

Penleigh Care Homes Limited

Penleigh House

Inspection report

39 Overnhill Road
Downend
Bristol
BS16 5DS

Tel: 01179561123

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 4 April 2017 and was unannounced. The previous inspection was carried out December 2014 and there had been no breaches of legal requirements at that time. We had no previous concerns prior to this inspection.

Penleigh House provides accommodation for up to 10 adults with a learning disability. At the time of our visit there were 10 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some of the people living in Penleigh House had a profound physical disability and therefore did not communicate verbally. In order to understand their experiences we observed staff interactions with people over the course of our inspection. Staff were caring and attentive to people.

There was a great attention to ensure the facilities that people had were meeting their needs. In the grounds of Penleigh House, there was a purpose built activity room called the 'Gate House'. This was well equipped to provide people with opportunities to build on their skills of independence and spend time away from their home completing a variety of meaningful activities. In a separate building called 'The Lodge' there was a state of the art hot tub where people could relax. This was very beneficial as it also provided people with a sensory experience and was therapeutic to the mind and body.

Penleigh House provided suitable accommodation to people who used a wheelchair. The providers had ensured it was homely and all the necessary equipment that was required was in place. This was being kept under review with further works planned on areas of the home such as one of the bathrooms being refurbished to make it more accessible to people who use wheelchairs.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process.

People remained safe at the home. There were sufficient numbers of staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe

recruitment processes.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff. Other health and social care professionals were involved in the care and support of the people living at Penleigh House. Staff were proactive in recognising when a person was unwell and liaised with the GP and other health professionals.

The home continued to provide a caring service to people. People, or their representatives, were involved in decisions about the care and support they received. Staff were knowledgeable about the people they supported. People were treated with kindness and there was a happy atmosphere in the home.

People received an exceptionally responsive service. Care and support was personalised to each person. People were assisted to take part in a variety of activities and trips out. The home was commended on the activities available to people and the innovative ways that they were continuing to support people in finding appropriate activities.

The service was well-led. Relatives and staff spoke positively about the commitment of the registered manager and the provider. They told us the registered manager was open and approachable. The registered manager and provider had monitoring systems, which enabled them to identify good practices and areas of improvement. It was evident they strived to provide the best experience for people and were creative and innovative in looking at the facilities and activities that people were taking part in.

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 remains Good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible.

The service recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

Penleigh House provided people with exceptional facilities that promoted people's well-being enabling them to respond to their care and support needs.

Is the service well-led?

Good ●

The service was well-led.

There was a strong emphasis on continually striving to improve. The registered manager and provider were passionate about providing people with care and support that was tailored to their needs.

Staff were clear on their roles and aims and objectives of the service and supporting people in a personalised way. Staff described a cohesive team lead by a registered manager who worked alongside them. Staff told us they felt supported both by the management of the service and the team.

Relatives, staff and other stakeholders felt it was very well-led.

The provider actively sought and acted upon the views of others through creative and innovative methods.

The provider and staff undertook a number of different audits to check the quality of the service.

Penleigh House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection, which was completed on 4 April 2017 by one adult social care inspector. The previous inspection was completed in December 2014 when the service was rated good.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events, which the service is required to send us by law.

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local community learning disability team. You can see what they told us in the main body of the report.

During the inspection we looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with three members of staff, the registered manager and the provider. We spent time observing and speaking with people living at Penleigh House for short periods of time so that they did not feel anxious about our presence. After the inspection, we contacted four relatives by telephone about their experience of the care and support people received.

Is the service safe?

Our findings

The service continues to provide safe care. People were unable to tell us about their experience about what life was like at Penleigh House or whether they felt safe. However, we saw people were relaxed and responded positively when approached by staff. This demonstrated people felt safe and secure in their surroundings and with the staff that supported them. Relatives felt that people were safe and were kept informed about any progress or concerns. One relative said they really felt at ease about Penleigh House and they were never worried.

