

Voyage 1 Limited

Pennington Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|--|
| Is the service safe? | Good  |
| Is the service effective? | Good  |
| Is the service caring? | Requires Improvement  |
| Is the service responsive? | Good  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

About the service

Pennington Court is a residential care home providing care and support for up to eight people with a learning disability, acquired brain injury and other associated conditions. At the time of the inspection the service was full.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were positive about their experience of living at Pennington Court. There were enough staff to keep people safe. We observed when people required assistance staff were quickly available, and where people had been assessed as needing one to one support it was provided.

We identified some concerns relating to how people's dignity was upheld. The registered manager told us this was already being addressed but the evidence they provided to support this was not sufficient to reassure.

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

Staff had a good knowledge of people using the service, their preferences and hopes for the future. People spoke positively about the staff.

People's medicines were managed safely. There were good systems in place to monitor the management of people's medicines and staff had received appropriate training in this area.

People's dietary needs and preferences were catered for. The service worked with other professionals to ensure people's health care needs were addressed.

People's needs were assessed, and their care plans included information about their needs and preferences. This supported the delivery of person-centred care.

People were supported to take part in a range of appropriate activities inside and outside the home.

Management systems within the service did not always identify shortfalls in delivery.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 9 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below

Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

Pennington Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Pennington Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from professionals who work with the service, and looked at information provided to us by members of the public. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people using the service about their experience of receiving care at the home. We spoke with three members of staff including the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment, staff supervision and appraisal. We reviewed a range of records relating to the management of the service, including audits, maintenance records and meeting minutes.

After the inspection

The registered manager sent us additional records relating to the management of the service, and information about how people's lives had improved since moving to Pennington Court.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse.
- Records showed safeguarding incidents were appropriately managed, with the provider referring incidents to external bodies as required.
- Staff had been trained and knew how to report concerns about people's safety and welfare.
- People told us they felt the service was safe. One person said: "Yes, it's very safe."

Using medicines safely

- Medicines were safely managed within the service.
- There were secure storage systems in place to support people in managing their medicines.
- Medicines, and records of medicines, were audited frequently so the management team had a good oversight of how medicines were managed at the home.
- Staff competency in relation to medicines was regularly checked.

Staffing

- Staff were deployed in sufficient numbers to keep people safe.
- Whenever people required support, staff attended quickly. We observed this throughout the inspection.
- People using the service told us there were enough staff available to meet their needs.
- Staff had been recruited safely and all the required checks had been done to make sure they were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were appropriately assessed.
- Risk assessments were in place and had been completed to a good level of detail. They were highly personalised, and reflected all the risks that a person may present or be subject to.
- People had personal emergency evacuation plans which provided information about the support they would need should an emergency arise.
- The provider had processes in place to maintain a safe and secure environment. Records showed regular internal checks and external servicing were carried out regarding fire safety, gas, water and electrical fittings and appliances. However, we noted the provider could not provide assurance that the required maintenance had been carried out following the most recent electrical installation condition report, despite us asking for it to be supplied following the inspection.

Preventing and controlling infection

- The home was cleaned to a high standard throughout.
- There was a regular infection control audit, and any identified actions were carried out.
- Staff used protective equipment such as gloves and aprons appropriately, and supplies of these appeared to be plentiful.

Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify trends or patterns and where appropriate action was taken to reduce the risk of recurrence.
- Lessons were learned when things went wrong, and people's care was regularly reviewed to ensure improvements were ongoing.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been thoroughly assessed.
- People and those involved in their care were included in the assessment. The information gathered was used to develop people's plans of care which were reviewed regularly.
- Care was delivered in line with good practice guidance. For example, people's oral health care needs were assessed, and appropriate support was provided where needed.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs.
- Records showed staff were up to date with training on safe working practices and staff confirmed this. Staff received training on subjects related to the specialist needs of people using the service, and told us they felt well-equipped to meet people's needs.
- The provider used additional ways to enhance training, such as staff quizzes and discussions in team meetings.

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

- People's nutrition and hydration needs were well catered for.
- People were supported to make decisions about what to eat, and participated in shopping for food and menu planning. The emphasis within the home was independence in relation to mealtimes, rather than communal living.
- Some people living at the service had very specific needs about food and drink. The provider had worked to good effect with these people to improve their health and address related behavioural issues.

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

- The environment was very homely creating a domestic style setting for people. Where people had requested it, the outside doors to their flats had been decorated and letter boxes had been installed. One person's room had been decorated to reflect their football allegiance, and the décor of the home was regularly discussed with people using the service.
- There was a safe outside area which was easily accessible to people. We observed people making use of this area during the inspection. There was also a craft room which the registered manager told us was being changed into a sensory room.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other professionals to ensure people received effective care and support.
- Records showed people had access to a range of external healthcare professionals, and their advice had been incorporated into people's care plans.
- Feedback from external professionals was positive. One external professional described care staff as having "a good knowledge of my client and [their] daily needs and they have clearly established strategies which effectively manage [their] sometimes difficult behaviours."

