

## Royal Mencap Society

# Penlea

### Inspection report

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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 

#### Overall summary

The inspection took place on 28 and 31 July 2015 and was unannounced. This service was also inspected on 18 December 2014 but, due to unforeseen circumstances, we were unable to complete a report for that inspection.

Penlea is part of the Royal Mencap Society and provides care and accommodation for up to 7 people. On the day of the inspection 6 people lived within the home. Penlea provides care for people who have a learning disability and may also have physical disabilities.

The service had 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. The registered manager was not available during the inspection. In their absence, the manager of the service supported us with our inspection throughout the two days.

# Summary of findings

During the inspection people and staff were relaxed, the environment was clean and clutter free. There was a calm and pleasant atmosphere. People told us and we saw, they had the freedom to move around freely as they chose and enjoyed living in the home.

Care records were focused on giving people control. Staff responded quickly to people's change in needs. People and those who matter to them were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected. People's life histories, disabilities and abilities were taken into account, communicated and recorded, so staff provided consistent personalised care, treatment and support.

People's risks were managed well and monitored. There was a culture of learning from mistakes. Accidents and incidents were appropriately recorded and analysed. There were effective quality assurance systems in place. Action had been taken promptly to address any areas of concern identified, and changes had been made.

People were promoted to live full and active lives and were supported to access the community. Activities were meaningful and reflected people's interests and individual hobbies. One staff member commented, "One of the best things about Penlea is the amount of activities people get to do". People told us they enjoyed the variety of activities the service enabled them to take part in.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, social workers and speech and language therapists.

People were supported to maintain a healthy balanced diet. Dietary and nutritional specialist advice was sought so that people with complex needs with regards to their eating and drinking, were supported effectively.

People and staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

People knew how to raise concerns and make complaints. People told us concerns raised had been dealt with promptly and satisfactorily. The service had received no written or verbal complaints.

People told us they felt safe. Advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. Staff put this into practice effectively to help ensure people had their legal rights respected.

Staff received a comprehensive induction programme, which incorporated the new care certificate. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. One staff member said: "The training here is spot on, I was more than ready to start following my induction". The service followed safe recruitment practices to help ensure staff were suitable to carry out their role.

Staff described the manager to be very open, supportive and approachable. Staff talked positively about their jobs. Comments included, "I love my job", "I am really well supported" and "I am passionate about caring, I do this job because I love it, not for the money but because I genuinely care about the people".

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. There were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

Good



### Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

Staff were trained and supported to develop their knowledge and skills, and were motivated to carry out their roles effectively.

People were supported to maintain a healthy balanced diet.

Good



### Is the service caring?

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion. Positive caring relationships had been formed between people and staff.

Staff knew people well and took prompt action to relieve people's distress.

Good



### Is the service responsive?

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

Good



### Is the service well-led?

The service was well-led. There was an open culture. Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Good



# Summary of findings

Communication was encouraged. People and staff were enabled to make suggestions about what mattered to them.

# Penlea

## 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 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.

The unannounced inspection took place on 28 and 31 July 2015 and was undertaken by one inspector.

Prior to this inspection the Care Quality Commission (CQC) had carried out an unannounced inspection at Penlea on 18 December 2014. However due to unforeseen circumstances, the CQC were unable to produce a report. This resulted in the need for a further inspection to take place.

Before the inspection, the provider completed 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 plan to make. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection the majority of people who lived at Penlea were attending day care services. We spoke with one person who lived at Penlea, two relatives, the registered manager, the manager and three members of staff. We also spoke with a health care professional, and a speech and language therapist who had supported people within the service.

We looked at three records related to people's individual care needs and two records related to the administration of medicines. We viewed three staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe. Comments included; “I feel safe, lots of people here and I’m able to get around”, “I’m happy she is safe, never had any reason to feel otherwise” and “I think [...] is safe, and he has never said anything, and I have never seen anything to lead me to believe anything of the contrary”.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff comments included, “if I saw anything that concerned me I would always raise it, never a pleasant thing to do, but has to be done, it’s important” and “I’ve had my safeguarding training and I’m sure anything I raised would be acted on”. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One staff member said, “It took a long time for my checks to come back for some reason. The manager was really good and let me do all sorts of jobs around the home, supervised by other staff. When my checks did come back I was raring to go”.