People were kept safe by staff who understood what abuse meant and what to look out for. Staff confirmed they were trained and knew the signs to look out for in respect of an allegation of abuse. Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team. Staff told us they had confidence in the registered manager and the provider to respond to any concerns appropriately. Staff described to us how they monitored people's body language and changes in behaviour, as many of the people were unable to tell staff if they were being hurt by anyone.

Staff described to us how they kept people safe. They told us about specific risks and how they responded to these. This included risks associated with epilepsy, weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. There was detailed information to guide staff about these risks in people's care plans and the action staff should take to reduce these. These had been kept under review and other professionals such as speech and language therapists and physiotherapists had been involved in advising on safe practices and any equipment required.

Staff had identified when certain behaviours from people could impact on their safety or, the safety of other people who lived in the service, staff and visitors. Risk assessments provided information about how people should be supported to ensure their safety. Staff considered what triggers might exacerbate certain behaviours so these could be avoided wherever possible, for example loud noises, shouting, pain and distress. Where this had not been possible staff knew how to support people to de-escalate the situation. Staff had attended 'Positive Prevention and Intervention' training which had assisted in them protecting people safely without being restrictive. This particularly related to supporting people with behaviours that they were unable to control such as self-injurious behaviour. Information was shared with us about positioning ourselves to avoid being grabbed inappropriately. It was recognised a person was tactile but if staff and visitors positioned themselves in a certain way the person did not grab out with such force. Staff told us that about how incidents between people were minimised such as, recognising when a person was unhappy and offering them an opportunity to move to another part of the home or to spend time with staff engaged in an activity.

People had complex physical disabilities and required specialist equipment to help keep them safe. All equipment was risk assessed, staff received training on how to use the equipment. Equipment was checked every month to further reduce the risks to people who used them. Equipment included, pressure relieving mattresses, profiling beds, specialist seating, ceiling and mobile hoists and equipment to help people shower and bathe safely.

People had access to a hot tub, which was situated in a building in the garden. There were risk assessments on the safe use of the hot tub, which including information about the checks that must be completed to ensure it was safe and hygienic for people. There was information available to staff on how long people could safely use the hot tub.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Each person had a file containing their medicine administration records, and information in respect of medicines they were prescribed. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies for when a person was experiencing an epileptic seizure. This included what staff should monitor in respect of when and how these medicines were to be given. There had been two medication errors in the last 12 months. A full investigation had been completed and action taken to prevent a further occurrence. Staff described how each person liked their medication to be given. It would be beneficial for this to be recorded to assist new staff.

The GP had been consulted about medicines being given covertly. Each person had a letter from the GP confirming that medicines could be given covertly when in their best interest. We explored this with the registered manager and staff. They told us that no one had their medicines hidden. Although one person had their medicines with food. The registered manager told us they had put this in place in case a person was unwell. They told us they were going to review this to ensure it was in the person's best interest and protect people's rights. They were aware that if this had to be implemented they would review with the GP and the pharmacist to ensure it was appropriate. This was because some foods could interfere with people's medicines.

Safe recruitment systems were in place that recognised equal opportunities and protected the people living in the home. We looked at two staff files to check whether the appropriate checks had been carried out before they worked with people living in the home. The files contained relevant information showing how the registered manager had come to the decision to employ the member of staff. This included a completed application form, two references and interview notes. New members of staff had undergone a check with the Disclosure and Barring Service (DBS). This ensured that the provider was aware of any criminal offences which might pose a risk to people who used the service. The registered manager was aware of their responsibilities in ensuring suitable staff were employed.

The registered manager told us they were actively recruiting to one vacant post. They told us that despite actively advertising the post there had been little interest. They had recently reviewed the wages to ensure they were competitive with other care providers.

