

Modus Care Limited

Penhayes House

Inspection report

Penhayes House
Kenton
Exeter
EX6 8JB

Tel: 01626891957

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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

This unannounced inspection took place on 12 December 2018. This was Penhayes House's first inspection since registering as an adult social care service. Penhayes House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Penhayes House is registered to provide care for up to four people who may have an Autistic Spectrum Disorder (ASD) and/or learning disability and complex needs. Some of the complex needs may include mental health issues.

The service benefitted from strong leadership. The registered manager was passionate about providing person centred care and this was reflected in every aspect of the service. The registered manager worked in partnership with other organisations and had taken part in several good practice initiatives designed to further develop the service. They were enthusiastic and committed to providing the best outcomes for people using the service.

The service used a 'positive risk' taking approach when assessing people's risks. All the risk assessments we looked at supported people to remain safe without restricting their freedom or choices and were reviewed to ensure they remained current.

People who used the service told us they felt safe. Staff told us, and records we looked at confirmed, that staff had undertaken training in safeguarding. Policies and procedures were in place to guide staff with any safeguarding concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care plans were person centred and contained the relevant information staff needed to ensure people's needs were met.

Staff used their knowledge of people's life histories to help them understand what was important to each person. There was a positive culture of ensuring that people maintained their independence.

Medicines were administered, recorded and stored in a safe manner and all staff who administered medicines had received suitable training to do this.

Staff were subject to checks on their suitability before they were offered employment. Enough staff were employed to ensure that people's needs could be met in a timely manner. People and their relatives told us they felt there were enough staff to keep them safe.

Staff received training to ensure they had the skills and knowledge required to effectively support people.

People were supported to eat and drink according to their likes and dislikes. Where people needed additional support at meal times this was provided in line with guidance from health professionals.

People were involved in decisions about the care and support they received. People received care and support which ensured they were able to make choices about their day to day lives. Staff understood the Mental Capacity Act [MCA] 2005 and how to support people's best interests if they lacked capacity.

The service had an open culture which encouraged communication and learning. People's communication needs were clearly assessed and detailed in their care plans. This captured the person's preferred methods of communication and how best to communicate with them. Staff told us how they communicated in a way which was appropriate for each individual they supported.

People, relatives and staff and health professionals were encouraged to provide feedback about the service and it was used to drive improvement. There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

People were supported to engage in activity programmes. People knew how to complain and there were a range of opportunities for them to raise concerns with the registered manager and designated staff. Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve.

Staff helped people to book and attend appointments with healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The registered manager understood their responsibilities and worked with people who used the service, relatives, staff and the provider to improve the quality and safety of care that was provided. Quality assurance procedures and a programme of audits were in place. There was a strong emphasis on continuous improvement to drive up the quality of service provided at the service.

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.

People were safe and staff demonstrated a good understanding of what signs to look for in regards abuse and how to report if concerns were raised.

Risks to people were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were safely managed.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good ●

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well through regular contact with community health professionals.

People's rights were protected because the service followed best practice guidance.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were compassionate and kind.

Staff knew people as individuals and had a detailed knowledge of their wishes and personal histories.

People were at the heart of the service's culture and were supported by staff that respected and promoted their independence, privacy and dignity

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and provided care in a way that met their individual needs.

Staff were responsive to changes in people's needs. Staff actively listened to people and improvements to their care and the home's facilities had been made as a result.

A full range of stimulating and varied activities were on offer and people had links with the community.

A complaints procedure was in place. People told us they would know how to complain.

Is the service well-led?

Good ●

The service was well led.

The registered manager was enthusiastic and determined to provide the best possible service for people who lived at the service.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

People were supported by motivated staff who were proud to work for the service and received good leadership and guidance.

Penhayes 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 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.

This inspection took place on 12 December 2018. The inspection was unannounced and was carried out by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. We used information the provider sent us in the PIR to help plan what we would look at during the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Some people using the service were unable to speak with us, therefore we observed interactions between staff and people using the service. We spoke with the manager, team leader, and four members of care staff. We also spoke with two relatives and one advocate. We also gained information by email from a further four health professionals.

We spent time looking at records, including two people's care records, four staff recruitment files and records relating to the management of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person commented, "Yes I am safe". A member of staff told us, "I feel safe working here, good team if I need someone they are there." One relative told us their relative was, "Safe and happy".

Staff confirmed they had received safeguarding training and they would be confident to raise any concerns. Safeguarding policies and procedures were in place,

Assessments were undertaken to assess any risks to people using the service and to the staff supporting them. Risk management considered people's physical and mental health needs and showed that measures to manage risk. Risk assessments supported people to remain safe without restricting their freedom or choices and were reviewed to ensure they remained current. For example, one person's care plan detailed an explanation of behaviour, who may be affected and control strategies to manage the risk.