The manager confirmed they had adequate staff to meet people’s current needs. Where additional staff were needed to cover unforeseen events, they used either Mencap relief staff or agency staff that had supported people who lived at Penlea before. The manager stated this was so people received care from staff they knew well, which was important. Staff were not rushed during our inspection and acted quickly to support people when requests were made. For example, we observed one person requested assistance with their I-pad that had stopped working; staff promptly supported them and got the device back up and running, showing an awareness of the importance the person placed on this. Relatives told us they felt there were sufficient staff on duty to meet their needs and keep them

safe. Comments included, “If you had asked me seven months ago I may have had doubts, but not now [...] seems very happy with the current staffing arrangements” and “I’ve never found staffing to be an issue”.

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. One person told us, “I like it here because I can get about. Staff help me go shopping; I’m not safe crossing roads, so they help me”. Risk assessments recorded concerns and noted actions required to address risk and maintain people’s independence. For example, one person’s mobility needs had recently changed following a period spent in hospital. Staff with consent supported the person to attend various clubs; however the person still independently walked there with use of a frame.

People had documentation in place that helped ensure risks associated with people’s care and support were managed appropriately. Arrangements were in place to continually review and monitor accidents and incidents. Up to date environmental risk assessments, fire safety records and maintenance certificates evidenced the premises was managed to help maintain people’s safety. People’s needs were met in an emergency such as a fire, because they had personal emergency evacuation plans in place. These plans helped to ensure people’s individual needs were known to staff and to the fire service, so they could be supported in the correct way. One staff member commented, “We carry out regular fire drills, to make sure everyone knows what to do”.

Staff were knowledgeable about people who had behaviour that may challenge others. Care records, where appropriate contained ‘Behavioural Monitoring Forms’. These forms were used to record events before, during and after an incident where a person had displayed behaviour that may put themselves or other at risk. The information was then discussed at team meetings and reviewed to consider if there were common triggers and noted positive action that had been successful in defusing the situation, to allow learning to take place. Each incident was also then logged on specially designed forms. Staff told us they were encouraged to share detailed information to help keep

## Is the service safe?

people safe. One staff member commented, “If somebody has had success in dealing with a certain type of behaviour particularly well, we discuss it so others can maybe use it to help in the future”.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and where

refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Staff were knowledgeable with regards to people’s individual needs related to medicines. For example, one person was prescribed medicine ‘as required’ to help with their bowel movements. Staff knew the persons bowel movements for any given day, and were able to use that information, to discuss with the person if they wished to take their medicine that day or decline it.

# Is the service effective?

## Our findings

People felt supported by well trained staff who effectively met their needs. One person told us, “Staff are nice, they know what I need”. Relative comments included, “Staff give me no reason to question if they are adequately trained or not” and “I wouldn’t know if they were all well trained, but I know they do a really good job and [...] is very happy with them and that’s what matters”.

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people’s needs. Newly appointed staff shadowed other experienced members of staff until they and the management felt they were competent in their role. Staff comments included, “I definitely felt confident following my induction, I couldn’t wait to get going on my own” and “My personal view is that Mencap training is brilliant”. The manager told us, staff could openly discuss and request additional training and would be supported to achieve their goals.