Sufficient staff were supporting people. This was confirmed in discussion with staff and by looking at the rotas. Staff told us any shortfalls in staffing were covered by the team or the registered manager and provider. Staff told us there were usually a minimum of three staff working throughout the day and evening, with a member of staff providing sleep in cover at night. Staff told us at times there were additional staff to support people with activities and trips out. There were ten people living at Penleigh House at the time of the inspection. Staff told us the provider and the registered manager were available 24 hours a day, seven days a week and would respond very quickly in person in the event of an emergency.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were arrangements in place to deal with foreseeable emergencies. Each person had a fire evacuation plan in place, which linked with the overall plan for the whole home. The

registered manager was updating these on the day of the inspection. There was a 'snatch file' by the front door for emergency services, which included important information about the layout of the building and support people needed in the event of a fire. The registered manager prided themselves on the layout of the building enabling each floor of the home to be isolated in the event of a fire.

Other checks were completed on the environment including moving and handling equipment, checking sensory alarms (which alerted staff if a person was having an epileptic seizure) were working correctly and routine checks on electrical appliances. Certificates and records were maintained of these checks.

Maintenance was carried out promptly when required. Two maintenance staff were employed to assist with maintenance tasks, gardening and they completed regular checks on the three vehicles. They also assisted people with getting about in the community and were able to drive the vehicles.

The home was clean and free from odour. Cleaning schedules were in place. There was sufficient hand gels situated throughout the home, stock of gloves and aprons to reduce the risks of cross infection. Staff had received training in infection control. The registered manager told us they had recently been inspected by the local authority in respect of food hygiene practices. There was a recommendation to install a dedicated hand washing facility in the kitchen and this was being addressed.

The registered manager told us in the Provider Information Return (PIR) that they were looking to employ a cleaner so this would release the staff enabling them to spend more time with people. They were actively recruiting to this role. This showed the provider regularly reviewed the staffing in the home to ensure they were meeting the needs of the people living at Penleigh House.

Is the service effective?

Our findings

The home continues to provide an effective service to people.

People were unable to tell us about the care and support they were receiving. We observed staff supporting people throughout the day. This included supporting people with making decisions for example, where to sit, what to eat and what activities they would like to do. Staff had built effective relationships with people enabling them to understand when people were happy, sad or in pain. Staff described how they monitored people's body language in respect of their general well-being.

Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs. People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and had attended appointments when required. People had been to the GP for an annual health check and had been offered the flu jab. There was information about specific medical conditions in care files, ensuring staff were knowledgeable and had appropriate information to support people. Staff had signed to say they had read and understood the information. Feedback from the GPs was positive. They told us they had a good working relationship with the care staff and they regularly made contact with the surgery to arrange for routine and more urgent care in an appropriate, safe and caring manner.

People had access to the local community learning disability team including speech and language therapists, occupational therapists, psychologists, a psychiatrist and community nurses. Appropriate referrals had been made when people's needs had changed. A visiting health care professional told us, "We found communication with Penleigh and the manager to be good. The manager and staff attended all appointments". They told us they were able to meet with the individual and people's relatives were involved. They continued by telling us they had found the registered manager and staff to be prompt when following up any recommendations made by the team, which included any follow up GP and other professional appointments.

Due to people's physical disabilities, there was a potential risk of pressure wounds. Staff told us that presently no one living in the home had a pressure wound. They described the support people received to minimise these risks. This included any specialist equipment that was in place to prevent pressure wounds such as pressure relieving mattresses. Staff monitored people's skin condition and recorded any areas of concern. Where concerns were noted then the home would liaise with the district nurses about the treatment.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

