people living there.

We reviewed records which included two people's care and support plans, two staff recruitment and supervision records, and the medication administration records of two people. We reviewed staff training records, feedback from satisfaction surveys, staff meeting minutes, quality assurance documents and other documents relating to the management of the home.

Good

Is the service safe?

Our findings

We observed that people were comfortable in the company of staff and appeared confident to approach staff if they wanted or needed support.

Staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns. Staff had the knowledge to identify safeguarding concerns and these were acted upon to keep people safe. Processes were in place and followed to protect people from abuse. For example; procedures were followed and monitored to ensure the safe management of people's finances. People with behaviours that may challenge others or cause them harm were supported to manage their behaviour through positive behavioural support strategies. Clear individual guidance was in place to ensure people were supported appropriately and safely by trained staff in these circumstances. People were protected against the risks of potential abuse.

Risks to people's personal safety had been assessed and plans were in place to minimise them. Staff were aware of people's risks and told us about the actions they took to promote people's safety and wellbeing. New risk assessment records were in the process of being developed to ensure up to date and detailed guidance was available for all staff to follow. Staff described the strategies they used to promote people's safety whilst enabling people to participate in activities they enjoyed. A person's relative told us "Yes, (person) is very safe at the service." Risks to people were managed safely.

Staff told us there were sufficient staff available to meet people's needs, but added that commissioning arrangements placed some limitations on the scope of activities available to people. This was because funding for two staff to one person for longer outings was not always available. There was a consistent and long standing staff team at the service. This was important because consistent and familiar staff knew and understood people's needs and reduced any anxiety associated with new staff. The registered manager told us staff absence was covered by familiar staff from the providers other services or regular bank staff. A person's relative stated in their satisfaction survey response "(person) is fortunate to get 1-1 support in a stable environment (low staff turnaround)." Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role.

There were safe medication administration systems in place and people received their medicines when required. Protocols were in place to guide staff on the use of medicines prescribed 'as required'. For example; when a medicine was prescribed for occasional pain relief. Regular checks of people's medicines were carried out to monitor for any discrepancies or errors. When a medicine error had occurred action was taken to ensure the safety of the person and address the incident with the staff member to prevent a reoccurrence. People's medicines were managed safely.

People had Personal Emergency Evacuation Plans (PEEPS) in place which detailed the support they required in the event of an emergency, such as a fire. Regular checks were carried out to ensure the safety of fire equipment in the home and to practice evacuation in the event of an emergency.

Staff completed training in infection control. Hand washing instructions and paper towels were available along with protective personal equipment (PPE) such as gloves and aprons when required for personal care. Systems were in place to prevent and control the risks to people from infections.

Incidents were recorded onto a central system and reviewed by the registered manager. Actions required were notified to staff and progress was overseen by the registered and regional managers. The provider's quality department checked the appropriate organisations were notified of incidents and compliance audits were carried out to check actions were completed as required. We saw for example that actions had been taken in relation to a medicine error including an investigation by the registered manager. Incidents were shared at team meetings to promote learning and prevent a reoccurrence.

Good

Is the service effective?

Our findings

The provider used a social care information and learning service to keep up to date with current and best practice. In addition the provider had carried out research in areas such as autism to inform staff practice. Policy and procedures were based on current evidence based guidance such as the National Institute for Health and Social Care Excellence (NICE) guidance for managing medicines. A staff member told us they were kept informed of training opportunities and policy and procedure updates via individual staff emails. Team meeting were held every three to four months for staff to discuss service level issues and developments. The registered manager told us how they used coaching to develop best practice with staff for example, using person centred thinking.

Records showed staff completed training as required by the provider in order to meet people's needs. This included training in Positive Behavioural Support (PBS), the Management of Actual or Potential Aggression (MAPA) training and autism awareness. A staff member told us this helped them understand the "general background" of people's conditions and behaviours. They went on to say "It's more about knowing the individual and their triggers and being proactive in making sure the triggers aren't there". People were supported by staff that completed training to provide effective care.