People had positive behaviour support plans in place. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others find challenging. Staff told us they were confident to support people and manage their risks, they felt they knew people well and risks had reduced. A health professional told us, "Safety is incredibly important for my client. A reduction of incidents and an increase in community activities, I take to mean the person feels safe. In terms of physical safety, I have never seen any issues". The registered manager told us, "The people we support have had bad experiences of care. Now making sure that the care is what they want has reduced behaviours." They told us the positive, safe support had meant medicines had been reduced because behaviours had reduced as people felt safe at the service.

All staff administering medicines had completed medicines training and competency assessments. The home used a blister pack system with printed medication administration records. We observed two medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. One relative told us, "[Person's name] used to be distressed and we've seen a vast improvement. I think a lot of problems were their medications" which have now reduced since moving here."

Where errors had been made accident and incident forms had been completed. Lessons were learnt and shared with staff to ensure action was taken to improve safety. For example, the registered manager told us they shared information and learnt from mistakes such as medicine errors. They told us, lessons learned were discussed in team meetings or in individual supervisions. Our review of records confirmed this.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. This included carrying out checks to make sure they were safe to work with vulnerable adults. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks

people's criminal record history and their suitability to work with vulnerable people.

There were sufficient staff on duty to provide people who used the service with the care and support they needed. Where people had been funded to receive one to one support this was provided. The registered manager told us they had a "Stable reliable team." They told us, "We make sure there are sufficient skilled staff to meet individual needs." Staff confirmed staffing levels were good, including at weekends. One member of staff told us, "People can go out whenever but sometimes we have to schedule times for hospital appointments, but we still make sure people get time to go out."

Systems and processes were in place to ensure the premises were safe. There were health and safety checklists in place which included the safety of fire equipment and gas and electrical installations. There was a fire risk assessment in place and each person had a Personal Emergency Evacuation Plan [PEEP]. The service had a business continuity plan in place; this detailed how staff were to respond in the event of loss of services such as gas or electricity.

Staff had received training in infection control and knew their responsibilities. One staff member we spoke with confirmed that personal protective equipment, such as gloves, was always readily available. Staff supported people with preparation of their meals and had all received food hygiene training.

Is the service effective?

Our findings

People's needs and choices were assessed prior to using the service to ensure effective outcomes were identified and achieved. Transition plans were in place to support people to move between services in an effective manner.

People received continual support following their move to the service. One person was moving between child services to adult services. The registered manager told us the service provision needed to remain effective. They told us, "Once we have established the move is effective we need to continue to meet those needs, by making sure that the care is what they want. They told us, "I am involved from the beginning of the transition period between services, it is key to getting it right from the start. They told us, "We support the person in their current facility to shadow and work with staff to gradually integrate and get to know the person. We then take the lead. If we get it right at this point the chance for success is great. This process has ensured the people living at Penhayes House have received effective smooth transitions from one service to another."

Staff completed a comprehensive induction, and did not work unsupervised until they and the management team were confident they could do so. Staff had the knowledge and skills to undertake their role. Their training included safeguarding adults, epilepsy, and supporting people who displayed behaviour that may challenge others. The provider maintained a robust electronic database to track staff training. Most training was in an electronic format but face to face training and workbooks were also evident. Staff told us they felt well supported in regards training and development, and training records showed that staff were up to date with their training and development.

There were systems in place to support staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

People who used the service were supported and encouraged to be as independent as possible with their dietary and nutritional needs. People planned, budgeted and prepared their meals, with as much support as necessary. Dietary advice was also given by staff to encourage people to eat healthy. People lived in individual flats where they were able to make their meals, or they were able to have a meal prepared for them by staff in the provider's adjacent home. One member of staff told us, "When [person's name] moved here they were eating lots of rubbish and their food choices were not always healthy. We have supported them to have a balanced diet, and introduced a menu which is changed weekly. They now eat more fruit and vegetables".

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 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where

people lacked capacity to make decision, advocates were available to support people. One member of staff told us, "We involve people in choices in day to day living, give them options to go with it. If someone does not have capacity we are there to try and give them as much choice as we can."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed. One person had been supported to make the decision to move closer to family and friends. The registered manager told us, "[Name] expressed a wish to move. We have all worked in their best interest to support their decision".

People's care records showed relevant health and social care professionals were involved with their care. People were supported to stay healthy and their care records described the support they needed. Staff monitored people's health and worked closely with other professionals to make sure care and treatment provided good outcomes for people. Records contained detailed information on people's health and well-being. One person we spoke with told us they would tell staff if they were feeling unwell. We heard the person ask staff to make them a doctor's appointment. Staff did so and supported the person to their appointment later that day.