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

The registered manager told us they had submitted applications in respect of Deprivation of Liberty Safeguards (DoLS) for everyone in living at Penleigh House. They were waiting for the local authority to assess each person in respect of these authorisations. Applications had been made because people were unable to make the decision on whether they wanted to live in a care home and, that they needed continual supervision to ensure their safety. In addition, some people had bed rails, sensor mats or wheelchair straps to keep them safe. The registered manager told us other professionals had been involved in the decisions about these restrictions to keep people safe to ensure it was in the person's best interest. The registered manager was aware they had to notify us when the applications had been authorised. Steps had been taken to ensure people were not being unlawfully deprived of their liberty.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. Whilst staff acknowledged how important it was to involve people in making decisions, they acknowledged this was not always possible for more complex decisions. For example, those relating to medical treatment or large purchases or agreeing to the costings of a holiday. Where decisions were more complex meetings were held so that decisions could be made which were in people's best interests involving other health and social care professionals and relatives where relevant. Records were maintained of these discussions, who was involved and the outcome.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLS) and there was a MCA and DoLS assessment and referral policy. There was easy read information on MCA and DoLS for staff and people.

Staff clearly understood the need to seek consent from people before any care and support was delivered. Staff told us people could clearly indicate using non-verbal communication when they were not happy or did not want support. Information was available in care files about how each person communicated using non-verbal communication.

The service used a five step screening tool to determine if people were at risk of malnutrition or obesity. The tool provided management guidelines, which were used to develop a care plan for those at risk. Care plans gave very specific detail about the level of support people required at mealtimes and independence was encouraged wherever possible. Expert advice had been sought from dieticians and speech and language therapists for those people who had difficulty swallowing. Daily records were maintained of what people had eaten so staff could ensure people were eating a variety of foods. People were weighed regularly and any concerns in relation to weight loss were promptly discussed with the GP and other health professionals.

People were encouraged and supported to plan and prepare meals. There was a four weekly rotational menu, which reflected seasonal foods and people's preferences. A pictorial menu was available to help people with their choices. Mealtimes were flexible each day dependent on personal preferences and daily routines. People enjoyed eating out and having takeaways. Hot and cold drinks were available throughout the day. Fresh fruit was available in the kitchen for people to help themselves.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with appropriate training and were competent in the tasks they carried out. They told us their

training needs were discussed during their individual supervision meetings with the registered manager. A member of staff told us they had recently completed training in supporting people with autism. Another member of staff said, "You only need to ask for training and the manager will organise it, I am interested in knowing more about dementia". We saw that this member of staff had been booked on some dementia training in June 2017.

Individual staff training records and an overview of staff training was maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff received regular training updates. Training was being completed on bereavement and loss and end of life care with the majority of the staff.

New staff had completed a comprehensive induction, which included completion of mandatory training. A member of staff told us this had been very comprehensive and there was an opportunity to work alongside more experienced staff. The registered manager was aware of the care certificate and that all staff new to care must complete. We signposted them to a competency framework that could be used for staff who were not new to care. This was recommended by Skills for Care to check the knowledge and competence of these staff.

Staff confirmed they received regular supervision. Supervision meetings are where an individual employee meets with their manager to review their performance and any concerns they may have about their work. The registered manager told us they aimed to complete these formally every six months. They said they met with staff on a daily basis and felt that six monthly was appropriate for the size of the staff team. Staff confirmed they were supported in their roles and could speak to the registered manager or the provider at any time.

Penleigh House is situated in a residential area of Downend close to the shops, cafes and other amenities. There were ten individualised bedrooms, which were accessible by a passenger lift and arranged over three levels, two of which had their own individual wet rooms. People were able to personalise their bedrooms with pictures, ornaments and photographs.

There was a large lounge/dining area and a conservatory which afforded people suitable space. The registered provider told us they had replaced the lounge furniture, which had been custom made so that they were at the right height for people and enabled a hoist to fit under the chairs. All areas of the premises were homely and comfortable.

There was a refurbishment plan in place, which included replacing the bathroom on the middle floor and replacing carpets on the stairs and hallway on the middle and top floor. The registered manager told us the bathroom was being replaced because people's needs were changing and so was now being made into a wet room with specialist equipment. They told us this was going to be completed mid 2017. They told us they had involved other health and social care professionals in the design to ensure it was suitable for the people living at Penleigh House.

