

The Royal National Institute for Deaf People

RNID Action on Hearing Loss 16 Pendean Court

Inspection report

16 Pendean Court
Barras Cross
Liskeard
Cornwall
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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: Pendean Court is a residential care home that was providing personal care to eight deaf adults, some of whom had a learning disability or a physical disability.

What life is like for people using this service:

- People and their relatives consistently told us they felt safe living at the service and staff treated them in a caring and respectful manner. Comments included, "He is happy there", "I wouldn't have him living anywhere else" and "They are absolutely marvellous."
- Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. People were observed to have good relationships with the staff team. Staff actively encouraged people to maintain links with the local community, their friends and family.
- Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for social interaction and activity with staff. Staff knew how to keep people safe from harm.
- People's care was individualised and focused on promoting their independence as well as their physical and mental well-being. People were empowered to take positive risks, to ensure they had as much choice and control of their lives as possible.
- The environment was safe and people had access to equipment where needed. Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines.
- People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.
- People were involved in meal planning and preparation. Staff encouraged people to eat a well-balanced diet and make healthy eating choices.
- The registered manager, provider and senior team worked well to lead the staff team in their roles and ensure people received a good service. People, their relatives and staff told us they were approachable and that they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

Rating at last inspection: Good (report was published 30 September 2016)

Why we inspected: This inspection was a scheduled comprehensive inspection based on the previous rating.

Follow up:

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

The full details can be found on our website at www.cqc.org.uk

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.

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Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by one adult social care inspector.

Service and service type: Pendean Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at.

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: We gave the service 48 hours' notice of the inspection. This was because people living at the service communicated using sign language and we asked the service if sufficient staff could be available to assist us to talk with people.

What we did:

Before the inspection we reviewed the Provider Information Return (PIR). The PIR 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 made the judgements in this report. We also reviewed notifications we had been sent. Notifications are specific issues that registered people must tell us about

During the inspection information we reviewed:

- We spoke briefly with all eight people using the service and in more depth with two people
- We observed how staff interacted with people
- We spoke with four care staff, the registered manager and deputy manager
- Two people's care records
- Records of accidents, incidents, compliments and complaints
- Staff recruitment
- Audits and quality assurance reports

After the inspection information we reviewed:

- We spoke with three relatives
- Staff training matrix
- Surveys of people and their relatives carried out by the provider

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from harm or abuse.
- Safeguarding processes and concerns were discussed at staff meetings.
- People, and their relatives, told us they felt safe living at the service, commenting, "I am happy living here" and "I feel safe living at Pendean."

Assessing risk, safety monitoring and management

- Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.
- There was a positive approach to risk taking to enable people to maintain their independence and make informed choices about their lives.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- There were sufficient numbers of staff on duty to meet people's assessed needs.
- The service did not use agency staff and if any additional hours were needed these were provided by existing staff, that people knew and trusted.
- Where people were assessed as needing one to one staffing or two to one staff, for example, in the community, this was always provided.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- People received their medicines safely and on time. Staff were trained in medicines management and had

regular competency checks to ensure ongoing safe practice.

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Where people had been prescribed creams these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.
- Medicines were audited regularly with action taken to make ongoing improvements

Preventing and controlling infection

- The premises were clean and free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- The management team discussed accidents and incidents with staff, at regular staff meetings, as a learning opportunity.

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

Good: 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 were assessed before they moved into the service, to help ensure their needs were understood and could be met.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Technology was used to improve people's experience and support independence. For example, one person had alerts set up on their mobile phone to remind them to complete tasks such as having a shower and cleaning their teeth.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs. For example, all staff completed level one British Sign Language (BSL) training and many staff had completed level two.
- New staff completed a comprehensive induction and worked alongside more experienced staff to get to know people. Where staff were new to care, they completed the Care Certificate, a set of national standards social care workers are expected to adhere to. One member of staff said about their induction, "I had a really good induction. I worked with other staff until I understood each person and their needs."
- Regular supervision sessions were arranged when staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported.