The manager told us and we saw evidence that they kept up to date with new developments and guidance to promote best practice. They confirmed, new staff, during their induction, would work towards gaining the new care certificate, recommended following the ‘Cavendish Review’. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers receive in social care settings. Arrangements were in place for staff to receive specific training that met the individual needs of the people they supported. For example, all staff had attended a managing challenging behaviour course. This increased their knowledge and gave them the skills and confidence they required. Staff confirmed this additional training enabled them to carry out their roles effectively, and helped them to meet the needs of a person who had recently started to display behaviour that challenged them.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as

not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The manager had a good knowledge of their responsibilities under the legislation. They confirmed nobody who currently lived at Penlea required a DoLS to be in place.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. A staff member commented that everybody within the home were able to make everyday decisions. They said, “All the people here are able to tell us what they like and what they don’t. They all make their own choices”. One person confirmed to us they chose how they wished to spend their day and staff supported that. We saw documentation where a best interests decision had been made. One person’s care record contained an easy read MCA assessment and best interests decision regarding their ability to self-medicate. The person had been fully included within the process along with relevant healthcare professionals and staff. The decision had been clearly recorded and all staff were made aware of the outcome. The manager confirmed that this decision would be continually reviewed to help ensure it met the person’s current needs.

Staff told us and care records evidenced it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced when a health care professional’s advice had been obtained regarding specific guidance about delivery of specialised care. For example, a GP had been contacted promptly when staff had been concerned about a person who was not drinking enough. An ambulance had subsequently been called and staff supported the person to attend the local hospital, where they received the medical health care they needed to improve. The manager said, “[...] was in hospital for a long time, they are home now and building up their strength and improving each day”.

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed people’s needs. People were supported to have food wherever and whenever they chose. Care records showed detailed dietary preferences and listed foods that should not be given. For example, one person’s record stated which foods should be avoided as they reacted with the



## Is the service effective?

medicine the person was prescribed, and therefore could cause them to become unwell. People were supported to be involved in devising the weekly menu and taking part in food shopping to purchase the chosen items. A staff member said, “We hold a weekly meeting where people decide what they want to eat, they chose it and we cook it”.

People were relaxed during lunch and told us the meals were good, served at the right temperature, and of sufficient quantity. People were independent with eating and drinking and were given choice to be actively involved with all aspects of meal time preparations. One person commented, “Food is good, I help to make it”.

Care records highlighted where risks with eating and drinking had been identified. For example, one person’s record evidenced an assessment had identified a potential choking risk. Staff sought advice and liaised with a speech and language therapist (SLT). The manager confirmed staff had been advised to maintain the person’s independence with eating, but to help minimise the risk, the person was to be observed whilst eating.

# Is the service caring?

## Our findings

People and those who matter to them felt positive about the caring nature of the staff. Relatives spoke highly of the quality of the care people received. Comments included; “Staff are very caring, no concerns there” and “Staff have a very caring nature, [...] has become very attached to them, this is usually very difficult for him, so that is really good”.

Staff showed concern for people’s wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people’s distress. For example, one person felt quite low following a decision they had made not to attend a day centre that day, as they normally enjoyed. A staff member promptly assisted the person. They spent quality time with the person on a one to one basis to help make them feel better. The staff member said, “[...] was feeling a bit down today. We decided to have a pampering morning, we had a good chat whilst I did her nails, as you can see, she is really happy now”.

Staff knew the people they cared for. They were able to tell us about individual likes and dislikes, which matched what we observed and what was recorded in people’s care records. For example, one person’s record noted the particular programmes they enjoyed watching on their I-pad. Staff were able to tell us exactly what programmes the person preferred and the significance this had to their wellbeing. We observed the person had their I-pad with them during the inspection and enjoyed watching the shows of their choice. A relative relayed how they felt staff demonstrated their caring nature and showed how well they knew people. They described how staff respected the fact that their loved one enjoyed riding, swimming and being taken on holiday. They said, “Staff know [...] really well, they respect how [...] likes to spend his time, [...] is very happy”.

The service used a number of ways to help ensure people felt they mattered and belonged. For example, when we arrived to inspect the home, we were greeted by a person who lived at Penlea. We were then shown to the office by another person who resided at the home. People answered the telephone and then sought the person whom the phone call was for and collected the post and distributed

the letters to the relevant people. The manager commented, “This is their home and they do everything anyone would do in their own home. This is so important to them and rightly so”.