The registered manager told us there was a redecoration programme in place with the lounge having been recently completed. They were now supporting people to go out shopping for pictures. It was evident people were involved in the décor of the home and consulted about any works that were being completed.

Is the service caring?

Our findings

The relationships between people and the staff was caring, friendly and informal. People looked comfortable in the presence of staff. Health care professionals spoke very positively about the caring approach of staff. Comments included, "There is always a calm atmosphere at the home and the residents seem happy and are respected by staff members", and, "The staff are very knowledgeable about their residents and their care, and seem caring and professional".

Staff were observed communicating with people in a number of ways. This included using Makaton. Makaton is a sign language used to support people with a learning disability to communicate. Staff told us sometimes people have their own unique way of signing. We observed staff with one person who had their own unique way of signing and it was evident they knew the person well. They responded promptly such as when they requested their headphones/music and a twiddle cloth. This person later requested a drink using Makaton, staff responded promptly to their request.

Staff sought to understand what was wanted and how they could help people. Staff were heard talking to people explaining what was happening next. Staff described to us, how they knew when a person was unhappy or did not want to participate in an activity enabling them to respond appropriately to the person. Care plans included information on how people communicated.

Each person had an identified key worker, a named member of staff. They spent time with people on a one to one basis. A member of staff told us about their key worker role, it was evident they had an in-depth knowledge about the person's support needs. They told us there were opportunities to go out on a one to one basis enabling them to build a positive relationship with the person. Key workers supported people to send cards and emails to their family to help promote important relationships. The registered manager told us how people were matched with staff to ensure it was right for them. They considered personal preferences and interests, age, personalities and experience and, partnering was reviewed to ensure they remained effective. A relative confirmed they knew who the key worker was. They said that they send birthday cards and for mother's day a lovely bouquet of flowers.

A member of staff came in on their day off, as they were aware that the person they were key worker for had been unwell the day before. They bought the person a gift to cheer them up. It was evident they had put some thought into the choice of gift, which was a plaque and football of the person's favourite football team. They spent time chatting with the person and the other people in the home.

Staff were knowledgeable about the people they supported. This included knowing what the person liked, disliked, their personal histories and interests. They described people as individuals and spoke positively about their personalities and how they supported them. They were aware of people's personal routine for example, one person preferred to get up later or that a person was particularly tired and was offered some quiet time watching television in the basement.

Most of the people needed support with all aspects of daily living due to their learning and physical

disability. Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff were observed knocking prior to entering a person's bedroom. This ensured that people's privacy and dignity were maintained.

People were well supported over the lunchtime period. Lunchtime was flexible to suit the person some ate earlier or later enabling them to continue with their planned activities. People were offered a choice of drinks such as squash, tea or coffee, sandwiches and crisps. Protective aprons were offered to people before they commenced their meal. After the meal, people were supported to change where required. Assistance was offered discreetly.

The staff supported people to develop independent living skills and to be able to take calculated risks. Care plans and risk assessments were constantly reviewed and people living at the service had gained new skills in the community and at home. For example, one person handled their own money when out in the community and another was supported to make their own drinks.

People's cultural and religious needs were taken into account. The registered manager told us presently one person was being supported to go to church on a regularly basis with their keyworker. The provider's web page stated, 'There are many places of worship within the area' and people would be supported to attend if they wished. People's cultural and religious needs were discussed as part of the assessment process.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. The registered manager told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly, however not everyone had the involvement of a relative. The registered manager recognised that some relatives were getting older so people were supported to visit the family home to make life a little bit easier. A relative told us, "The staff are lovely, they provide transport as my husband is unable to drive long distances and they never quibble when we ask if a visit can be arranged". Another relative told us, "We are always made to feel very welcome and part of our son's life". They also told us they were invited to the home for social occasions such as summer barbeques.