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Appropriate DoLS applications had been made and where required DoLS conditions were being met by the provider.
- The best interest decision making process had been followed when people lacked capacity to make decisions about their care and treatment.
- Staff asked people's permission before providing care and support and respected people's wishes. We saw this demonstrated throughout the day of the inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and their diverse needs, including spiritual beliefs, were respected.
- People told us staff were supportive and understood their needs. One staff member said to us "I feel like we make a difference." An external professional described a recent visit, saying "I observed them [the staff] supporting other residents and felt that they did this with a lovely balance of kindness and good humour."
- We observed a lot of positive interactions which supported people's wellbeing, although we noted some isolated incidents where a staff member failed to interact in a consistently positive way with people. The registered manager assured us they were aware of this concern and said they were taking appropriate action, however, they could not evidence this.

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

- People were supported to make decisions about their care and treatment, and were viewed as genuine partners in devising their care packages. One person said: "It's up to me, I decide."
- Monthly meetings were held to share information and give people a voice, and encourage them to have their say in how the service was run.
- People using the service confirmed they were consulted about their care. One person told us how staff had supported them to identify the next steps in their care, which they said they were looking forward to.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff on the whole showed respect for people's dignity, although we noted some incidents where staff did not reflect that they were working in someone else's home. For example, one staff member was encouraging a person to say he name of a film they couldn't pronounce because the staff member thought this was "funny." Other staff were present but didn't intervene. The registered manager told us they were aware of these isolated concerns and action was underway, although the evidence they provided to support this was limited.
- People's care packages were tailored around developing independence. The registered manager told us of many examples of the service supporting people to develop independence, for example, one person's need for medication had reduced, and another had developed conversation skills since moving to Pennington Court. An external professional we spoke with confirmed this was the ethos within the service.
- People's confidential information was predominantly managed safely, although an office containing confidential information was often unattended and unlocked during the inspection.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care records were highly personalised, containing detailed information about people's care needs, personal histories and aspirations. T
- People's care reflected their preferences and identified needs. For example, one person told us their care goals had been to move to a more independent environment when they had developed the skills to do so, and this was now underway
- Some of the people living at Pennington Court had arrived from other services who had not been able to meet their needs. Since arriving at the service many people had experienced a reduction in behaviours which challenge, or a reduction in support requirements, due to receiving care which was personalised and met their needs.
- Some people's care plans contained information about their end of life preferences and choices, although not all.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and appropriate support was provided where needed.
- People's care plans contained information about their idiosyncratic communication needs, recording what people said or did, and what staff understood this to mean. This information also included details about how staff should respond. During the inspection we noted that staff predominantly adhered to this, although not always. Following the inspection the registered manager advised us that this matter had been discussed with staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in social activities and keep in touch with family and friends. Staff had worked with people to assist them in developing and maintaining relationships they had previously had difficulties in participating in.
- People's care records contained information about their social interests, as well as any goals or aspirations in this area. Staff were imaginative in identifying social opportunities, and records indicated people were highly socially engaged.
- Staff we observed undertaking care tasks demonstrated that they gave people choice and control in their

day to day activities. People responded positively to this.

- Care records showed that staff checked with people about how care was being provided to ensure people had control over the care they received.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- People using the service told us they would be confident to raise any concerns, and felt they would be addressed.
- Although there had been no formal complaints since the last inspection, one person told us they had raised concerns about noise levels. They told us this was addressed when they had raised it.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality monitoring systems were in place, and these were used for managers to identify where improvements could be made, as well as what the service was doing well. However, the quality monitoring systems had failed to identify some shortfalls in delivery, such as record keeping and staff performance.
- We observed some instances of staff failing to ensure people's dignity was upheld. We raised this with the registered manager, who told us this was being addressed. However, the evidence they provided to support this was not reassuring given the concerns identified, which meant there was a risk poor performance had not been identified.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to provide an explanation when things went wrong.

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

- People were encouraged to give feedback about the service. There was a system of surveys within the home, and the results of the most recent survey showed that overall people were very satisfied with the care and support they received.
- Staff had opportunities to express their opinions in supervisions and team meetings. Staff we spoke with told us they felt listened to, and minutes of meetings and supervisions showed staff views were regularly sought.

Continuous learning and improving care

- Staff praised the learning opportunities available to them. Supervision records showed that training was promoted and encouraged within the service.
- Staff meetings were used for all staff to discuss and contribute to developments arising from learning

opportunities.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included specialist activity providers and community facilities. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.