

Emerald Care Services Limited

Pennine View

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

About the service

Pennine View is a bungalow that provides accommodation and care as a residential care home for two people with learning disabilities. The registered manager also oversees staff who support people in supported living; these services are registered separately.

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.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Systems, processes and practices safeguarded people from abuse. Risks were assessed and managed so people were supported safely and their freedom respected. Sufficient levels of staff were available to support people safely and to meet their needs. Medicines were administered safely. People were protected from infection. Lessons learnt were discussed at staff team meetings.

People's needs and choices were assessed and they were provided with support that met these needs and choices. Staff were trained and knowledgeable about the people they support. People were supported to eat and drink and maintain a balanced diet. Staff worked as a team with regular handovers, health professional advice was sought when appropriate. People's preferences were considered in the design and decoration of the home. Consent to care had been considered and appropriate legislation followed and documented. 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.

People were treated with kindness, respect and compassion. Records showed the emotional support people needed and received. People's views were considered and people made choices where they were able to do so. People's privacy and dignity were respected and their independence encouraged.

People received very personalised care responsive which was responsive to their needs. Concerns and complaints were recorded and improvements considered, however complaints were minimal.

The management of the provider had recently changed and staff were clear about the ethos of the new

provider. Staff spoke about an open and inclusive culture in the service and all were focused on providing the best outcomes for people. A governance framework was in place, and audits had recently taken place. Staff were clear about their responsibilities. Staff and families were engaged in the service. The action plan from the last CQC inspection had been implemented. People accessed the community and staff worked with other professionals and voluntary organisations.

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 requires improvement (published 16 January 2019).

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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pennine View

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

Pennine View 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 information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke briefly with one person who used the service about their experience of the care provided. We spoke with five members of staff including a senior supporting manager, the registered manager, a senior support worker and two support workers. 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 two people's support and medication records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three relatives about their experience of the care provided. We received some information from the registered manager after the inspection and we validated the evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by robust systems and procedures.
- Staff were knowledgeable about how to protect people and knew what action to take. Staff were confident the registered manager would take their concerns seriously and take appropriate action.
- A relative said, "The thing that's important to me is I can rest assured [name of person] is totally happy, it's a massive thing for us, knowing [person] is well cared for."

Assessing risk, safety monitoring and management

- People were protected by thorough and considered risk assessments which supported their independence wherever possible. Risk assessments focused on achieving the best outcomes for people. Staff were knowledgeable about these.
- Risk assessments were reviewed according to the level of risk and these took place when required.
- Staff were proactive at identifying any new areas of risk, these were assessed and actions taken to support people as independently as possible. Risk assessments were also available with regard to staff safety.
- Regular servicing of premises and equipment took place and regular checks were undertaken to ensure the environment was safe.

Staffing and recruitment

- People were supported by sufficient numbers of staff to appropriately meet their needs safely. People's needs were met in an unhurried manner and staff said staffing levels were good. A staff member said, "We're a solid team."
- People were supported by consistent and familiar staff. A relative told us, "[Name of person] has got a lovely relationship with staff."
- Robust procedures were in place to ensure staff were recruited safely. Personnel files contained all the necessary pre-employment checks, which showed only fit and proper applicants were offered roles.

Using medicines safely

- People were supported to receive their medicines safely by staff who were trained and had their competencies checked. Medicines were well organised and people were receiving their medicines when they should. Action had been taken to improve this area since our last inspection visit and it was clear improvements had been maintained.
- Records contained detailed and appropriate information about people's medicines, allergies and any risks associated with these. Appropriate advice and guidance had been sought and followed for people who received medicines covertly.

Preventing and controlling infection

- People were protected from infection. Support plans contained details to instruct staff how to do this.
- Staff were trained on the prevention and control of infection. Cleaning responsibilities and checks were clearly recorded. The environment was clean and tidy.

Learning lessons when things go wrong

- Incidents, when they occurred, were recorded for each person and monitored on a monthly basis. These records were reviewed by senior staff and the registered manager to consider lessons learnt and mitigate future risks. Discussions about these took place with staff.
- The registered manager encouraged staff to report accidents and incidents and a separate accident book was available to record any accidents suffered by people and staff.

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 the same. 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 physical, mental and social needs were holistically assessed and outcomes identified. These were regularly reviewed according to their changing needs. People's support needs were delivered in line with legislation.
- Support plans were developed and written in line with current good practice guidelines. Plans included people's sensory needs and their preferences relating to these.

Staff support: induction, training, skills and experience

- People were supported by knowledgeable staff who had ongoing training. All staff received the same mandatory training and this was regularly updated. Staff had opportunities to progress and undertake training to support this progression. New staff received a planned and monitored induction programme.
- Staff said they received supervisions and an annual appraisal. The registered manager had a programme of supervisions and appraisals which were tracked and monitored.
- Staff told us they were well supported by the registered manager, however it was acknowledged that this support had been spread thinly by the previous owner of the service.

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

- People were encouraged and supported to eat and drink and maintain a healthy diet. Posters displayed in the kitchen showed a healthy plate portion to remind people of healthy options. People were encouraged to support their independence by being supported to prepare food, lay the table, and take dirty plates to the sink.
- People were able to choose what they wanted to eat. Support plans recorded people's preferences. Photographs of foods were used to promote and support decisions about what people wanted to eat.
- No one required a specialised diet and plans clearly recorded this.

