

Penberth House Ltd

Penberth House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About this service.

Penberth House is a residential care home providing personal care to up to 3 people. The service provides support to people living with mental health conditions. At the time of our inspection there were 3 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People's experience of the service and what we found

People said the quality of care they received was of a good standard. People said staff supported them and were able to access education and employment opportunities with staff support.

Each person had an assessment and care plan in place that clearly identified their support needs.

The provider had effective systems in place to manage people's medicines. The provider monitored the service and the quality of care, to ensure care was delivered in a person-centred way.

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.

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, 14 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We have made a recommendation about the management of some medicines.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Penberth House on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Penberth House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of an inspector and a regulatory coordinator.

Service and service type

Penberth House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Little Haven is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people, the deputy manager and 1 support workers. We reviewed 3 people's care records. We looked at records of recruitment for 2 members of staff and information relating to the management of the service, including policies, staff communications and audits.

After the inspection we sent a questionnaire to staff for their views and opinions of the care provision and the management of the service. We received feedback responses from 3 members of staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- The provider had a safeguarding policy and processes staff followed to keep people safe from abuse and avoidable harm.
- Staff completed safeguarding training which helped them understand how to identify and report potential abuse and to reduce the risk of harm.
- People were safe living at the home because staff knew when and how to report concerns. One person told us, "I am very happy here and I have no worries about my safety."

Assessing risk, safety monitoring and management

- Each person had an assessment which identified risks to their health and well being and plans were in place to ensure people were safe. People's risk assessments identified known risks related to their mental health, physical health, medical conditions and risks related to people's nutritional needs.
- Staff developed management plans that recorded the risks, including an action plan to mitigate any identified risks and reduce the risk of people coming to harm.
- People we spoke with said they felt safe living at the service. One person said, "Staff make sure I am doing well and that I am safe all the time."

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Care plans described people's capacity to consent and the support they required to make decisions for themselves.
- The registered manager understood their responsibility to ensure people had a best interest meeting to make specific decisions these were recorded as required.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff to provide care and support to people safely.
- The provider had arranged for enough staff to be available for duty and for each shift. One person told us, "There is always enough staff around, if I need to go out to the shopping centre [staff] would always go with me."
- The provider operated safe recruitment processes so staff employed had the necessary skills and experience. Pre-employment checks took place to ensure staff were suitable to be employed. Each member of staff provided information to demonstrate they had right to work in the UK. Relevant checks were carried out with the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People had their medicines safely and as prescribed. There was a medicines management system in place that reviewed and monitored the administration of medicines.
- People told us they received their medicines as required and as prescribed.
- The deputy manager confirmed, and staff training records showed staff were competent and assessed as safe to support people with taking their medicines. People's medicine administration records (MARs) showed some unexplained gaps in those records. We shared those records with the deputy manager who said they would review the records and share with staff for their learning. After the inspection the deputy manager confirmed they had investigated the gaps in records and any gaps were managed in accordance with their medicines policy.

We recommend the provider reviews the process for auditing medicines so potential issues can be identified in good time.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control (IPC) practices.
- The provider had an IPC policy to safely manage and reduce the risk of infection.
- The provider had sufficient supplies of personal protective equipment (PPE) and staff confirmed they had access to PPE and was freely available for their use.
- We completed observations of the home, including the communal areas. We saw staff maintained a clean and hygienic environment with appropriate cleaning cloths and liquids used to reduce risks of infection.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- People told us their relatives and friends could visit them at the home when they chose and there were no restrictions on visiting.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- There was a process for recording any accidents and incidents that occurred at the service. The registered manager was responsible for the investigation into these events and take any action as required.

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 our last inspection we rated this key question Good. The rating for this key question has remained 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

- The provider supported staff to ensure there was a positive and open culture at the service. All staff took action to ensure people using the service received safe and consistent good quality care. Staff were complimentary about the registered manager. One person said, "The manager is always here, she will come and visit me in my room if I am not downstairs when she comes."
- Staff told us they enjoyed their jobs and providing care and support to people. Staff held key working meetings with people. One person told us during their key worker meetings they explore different college courses and found one and applied to a local college to learn new skills.
- The registered manager understood their responsibility to show clear leadership of the service. The management team demonstrated clear insight into the quality of care, service delivery and staff support.

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 told us they understood their responsibilities in relation to duty of candour.
- The registered manager told us that they operated in an open and transparent way and knew they had a legal responsibility to share information with the local authority and the CQC when things go wrong.

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

- The provider had a system to monitor and review care and support people received. People's care records were updated with new information when people's needs had changed. Risk assessments were found to capture risks and management plans were completed routinely updated.
- The registered manager completed regular audits of these records which meant they could identify any errors or gaps and updated them in a timely way.
- Staff reviewed care plans and records to ensure these were person centred and contained comprehensive information about people. People told us they were always involved with developing their care plans.

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

- People and staff were involved in the running of the service and staff fully understood and took into account people's protected characteristics.
- People were encouraged to give their feedback about the quality of the service. A person told us, "I think

this service is great, staff really helped me when I had personal issues."

- Staff meetings took place with all staff to share information about the service and people's needs. Staff were encouraged to contribute to their meetings and share their ideas and views with their colleagues.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the people's care experience including the quality of care.
- Staff received specialised training to help update their skills and knowledge to help them to develop in their role. Staff training in mental health conditions and physical health conditions took place, outside the mandatory learning programme. This training equipped staff to carry out their roles effectively.
- The provider was supportive to help staff to carry out their roles and staff had competency to check to ensure staff were safe and skilled to work with people.

Working in partnership with others

- Partnership working took place between staff and health and social care professionals.
- People benefitted from consistent care, support and advice for staff when people's needs changed.
- Records showed that staff frequently contacted health and social care professionals including care coordinators and community psychiatric nurses for advice and support when people's needs and mental health needs had changed.