Staff told us they were supported in their role and received regular supervision with the senior support worker or registered manager. Records showed staff discussed the needs of the people they supported along with their own professional development and team working. A staff member told us they received useful feedback about their work in this process. Following the introduction of a new supervision and appraisal system, annual appraisals for all staff were planned for June 2018.

Staff told us how they worked with other health and social care professionals to achieve positive outcomes for people. People's records confirmed this and included details of health care visits and outcomes. Whilst health action plans had been developed these required updating and the registered manager assured us these would be completed immediately following the inspection. A GP who supported people living at the home told us that staff followed people's healthcare plans.

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).
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.

People's care records included mental capacity assessments and best interest decisions related to specific decisions about people's care and treatment. These included; managing finances, medication support and understanding the need for care and support. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made to the authorising authority for a DoLS following an assessment of the restrictions in place to support people safely in line with their legal rights.

The home offered a comfortable and homely environment for people. The property was owned by a housing provider who attended to maintenance issues which were up to date. People's rooms were personalised to accommodate their particular needs and choices.

People were supported to eat and drink sufficiently. Action was taken to support people with any risks associated with their weight and dietary needs to prevent deterioration in their health and wellbeing.

Good

Is the service caring?

Our findings

A person's relative told us the staff were "100% caring." We observed staff were warm and respectful in their interactions with people. Staff offered people choices and encouragement and engaged people with a kind and positive approach.

People received care and support from staff that had got to know them well. Staff spoke knowledgeably about people's likes, dislikes, interests and what was important to them. For example; how people liked to spend their time and the people, information or objects of importance to the person. We saw examples of how people's needs were met in line with their preferences. People received support from familiar staff that met and respected their personal preferences.

People's care plans included their ability to make decisions, any support they required and who else should be involved in decisions. Information was included on when was a good time or bad time for a person to make a decision. A staff member told us how they had identified an 'app' (an application for use on an electronic device) which they were going to trial with a person to increase their ability to express their views and communicate their needs as far as possible. Staff told us how people were involved in making day to day decisions such as choosing activities using picture cards and 'now' and 'next' cards to determine their priorities. A person's relative said "They put every effort in to understanding (person) and communicating with them." We observed staff were respectful of people's decisions such as when to get up and how they chose to spend their time.

Staff explained to us how they supported people's dignity when providing personal care. Staff also spoke about the importance of respecting people's privacy and their need for time alone. The provider had an Equality and Diversity policy in place. This outlined the provider's commitment as to how people would be treated equally and without discrimination in relation to the protected characteristics under the Equality Act 2010, including age, disability, gender, marital status, race, religion and sexual orientation. Staff showed an awareness of how to support people with their diverse needs and a commitment to challenging discrimination should this occur. Staff spoke knowledgeably about people's individual needs and how these were met.

The service supported people to have access to information they needed in a way they could understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was using a range of communication methods to involve a person who was nonverbal in their care and support decisions. This included, writing things down, PECS (a picture exchange tool) and 'yes' and 'no' cards. People's communication needs were documented and met by staff.

Good

Is the service responsive?

Our findings

People's care and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. These included detailed descriptions of people's preferred routines and important information for staff to know about the person. People's preferred methods of communication were documented and included how to support people to communicate their needs. For example; records showed specialist support had been provided by a Speech and Language Therapist (SALT) to assist with a person's communication needs and increase the ability of the person to make choices. Staff told us how they supported the person in line with this guidance. The registered manager and staff were able to evidence how people had achieved positive outcomes through a consistent and planned approach to their needs.