One relative told us when their son visited the staff brought photographs of activities they had taken part in, which helped with communication and kept them informed about what was going on in the home.

The registered manager spoke to four relatives during the inspection it was evident there was a good relationship between them. This was to check if it was alright for the inspector to make contact with them about their experience of Penleigh House. The registered manager took the time to talk about the inspection process and the well-being of their relative. These conversations were friendly.

Is the service responsive?

Our findings

The service provided was exceptionally responsive.

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them. People had an individual care package based on their care and support needs.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. People had a support plan which detailed the support they needed. They were informative and contained in-depth information to guide staff on how to support people well.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. During the inspection staff handed over that a person had been unwell when they were out the previous day. Staff were attentive throughout ensuring they had sufficient to drink and they were comfortable. They also arranged for a home visit from the person's doctor.

The registered manager told us in their provider information return, 'All community and social networking is needs led and person centred to each individual, thus offering choice, empowerment and independence to individuals so clients can lead more enriched and fulfilling lives'. People were supported to take part in meaningful activities both in the community and within the home. Staff told us they aimed to support people daily with activities either in the home or the community. One member of staff told us, "Everyone enjoys going out, often the provider will pop in during the week or the weekends and take people out either individually or as a small group".

After consultation with people, their families and staff, the provider had decided to build a facility in the grounds of the home. The 'Lodge' had been equipped with a very large hot tub, ceiling hoists, changing room and toilet facilities, music and lighting. This had been a great success where people could relax and enjoy a range of sensory experiences in addition to various physical benefits. These included muscle relaxation, stress and tension relief and improved muscle tone and circulation.

The registered manager told us the hot tub was used by those people that benefited from the experience. They told us one of the reasons they had purchased this was they saw the benefits people had from attending hydrotherapy. They told us that there were sometimes waiting lists for people to attend the hydrotherapy session so in response the hot tub was installed. The registered manager recognised not everyone enjoyed the experience and one person particularly liked to watch and help with setting up the room up for people. In response, they had purchased a lifeguard tee shirt so this person was valued in their role and involved. There was guidance on the use of the hot tub.

Following the success of the Lodge the provider then decided to build a large activities centre within the grounds by converting the garage to the rear of the property. The 'Gate House' provides a variety of facilities to enhance people's social experience/engagement and promote life skills and independence wherever possible. There was a kitchen area to help people gain skills in cooking which could lead to more independence. There was comfortable seating, sensory equipment and computers, which people could access. The registered manager told us they had decided to build this facility as local day centres were closing and it was felt people living at Penleigh House would benefit from this area.

People had access to outside space, which contained a wild life pond, fishpond, a decked area with barbeque and a sensory garden. Great attention had been paid to make sure these areas were fully accessible to people using a wheelchair taking into consideration their safety. For example, the fishponds had been fenced off to prevent anyone accidentally falling in.

These facilities were exceptional and promoted people's wellbeing.

Activities and social networks were very much apparent. People were supported to try new experiences and hobbies such as caring for animals, attending farms, learning new skills such as shintaido, tai chi and art groups and exploring the local community. Staff told us people liked to go to museums and places of interest, trips to theatre, cinema, bowling venues, pub, restaurant and café visits. The registered manager told us in their PIR, 'It's great to explore and try new things'. Relatives confirmed there were lots of activities available to people. A relative told us, "I don't need to ring prior to visiting but it is best to, as often X (name of person) is out doing something".

Staff told us there was always something going on in the home. They told us how the provider had recently purchased a parachute, which they had used in the garden with people. They said it was important for activities to be fun. They felt the 'Gate Lodge' was well equipped with activities that people enjoyed doing. They told us they had recently introduced a book reading group, which some people were really enjoying.