The accommodation at Penhayes House was light, bright and airy. A lot of consideration and thought had gone into the decoration and layout of the service. The overall effect created a homely and peaceful environment. The home was arranged into individual flats; each had views around the gardens. One person had private access to their own sensory garden. People had access to communal areas where they could socialise or sit quietly. The registered manager told us, "The environment at Penhayes House is designed to provide a homely setting where care and support can be provided within a therapeutic surrounding."

Is the service caring?

Our findings

The service demonstrated a strong and visible person centred culture by providing a service which put people at the heart of everything they did. They did this by empowering people to reconnect with past interests, and opportunities to try new ones, making people feel valued and enabling them to "live life to the full" again.

People received care from staff who knew them well. Staff had developed positive relationships with people and supported people on a regular basis. One member of staff said, "I always knock before entering the flats. People confirmed staff treated them with kindness and respect. We observed many interactions of kindness from staff, from welcoming people warmly when they returned from trips out, to listening carefully to people expressing individual wishes or concerns.

Staff responded promptly to people's requests for assistance and regularly checked whether people were happy and comfortable and if any assistance was required. Staff respected people's need to spend time on their own and gave them the space to do so, whilst being available as and when people wanted company. When people wanted staff, they were able to locate them or request assistance via a door bell in their individual flats. Staff were seen to respond in a timely manner when someone called for assistance. One health professional told us, "I have found the staff team to be caring and compassionate and a person centred approach has been adopted to meet the complex needs of the people at Penhayes House."

People were empowered to make choices about the care and support they received. This information was reflected in people's care plans and provided in practice. Staff knew people's individual communication skills, abilities, preferences and daily routines. Staff are allocated to people every morning at handover and spent their shift with the person. People told us they were happy. Comments included, "I love it here, the input of the staff helping me, for a start, I don't need so much medication now and they [carers] got me some ear plugs and I sleep so much better". They told us "I love my bath and I do it myself. The staff are very good, they always ask what I'd like to do and they talk to me like an adult".

The service promoted equality and diversity. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences. Staff had received training on equality and diversity. One staff member told us, "Equality and diversity is about treating everyone equally but also understanding everyone's individual needs." Care records we looked at contained information relating to people's sexuality, cultural/spiritual needs and relationships. The service had equality and diversity policies and procedures in place.

People's privacy, dignity and independence was respected and promoted. The service empowered and enabled people to be independent. The registered manager explained, the purpose of the service was to enable people to be as independent as possible, for them to be able to move into less supported types of accommodation.

We found records relating to people who used the service and staff members were stored securely. This helped to maintain the confidentiality of people who used the service.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs and wishes. From our discussions with staff, it was clear they were knowledgeable about the people they were supporting and told us about the actions that may mean someone was upset. Care plans provided clear and detailed information about the person's care and support needs, and identified what the person could do for themselves and what support staff should provide.

Admission to the service is subject to full and detailed service needs assessments and proposed care pathways. Care plans reflected people's physical, mental, emotional and social needs and ensured that people were treated equally and as individuals. One health professional involved in the service told us, "I have always found the staff team to be approachable and responsive to requests. I have attended a number of meetings with staff to discuss complex decisions around how to meet my client's needs. The staff team have followed actions given and updated documentation as requested to reflect how needs are being met. An inclusive approach has been adopted which has involved both the client and their family; the client has always been encouraged to attend meetings".

Regular reviews were held, including child in care reviews which were held monthly to ensure all involved are working together to meet needs and best outcomes. The registered manager told us, transition process was identified as being essential to ensuring successful placements. They told us "It is important to get the holistic view of the person to ensure, education and leisure opportunities can be met. This ensured the transition allows Penhayes House to create a person-centred plan which will ensure successful and less anxiety provoking move for people."

People were empowered to make choices about the care and support they received. This information was reflected in people's care plans and provided in practice. Staff knew people's individual communication skills, abilities, preferences and daily routines. People were supported to take part in activities that were socially and culturally relevant to them.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions. People were completing a variety of activities and accessing the local community including going to specific places of interest. For example, shopping, meals out, pamper sessions and walks. People told us they enjoyed the support they received in the community. Staff told us people were trying out new activities and gaining confidence in their abilities to try new pursuits, such as rock climbing and on-line dating.