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

- Staff assisted people to maintain good nutrition and hydration.
- People were supported with their menu planning, shopping and meal preparation. During the inspection we saw people preparing vegetables for lunch and making drinks for themselves and others.
- At monthly house meetings, people discussed meal choices and monthly menus were agreed accordingly.

- Staff encouraged people to eat a well-balanced diet and make healthy eating choices. For example, the most recent house meeting was called 'Sugar Sunday'. At this meeting staff supported people to make informed choices by helping them recognise what foods were healthy and that some 'healthy' foods might contain a lot of sugar.

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

- Staff supported people to see their GP, community nurses, and attend other health appointments regularly.
- A 'hospital passport' provided key information about each person, their communication and health needs, in the event they needed a stay in hospital.
- People had routine and annual health checks and were supported to attend well woman/man checks.
- When people needed to have invasive health checks the service worked closely with relevant professionals to help people understand the procedure and the value of having it.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- Access to the building was suitable for people with reduced mobility and wheelchairs.
- Corridors were wide and free from clutter.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application 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.

- Mental capacity assessments were completed for people and where required appropriate applications had been made to deprive people of the liberty within the law.
- Staff were provided with training on the Mental Capacity Act 2005 and were aware of how to protect people's rights.
- People were asked for their consent before they received any care and support. Staff involved people in decisions about their care and acted in accordance with their wishes.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. Where possible friends and relatives who knew the person well were involved in the decision-making process. The service recorded when people had power of attorney arrangements in place.

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

Good: 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

- People and their relatives described the atmosphere at the service as being open and friendly. Comments included, "The atmosphere in the home is brilliant. They all have such good fun", "It is such a lovely atmosphere in the home" and "They are all like a family, the residents and staff."
- Staff treated people with kindness and compassion. There was a stable staff team and staff knew people well and what mattered to them. Positive and caring relationships had been developed between people and staff. As one person told us, "All the staff are kind to me."
- Care plans contained information about people's abilities and skills. Staff took a pride in people's achievements and were keen to talk with us about this.
- People and their relatives were highly complementary in discussions with us about the care and support the service provided.

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

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them if people needed help and support with decision making. Where needed, staff sought external professional help to support decision making for people such as advocacy.
- House meetings and individual meetings with key workers were used to gather people's views and involve them in the running of the service. For example, because the inspection was announced staff could inform people when it was taking place. The day before our visit staff showed people a video in BSL, downloaded from the CQC website, explaining the purpose of an inspection and how they would have the opportunity to express their views. On the day people were enthusiastic about the visit actively engaged with us.
- Staff understood each person's communication needs. Most people used British Sign Language to communicate, although the level of each person's use varied and some people had developed their own signs. People's care plans included a section about their individual ways of communicating including information about any personalised signs people used.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful of people's privacy and dignity and supported people to respect each other's spaces. Confidential information was kept securely.
- People were encouraged to do as much for themselves as possible. They contributed to household tasks, such as setting the table, emptying the dishwasher, food preparation, and doing their own laundry. People's care plans showed what aspects of personal care people could manage independently and which they

needed staff support with. One person said, "They help me when I need if but also let me do things for myself."