The registered manager told us they were exploring a new local social club to see if it would be suitable for people living at Penleigh House. This was because the 'sensory haven' had recently closed. One person told us they regularly went fishing with the registered manager, which they enjoyed. The registered manager told us they were exploring options for this person to go fishing on a boat, as that is what they had asked to do. People's interests and aspirations were clearly recorded within their care plan. Records were maintained of the activities that had taken place, which included whether the person had enjoyed their experience.

Staff told us about how a person particularly liked structure to their routine and enjoyed going for a coffee near a local nature park. They told us they had built good links with the café staff and local dog workers. The staff told us it was important for this person to visit this particular café a couple of times a week. They told us the person would be quite upset if this did not happen. There were three vehicles, which people contributed towards. The registered manager told us one person does not use the vehicle as often as the others do so their contribution had been reduced. The registered manager told us they were planning to review the funding of the vehicles to ensure it was equitable. Relatives had been consulted about this contribution, where people lacked capacity.

Health and social care professionals told us about their views of the service. They commented on the staff approach and relationships with people they supported and described staff as caring and knowledgeable. They said they were always willing to try out new ideas. One professional told us "X appears to be well supported at Penleigh house by a staff team who know him well and are able to meet his needs on an individual basis. His relationship between them and the staff that I worked with appeared to be a trusting

one". One health care professional told us, people were supported to attend their rebound therapy sessions on a regular basis. They told us, the staff had always proved to be reliable, arriving on time and they always engaged with people in their care. They told us the registered manager had supported people initially to ensure it was appropriate and then continued to support staff.

Reports and guidance had been produced to ensure that events and unforeseen incidents affecting people would be well responded to. For example, we saw 'hospital passports' which contained important details about a person that hospital staff should know when providing treatment. This information helped to ensure that people received the support they needed if they had to leave the home in an emergency. The registered manager told us that no one would go to hospital on their own and would always be accompanied by a member of staff. They recognised that this was very important as many of the people living at Penleigh House communicated non-verbally and hospitals could be quite daunting.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. We also heard staff sharing important information for example where a person was unwell or that another person had refused their drink. This was done discreetly and respectfully. There were written records of the handover so staff could keep up to date if they had been off for a few days. In addition to the daily handovers, staff completed daily records of the care that was delivered. These were positively written. Daily records enabled the staff to review people's care and their general well-being over a period of time.

At the time of our inspection, the registered manager informed us that there were no on-going complaints. The records seen indicated that this was the case. Staff told us they were confident that any concerns or complaints raised by people using the service would be dealt with appropriately and in a timely manner. There was a clear procedure for staff to follow should a concern be raised.

Is the service well-led?

Our findings

Penleigh House is a family run business with the emphasis on it being the person's home with good links with the local community. Staff told us the registered manager and the provider were approachable and they felt that it was like 'one big family'. The registered manager continued to demonstrate effective leadership skills within their role. Their passion, knowledge and enthusiasm of the service, the people in their care and all staff members was evident. From talking with staff, the registered manager and the provider it was evident they were committed to providing care that was tailored to the person. One member of staff told us, "Everyone is committed to providing good care here", a further member of staff said, "I enjoy coming to work, and it is all about the people".

A healthcare professional told us, "Penleigh House is one of the most well run care homes that we have in our practice area. The manager is very attentive to the needs and health problems of the clients there. His professionalism cascades down to the care staff members. I do not have any concerns for the safety and quality of this establishment".

Staff told us the provider and the registered manager were always available and in the home seven days a week. Staff told us not only does the provider visit they also telephone daily to check everything was alright and whether they needed any help. They saw this as being very caring and not intrusive. The providers regularly visited the home to support people with activities either in the Gate House, a purpose built activity centre in the grounds of Penleigh House or trips out in the community. The registered manager told us they felt it was really important to work alongside the staff team and said they enjoyed supporting people. They were evidently proud of the team that was working at Penleigh House and the way they supported people in a person centred way.

