

Aspens Charities Pepenbury

Inspection report

Aspens, Cornford Lane
Pembury
Tunbridge Wells
TN2 4QU

Tel: 01892822168
Website: aspens.org.uk

Date of inspection visit:
17 June 2021

Date of publication:
23 July 2021

Ratings

Overall rating for this service	Inspected but not rated
---------------------------------	-------------------------

Is the service safe?	Inspected but not rated
----------------------	-------------------------

Is the service well-led?	Inspected but not rated
--------------------------	-------------------------

Summary of findings

Overall summary

About the service

Pepenbury is a residential care home providing accommodation and personal care for up to 56 people who live with complex learning and or physical disabilities or autism. Pepenbury was accommodating people across seven adapted houses which can house between six and nine people each. At the time of the inspection there were 50 people living within Pepenbury.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This was a targeted inspection that considered the safety and management of the service. Based on our inspection of safeguarding, people's care and the management, the staff were able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture in their care delivery. Each house was operating independently of the other houses.

Right support:

- Model of care and setting maximises people's choice, control and independence for example, people were supported to do activities within the site location as well as in the wider community.

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.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. People were supported by staff who understood their individual differences in a respectful manner.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. People's views were sought by staff and the management, these were listened to and acted on to achieve good outcomes for people.

Regulatory requirements had not always been met by the provider. We discussed the requirement to notify CQC and to raise safeguarding concerns with the local authority. The nominated individual was aware of these shortfalls and had introduced new processes and guidance to ensure the shortfalls did not happen again in the future.

Despite concerns that had been raised, we found that people were being supported safely by staff who knew them well. People told us they liked living in their houses. Staff were aware of signs that might indicate

potential abuse, where there were any concerns about a person's well-being this was recorded and reported to management. Changes were made to ensure concerns were addressed and risks were mitigated.

Risks to people and their needs had been assessed and reviewed whenever there were changes. Staff knew how best to support each individual in a person-centred way and followed the guidance in place in people's support plans.

The culture within the service was open and caring. Staff from all levels reported they felt supported by their seniors. The provider had quality assurance processes in place to drive improvements and monitor the quality of care.

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 (27 November 2018).

Why we inspected

The inspection was prompted due to concerns received about the safety and management of the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements in relation to reporting safeguarding incidents to the relevant local authorities and the Care Quality Commission. However, the provider was already aware of this and had developed and implemented new processes to address this. The issues with reporting had no impact on the safety of the people living at Pepenbury. Please see the well-led section of this full report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Pepenbury

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on concerns we had about safeguarding as well as the management and culture of the service.

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

Three inspectors completed the inspection on-site at Pepenbury. An Expert by Experience contacted relatives of people after the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. There were several managers allocated to overseeing particular houses who were in the process of registering with CQC for legal responsibility of individual houses.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and feedback received from partner agencies. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people and observed the care people received at two of the houses. We spoke with 10 members of staff including the nominated individual, the regional area manager, quality assurance lead, managers, senior support workers and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider

We reviewed a range of records. This included three people's care records, safeguarding and accident and incident records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, including policies and procedures, quality assurance records and meeting minutes. We spoke with another manager and five relatives of people living at Pepenbury.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about reporting safeguarding concerns and the culture of the service. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe living at the service. Relatives also said they felt their loved ones were safe, one relative said, "[My loved one] is overall safe, the staff are very good." Another relative told us, "[My loved one] is happy, satisfied and at ease". We observed kind and friendly interactions between people and staff.
- Staff knew the signs that might indicate someone could have been abused. Staff felt confident to raise concerns and that their concerns would be listened to and acted on.
- The managers of both houses understood their responsibilities to safeguard people from potential abuse and took action to keep people safe.
- Accidents and incidents were reported to the managers and senior management. Where patterns were established following accidents or incidents, these were reviewed by the manager and changes were made to prevent them from happening again. For example, how information was shared with people had been linked to some incidents, a new system was implemented to share the information and the incidents reduced.

Assessing risk, safety monitoring and management

- Risks to people were assessed and support plans provided guidance for staff on how to support each person in a person-centred way. For example, a person who is mostly independent with their personal care but could be at risk of burns or falls had a risk assessment and guidance in place for staff detailing which steps in their routine needed staff support to reduce the risks
- Changes to people's risks and care needs were reviewed regularly. Where necessary, referrals were made to relevant healthcare professionals. A person's mobility needs had changed and this was referred to occupational therapists.
- Staff knew individual triggers that could result in changes in people's mood or displays of behaviours. Staff adapted to situations to alleviate these triggers. For example, there had been an increase of incidents between two people living in one house, staff identified the trigger for those incidents and then changed the way the two individuals were supported which reduced the incidents. A relative told us, "It is [my loved one's] home, the staff know [loved one] well."
- All staff received positive behaviour support (PBS) training to help them support people. PBS is a person-centred framework for supporting adults with learning disabilities and/or autism, who have, or may be at the risk of developing behaviours that may challenge. All agency staff working in the houses were also briefed about PBS plans that were in place for each person to ensure they knew how to support people in a

personalised way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about reporting safeguarding concerns and the management and culture of the service. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had not always understood their regulatory requirements. Serious allegations of abuse had been appropriately referred to the safeguarding authority. However, some accidents and incidents that constituted a safeguarding had not always been escalated to all external agencies. Although care managers had been informed other agencies such as the local authority or CQC had not. The nominated individual had recently met with the local safeguarding team to address this and new systems and processes had been implemented by the provider to rectify this. We also addressed the provider's reporting to CQC and were assured the new process including guidance covered this.
- The provider understood the duty of candour, they were open and honest with people when incidents occurred. The regional manager told us family were informed where they had expressed a wish to be. Support was offered to the people living at the houses following any incidents or accidents. One relative told us, "They were very upfront about [incident], the lady in charge called me straight away, they kept me well informed."
- There was a governance system in place to ensure people received good care. Monthly audits were completed by managers for the houses we inspected, actions identified were tracked regularly to ensure these were completed. There were also audits completed by the services quality assurance team to provide higher oversight of each of the houses.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported in a person-centred way. Staff knew people well and were inclusive and empowering people living at the service. People told us, with pride, about tasks they were responsible for completing such as caring for animals or the garden. People living at the service had meetings where they were asked for their input about their home for example new food preferences or activities they would like to try.
- Most relatives said they were happy with the care their loved ones received, one relative said "If I am not happy with [loved one's] care, I call [the service]...I am really happy with [loved one's] care at the moment." One relative we spoke with felt the service was no longer meeting their loved one's needs but was being

supported by the management to help find a new placement.

- Staff we spoke with told us they felt supported by the management. The provider conducted a staff survey and staff raised the challenges of the accessibility of the rural location and suggested getting a shuttle bus. This was implemented as a direct result of the staff survey.
- The managers and senior management team were in the process of restructuring the service to individually register each house as its own care home with a registered manager. This change better aligns the service with best practice guidance related to the principles of right support, right care, right culture. Despite the current set up, the service was delivering care to people in line with these principles. All senior management we spoke with said the service was aiming to improve further.