The registered manager and staff told us, they were guided by people's wishes and aspirations when it came to arranging activities both in the home and wider community. The registered manager told us they used this information to create a person centred plan for each person living at the service. Many examples were shared in regards how people had been engaged to take up previous and new interests, which recreated a sense of belonging and purpose. One relative told us, they had seen positive changes since their relative moved to Penhayes House. They told us, "[person's name] went to the theatre and called me up and told

me all about it". They told us they would not have previously communicated in this way.

People's communication needs were clearly assessed and detailed in their care plans. This captured the persons preferred methods of communication and how best to communicate with them. Staff told us how they communicated with one person in a way which was appropriate for them. Staff were seen to communicate in sign to one person. The person signed to us they were happy with their care. A staff member told us, "I can sign and use it with [person's name], since we have been working with them, we have learnt to sign." The registered manager told us the person was going to do some sign teaching sessions in their staff meetings. They told us, "Some of [person's name] signs are specific to them, so it important we learn from them." This meant the service met the Accessible Information Standard for people. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People had access to technology such as on line digital services and WIFI to maintain relationships. People told us they were encouraged to give their views and raise concerns or complaints. However, none of the people spoken with had had cause to raise concerns and were happy with the service they received. The registered manager confirmed any concerns or complaints would be taken seriously, although none had been received.

People were not receiving end of life care at the time of the inspection, but the registered manager told us they would be happy to discuss any wishes.

Is the service well-led?

Our findings

The service had a registered manager in place. 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.

The service benefitted from strong leadership. The registered manager was passionate about providing person centred care and this was reflected in every aspect of the service. They were enthusiastic and committed to providing the best outcomes for people using the service.

People who used the service knew who the registered manager was. We asked staff if they felt the manager was approachable. Comments included, "Perfect manager I could not fault [name], will do anything for anyone if there is a problem they always listen and get it sorted. [N name] will bend over backwards to help" and, "Management team are fantastic, I am happy in my work, if the service users are happy I feel I have done my job properly. We get great support to do a good job".

Staff received regular supervision, appraisals and staff meetings. Staff told us there was an open and transparent approach from the management team. Comments from staff included, "Lots of support and training available" and, "We are not allowed to work with people until we have completed all our training." The registered manager told us they encouraged staff to be open and honest about any concerns they may be experiencing in their job roles in relation to the service users care but also each other and the home.

Reflective supervisions for staff had been actioned with a psychologist to give them the confidence to share experiences. One health professional told us, "The support team have a good awareness of client needs, this is reflected in the rapport built with support staff and strategies used to manage behaviours that challenge. A reduction in intensity of behaviours presented has been observed. The staff team encourage a least restrictive approach and have a good understanding of how to apply different strategies; this is supported by staff training."

The registered manager told us, "It a great team, we all support each other." They told us they had a 'fluffy' book. They said, "We have a fluffy book where we support each other if we have had a difficult shift. I think my team do a great job all the time and I tell them. There is a worry they will think she always says that, so this shows colleagues are supporting each other as well. Comments in the book included "Thank you all who helped to make a wonderful day for everyone. That's what makes a team." "Thank you for this morning [name], if it had not been for you [name] would not have been able to go to church."

There were systems in place to review and monitor the quality of service delivery. This included a programme of audits and checks, reviewing incidents and interventions, quality of care records, training, support for staff and environmental health and safety checks. The provider's governance team carried out checks of how the service was meeting the fundamental standards. Action plans with timescales were in place to ensure any required improvements were met.

Staff meetings were held which were used to address any issues and communicate messages to staff. Minutes reviewed demonstrated where incidents or concerns had occurred in the service. These were reviewed and discussed and any learning was shared with the team. The registered manager told us in their PIR, 'As a registered manager I believe that success of a service can be achieved by hard work and commitment from the service at all levels. That is why I have been very clear about the roles and responsibilities of all the staff team. I meet with the senior team monthly and feedback to the team on regular basis about professional's opinions about the service and the needs for improvement. I have an open, honest and transparent way of running the service, I have a positive relationship with professionals and family members of the people we support'.

The service discussed lessons learned. Minutes of meetings showed agendas with a summary of the topic to be discussed, areas for review and an action plan. There was a strong emphasis on continuous improvement to drive up the quality of service provided at the service.

The registered manager had the skills and knowledge to manage the service. They had many years' experience of working with people with Autism and mental health issues. They told us they kept their knowledge up to date by continual learning and development. They told us their future plan for Penhayes House was to ensure people felt valued and happy. They said, "We will develop our knowledge on supporting people who have suffered trauma, as this has a massive impact for people. People need changes in their lives, we are not here to watch people. We are here to enable people to lead full lives."

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities. Where concerns had been raised with them they had sought advice and shared information with the CQC and the commissioners of the service.

The registered manager and the staff were transparent with the inspection process and responded to all our requests for information.