The provider information return (PIR) was returned on time and showed us that the registered manager had a good insight into the care of the people, the legislation and where improvements were needed. These improvements were about enhancing the service and improving outcomes for people. The registered provider told us in their PIR, "Penleigh is in the forefront in moving with the times and changes within the caring field as we constantly re-invest in the home, facilities and team to ensure individuals are offered the best quality of life possible". This was evident in the exceptional facilities that were available to people, the caring nature of the staff that was constantly kept under review and the commitment of the senior management team.

The registered manager attended regular care home provider meetings to enable them to network with other providers and to keep up to date with the changing world of care. The registered manager was aware of the cuts that were being made within the care industry, including the impact the living wage would have, but continued to strive to provide the best outcomes for people. There was a real commitment for people to take part in activities based on their interests and aspirations. Daily opportunities were given to people to take part in activities both in the home and the community. The provider had been innovative when day centres had closed and built their own state of the art activity centre in the garden so they could continue to provide meaningful activities for people.

The registered manager told us they were committed to ensure staff were trained and competent in their roles in supporting people. All staff had either completed a diploma in care at level 2 or were in the process. The registered manager told us they were also offering placements for students studying a health and social care course. They told us they had really enjoyed the experience and the investment in the student but also it was a two way process in respect of sharing knowledge and learning. They told us this was also beneficial for the people living at Penleigh House in that there was a new face. The student and their mentor had been complimentary about the placement and the support that had been given.

Many of the staff had worked in the home for many years and were very complimentary about the support they were receiving and their working environment. One member of staff said, "It is the best place I have ever worked, they (the manager and the provider) really care about the people and the staff". Newer staff told us they were equally happy. One member of staff told us, "It's like one big family, everyone is supportive of each other, and we work as a team". Another member of staff said they would have no hesitation in discussing any concerns or making suggestions for improvement with the provider and the registered manager. Relatives were very complimentary about the staff. Comments included, "Excellent staff, cannot fault any of them" and the "The staff and the management are all lovely, really easy to talk with them, they have become our friends".

People and their relatives knew who the provider and the registered manager were. They spoke about them positively and told us they were always available. We observed the registered manager and the provider sitting and talking with people and staff. When we spoke about people's care and other related issues they both demonstrated they were fully aware and were involved in providing day-to-day support to people.

We found there were positive and respectful relationships between people living in the service, the staff and the management. People were welcomed into the office during our inspection and engaged in discussions. The staff team were very enthusiastic and dedicated to their work and were all very friendly and helpful throughout the day

Systems were in place to review the quality of the service. These were completed by the registered manager or a named member of staff. They included health and safety checks, medicines, care planning, training, supervisions, appraisals and infection control. Where there were any shortfalls action plans had been developed. For example staff had identified additional training they would like, such as supporting people with dementia and autism. The provider had sourced external training for the staff in these areas.

Annual surveys were sent out to people using the service, friends and family. Comments from the recent survey completed in December 2016 included, "Excellent facilities, the staff enjoy working there. The manager is conscientious. They are creative and provide stimulating activities", "X (name of person) seems very happy and content. The staff are friendly and knowledgeable", and "Very welcoming, X (the registered manager) is open minded and knows people well". In addition to the annual survey, there was a comment box in the main hallway. Three relatives had responded by completing a comment card. All had rated the service as excellent in all areas, which had included the overall standard of the home, the standard of care, staff/management, cleanliness, safety and security.

The service had policies and procedures in place, which covered all aspects relevant to operating a care home including the employment of staff. The policies and procedures were comprehensive. These had been reviewed every three months and updated when legislation changed. The registered manager told us they used an external company to provide them with up to date policies, which they tailored to the service.

Staff told us, policies and procedures were available for them to read and they were expected to read them

as part of their induction and when any had been updated. The registered manager told us they also checked staff's understanding regularly in respect of key policies such as safeguarding, mental capacity and administration of medicines. The registered manager had obtained easy read leaflets on eating well, the mental capacity act, the human rights act and the deprivation of liberty safeguards.