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

- People were referred to other services, where needed; the service had clear processes for doing this. People records showed communication with health professionals was effective and timely. Advice was documented and followed.
- The service involved people and their relatives when working with other services. Where people were unable to visit health services these visited people in their own home. This maintained good access to healthcare services whilst supporting people's anxieties about attending appointments outside their home.

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

- People were involved in decisions about the premises and their environment, where they were able to do so. People's individual preferences and support needs were reflected in adaptations around the home.
- People's bedrooms were individually furnished and contained personalised items relevant to that person's likes and passions. Throughout the home there were pictures of people enjoying activities giving it a very homely feel. One person enjoyed a sensory bath and the service had lots of items to support this.
- People had ready access to the garden and it contained equipment which supported people's enjoyment of this.

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.

- People's records contained comprehensive examples of how people were supported within MCA requirements and where the service had involved people in day to day decisions about their support.
- The service followed the requirements in people's DoLS.
- The home considered every aspect of people's support needs and ensured best interest decisions were taken and recorded, where required.
- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives provided consistently positive feedback about staff. A relative said, "The staff are brilliant, they treat [person] with respect and dignity, love and compassion, [person] is happy and content."
- Staff spoke about people with pride and compassion. Comments from staff included, "The [people] are amazing, the quality of care we give is immense", and, "The [people] are fascinating, [person] has made a really big achievement". Staff frequently commented, "It's a home from home".
- Support plan documentation was developed to ensure people's preferences and diverse needs were met in all areas of their support. Protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability were recorded and considered.

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

- People were involved, where able, in decisions about their support needs. Detailed historical records ensured people's preferences were considered when delivering support. Relatives were heavily involved in planning support needs where people were unable to make these decisions themselves.
- Staff supported people to make decisions, where they were able to do so.
- Where people were unable to express their views verbally support plans recorded other ways people may be able to express their preference.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence where they were able to do so. For example, one person liked staff to support them when they were able to do things for themselves. Staff kindly and patiently reminded this person they were able to do this for themselves, described what they needed to do, and encouraged them to do this.
- Staff preserved people's dignity at all times, and were able to describe in detail how they do this for people when delivering personal care, for example. Staff tone and language when discussing people was very dignified and respectful.

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

- Support plans were exceptionally personalised and detailed how people should be supported with each task, whilst considering people's views and preferences throughout.
- Staff were very knowledgeable about people and their likes and dislikes, what may cause people anxiety or distress and how to prevent this. The focus was firmly on the outcome for the person, not the task.
- People's needs were identified and this included those related to protected equality characteristics. For example, if they had any religious preferences.
- Activities were very varied and according to people's likes. Daily records were detailed in documenting what activity the person had enjoyed and the choices the person had made.

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 clearly identified, recorded and highlighted in care plans. Every aspect of a person's sensory abilities were considered in terms of their communication and to support staff's understanding of this.

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 access the community on a daily basis. Trips and visits were tailored to the individual's preferences and staff were knowledgeable about these. For example, one person enjoyed social outings, horse-riding and swimming, whilst another person preferred quiet walks in the country.
- People were very well supported to maintain relationships with their families. One person had recently spent a significant amount of time with their family, through the support and encouragement of staff. This had been a milestone in this person's outcome achievements and meant a lot to staff and the person's family.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- The complaints procedure was easily accessible and available to people and their relatives.
- There had been no complaints about the service however relatives were very confident any concerns would be acted upon. One relative described how they had expressed a concern about their relative and the

registered manager acted immediately, meeting with them to discuss their concern and agreeing with them appropriate actions.

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 as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 new owners had recently undertaken a series of meetings to share their vision and the ethos, 'Every Moment Matters', for the service. Staff spoke positively about this and understood the new culture for the service.
- Relatives confirmed they knew the registered manager well. Staff felt the registered manager's time had been spread thinly by the previous owner, and the registered manager acknowledged this. The new owners had provided additional resources to support the registered manager, which we felt assured would better support the service.
- The provider had a good understanding of their responsibilities and the registered manager acted according to their duty of candour requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their responsibilities and those of their staff. Senior support workers had a good understanding of the service and their responsibilities.
- Good governance arrangements were in place. Checks were undertaken by senior support workers, the registered manager reviewed these on a monthly basis and a senior member of the management team had responsibility for overseeing these. This included analysis to consider risks and trends.
- The registered manager was knowledgeable about all aspects of the service, including people's support needs. Whilst regular audits had not always taken place previously we were assured by the governance management systems of the new owners.

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

- The registered manager had an open-door policy and relatives and staff confirmed this. The registered manager said, "I'm so lucky to have the staff I've got, I appreciate the staff, I'd leave any of my family in their hands."
- Regular meetings were planned and took place for staff. Relatives had direct access to staff and the registered manager and were consulted with regularly, for example, about the change in service ownership.
- Relatives received regular quality surveys and these were analysed, improvements and actions considered and shared with relatives and staff.

Continuous learning and improving care

- The registered manager and staff were committed to improving care wherever possible. There was a stronger focus on this aspect of the service from the new owners.
- Improvements to individual care was discussed at staff handovers and staff meetings; relatives were involved at all stages.
- Staff said they were encouraged to suggest improvements. A recent workshop had involved staff on considering best practices to behaviour management. Further support and improvements were planned, such as for medicines and restraint reduction.

Working in partnership with others

- Staff worked as a cohesive team with a variety of other professionals to support the wellbeing of the people they cared for and to improve their quality of life.
- The service had links with voluntary organisations; one person accessed a voluntary run social event.
- The service had links to the local community; neighbours in the community knew people when they went for walks. One person enjoyed visiting local amenities, such as the garden centre.