- One person could complete most tasks for themselves but needed prompting from staff to remind them when to do them. With their agreement, the service had enrolled them in a project to pilot a system that could be loaded onto their mobile phone to produce alerts when tasks needed to be completed. In addition, the person could use their phone to view all their planned activities. Staff were working with the person to support them to go out independently and use public transport. The intention was to programme the system to provide choices about how to the person could deal with certain situations such as missing a bus.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. People had regular telephone and skype conversations with their family. Staff supported one person to visit their family once a month for the weekend.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. These were reviewed monthly or in response to changing needs to help ensure they remained up to date and accurate.
- People were involved in the development and reviewing of their care plans. Some elements of people's care plans were in easy read and pictorial formats in-line with individual people's communication needs.
 - Daily notes were kept and these detailed what people had done during the day and information about their physical and emotional well-being.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Most people communicated by sign language and all staff were trained in using BSL. Each person's care plans included a section about their individual ways of communicating including information about any personalised signs people had developed. All information was provided either in an easy read or a pictorial format.
- People's rooms were decorated and furnished to meet their personal tastes and preferences. Each person had made a sign for their door with their name and pictures of their choosing. People had each painted a dining room chairs with designs and colours of their choice.
- People were supported to pursue their interests and hobbies. Each person had their own personalised activity plan and details and this was in their care plan as well as on a noticeboard on the wall outside their room. People used their boards as a reminder of their planned activities and some people proudly showed us their board and talked about what they liked to do.
- Staff supported people to go out individually and in small groups to local attractions and for meals.
- People had access to the community with staff support. They accessed local clubs and venues based on their preferences as well as volunteering work and college. For example, one person volunteered at a charity shop once a week.
- Staff had supported another person to attend college to learn computer skills and improve their reading. The college had initially suggested that the person was supported to learn these skills at the home. The registered manager felt that the person not only wanted to learn new skills but would also benefit from integrating with hearing people to normalise their experience. We saw a letter from the college saying how well the person was doing and how much the other students have enjoyed having them in the class.
- Where people had been prescribed medicines to manage their behaviour, staff had instigated a review of their medicines with their GP. One person had been on a reduction plan of these type of medicines for some months. This had resulted in the person being much more alert and they had started to engage with other people and take part in some activities.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this.
- People and their families knew how to make complaints and felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

End of life care and support:

- The service was not providing end of life care to anyone at the time of our inspection.
- End of life plans had been developed for some people. Staff encouraged people to think about and discuss what they would like to happen at this stage of their lives. Not everyone was ready or willing to take part in these conversations. This was respected and periodically re-visited with people in a sensitive manner.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff were positive about the management of the service. They told us the registered and deputy managers were approachable and always available for advice. We found managers were knowledgeable about all the people living at the service and had high expectations for them.
- People and their relatives expressed confidence in the management team. Comments included, "[Registered manager] has a good team" and "Communication with managers and staff is good and they always listen to our views."
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through the organisation's whistleblowing policy.
- The service had clear visions and values in place focusing on community inclusion and supporting people to live fulfilled lives. These themes were communicated to staff through emails, newsletters and meetings.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- Roles and responsibilities were clearly defined and understood. The registered and deputy managers were supported by senior care workers. Key workers had oversight of named individual's care planning.
- The registered and deputy managers were both involved in the day to day running of the service including working hands on, alongside staff where required. The provider had a defined organisational management structure and there was regular oversight and input from senior management. A regional manager supported the service managers.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive culture in the service and staff commented, "[Registered manager] helps us to see things in a different way and stretch our knowledge" and "The management are very supportive. We also know the regional manager who visits regularly and talks with us."
- There was a good communication between the management team and care staff. Important information about changes in people's care needs was communicated at staff handover meetings each day and regular staff meetings.

- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- Regular audits took place and these were supported and overseen by senior managers. The regional manager visited the service monthly to carry out an audit of the service, which included speaking with staff and people living at the service.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service and on the provider's website.

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

- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- People and their relatives were asked for their views of the service through questionnaires and informal conversations with management. An analysis of the results was carried out and an action plan developed to respond to any suggestions made.
- Monthly house meetings took place where people could raise ideas and concerns.

Continuous learning and improving care

- The registered provider and manager were keen to ensure a culture of continuous learning and improvement.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals. They also met regularly with other registered managers within the provider group to share experiences and good practice ideas.
- The registered manager was part of a staff consultancy group that raised ideas with the provider and piloted new systems and processes. For example, the registered manager had been instrumental in introducing the 'meet and greet' part of the recruitment process. This was a way of giving potential new staff the opportunity to visit the service and understand the role before formally applying for a post.
- Staff kept up to date with developments in practice through training and working alongside local health and social care professionals.