The care planning process was designed to enable continuous learning from feedback about what worked for the person and to support people to achieve their goals. Learning logs were being developed to encourage staff to record their observations to deliver responsive, person centred care. Strategies to support people when they experienced behaviours that challenged others were clear, detailed and individual. It was clear from our conversations with staff and people's records that staff knew people well and were experienced in identifying any triggers to behaviours that may challenge others. Staff described how people had experienced a reduction in these behaviours as a result of the responsive, person-centred approach used by staff.

Staff acted to seek support for people from others such as family members and other professionals to promote people's wellbeing and develop strategies to meet needs. Staff were aware of the importance of noting behavioural changes as an indicator of when people may be distressed and unable to verbally express their feelings. Records confirmed that people's families and other health and social care professionals were involved in the development of people's care plans to support people with their needs.

People were supported to engage in a range of activities that included, swimming, outings to areas of interest and holidays and activities in the home. The service included an activity room which contained resources for people's preferred activities. A person's relative said "They (person) does a lot of activities and things they like to do, staff will also support (person) on activities with me."

The registered manager told us that no complaints had been received by the service. They described the process they would follow if a complaint were received and this included an investigation and response to the issue raised overseen by the regional manager and the provider's quality department. We saw a complaints procedure was in place as described. Staff were aware of how people's behaviour may indicate dissatisfaction and action was taken to address issues identified. People's relatives confirmed they knew how to complain and that they had not raised any complaints in their satisfaction survey responses.

Good

Is the service well-led?

Our findings

A registered manager was 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.

The registered manager was responsible for three of the provider's locations. Staff told us they were able to contact the registered manager as and when needed when the registered manager was not in the service. A staff member said "We have got a good support network team wise. They are both (senior support worker and registered manager) brilliant at supporting staff, when we need support they are there". Staff also said they were supported by the regional manager and the provider's quality development team and they could speak to the registered manager or use a centralised phone line to discuss any issues at work including bullying and harassment. A whistleblowing policy was in place which was known and understood by staff.

The provider had an identified set of values which was used to promote a positive, person-centred, open, inclusive and empowering culture. These included; respect, enable, inspire, deliver and include. When we asked about the vision and values of the service a staff member said "The drive is towards personalisation and people. The new CEO is about engaging and valuing the staff, I think he (CEO) thinks if you look after the staff they will look after the people". The registered manager told us they were developing a 'learning culture' within the service. This was supported through coaching and a new care planning process which identified continuous learning from staff observation of people's experience. The provider held monthly mangers meetings, attended by registered managers across a locality to encourage shared learning across the services. Regional staff forums called 'game changers' were attended by staff to discuss issues and we saw evidence that this had achieved positive results for staff benefits.

Staff were supported to understand their roles and responsibilities through staff meetings and supervision. Staff told us they felt listened to and their opinions were valued. The registered manager demonstrated good management and leadership.

Quality assurance systems were in place to monitor and improve the quality of service being delivered and the running of the home. These included monthly audits by the registered and regional managers to monitor the quality of care delivered, by checking key quality and safety information through visits to the home. When actions for improvement were identified these were risk rated and checked for completion. The provider held a regional risk meeting that included an analysis of all incidents which were monitored for actions to ensure peoples on-going safety. An annual improvement plan was developed from audit outcomes to ensure continuous improvement was achieved.

When people were unable to give their views and opinions verbally or in writing about the quality of the service the registered manager told us they monitored people's satisfaction by "Observing staff and people when I am here and in discussion at staff meetings. I don't depend on the senior to tell me what's going on I would rather this was based on my observations and knowledge." People's relatives were asked for their

feedback through annual quality assurance questionnaires. We saw the feedback received was positive and a person's relative had stated "Excellent home, excellent staff". A staff member told us they were "Constantly improving and learning" to achieve good outcomes for people. This included examples of working with other health and social care professionals to develop effective care for people. They added "The (registered) manager is always suggesting ways to improve". The registered manager told us how they were introducing a continuous improvement tool to more effectively capture the information from lessons learnt. They said "I use the mum test, we don't expect anything less, and we are all accountable".