People were supported to express their views. Staff knew people’s individual communication needs, and were skilled at responding to people appropriately no matter how complex the individuals needs were. The manager talked us through how they had worked alongside a speech and language specialist (SLT) to devise a pictorial communication board to help meet one person’s needs. Photographs had been taken of the person’s individual favourite items and preferred places to visit. Staff used the pictures to map out the person’s day based on the choices they had made. They also included pictures of the staff who were to provide the support. As each item had been completed the pictures were removed from the board to avoid confusion. This helped enable the person to recall what they had chosen, and gave them reassurance their needs would be met and who would meet them. The manager said, “Staff have really seen big improvements, it is really working and we feel it will only get better as [...] gets more used to it”. A SLT commented that although it had taken some time and had been a tough piece of work to get staff to engage with them, it had been a positive outcome for the person involved. They confirmed they continued to support the service and were conducting signing training for staff to further improve their skills.

People and their relatives told us privacy and dignity needs were respected by staff who understood and responded to individual needs. Staff informed us of various ways people were supported to maintain their privacy. For example, one staff member commented how when providing personal care, they encouraged people to do what they could for themselves. If a person needing prompting but were independently able to wash, they would prompt from behind a door. They said, “By doing this, they can wash in private, but I can immediately be there should they require my assistance”. Another staff member said, “There are certain things I do automatically out of respect such as knock on doors, close curtains etc. In addition to this when providing personal care, I talk people through what I am doing and ask them if they mind, that way suddenly having a hand placed on their back, isn’t a shock to them”.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel

## Is the service caring?

welcome and could visit at any time. Comments included; “I am always welcomed whenever I visit Penlea” and “I’m unable to get there as much as I would like, but when I do I am always made to feel welcome”.

# Is the service responsive?

## Our findings

People's care records contained detailed information about their health and social care needs. They were clearly written from the person's perspective and reflected how each person wished to receive their care and support. Records were organised, gave guidance to staff on how best to support people with personalised care and were reviewed to respond to people's change in needs.

People were involved in planning their own care and making decisions about how their needs were met. For example, one person wrote in a review of their care plan that they no longer wished to drink from a cup. They had instead opted to use a beaker, as they found it much easier to use. We observed the person drinking from the vessel of their choice during the lunchtime period. The same person also detailed how they wanted staff to support them each morning. For example, securing their dentures and ensuring they wore their SOS bracelets that notified others of their medical conditions. The person confirmed to us, staff always respected their decisions and met their needs.

People were supported to maintain relationships with those who mattered to them. One person said, "I call [...] everyday, I've just called them now". One relative said, "We have [...] to stay with us on occasion, the staff always make sure we have everything we need and he is ready, when we arrive to pick him up". Staff understood the importance of people having contact with those who mattered to them. The manager confirmed one of the key values of the service was to work closely alongside families. Staff helped people to have contact with their families and friends. For example, one staff member told us how one person's family found it difficult to visit the service. They said "[...] doesn't like to use taxi's as they prefer a familiar face to drive them.

We either use the house car or our own cars to take them to their mum. Outside of that we support [...] to use the phone, so they can stay in contact". One person told us, "I meet a lot of ladies and see my friends a lot".

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. Care records highlighted the importance of maintaining a community presence and social inclusion. People confirmed and daily records evidenced where they had been supported to carry out personalised activities that reflected their hobbies and interests. This included holidays, swimming, shopping, the cinema, church and horse riding. Staff confirmed people led really active social lives. One person told us, "I go to a lot of clubs, [...] took me shopping, I bought a new dress with my birthday money and went bowling". Relative comments included, "[...] goes to all sorts of clubs, she leads a better social life than I do" and "[...] is always out and about doing various things he enjoys".

People had a choice over who provided their personal care. For example, one person's care record stated they wished for a female staff member to assist them when showering. The manager and the person themselves told us this was always respected.

The service had a policy and procedure in place for dealing with any concerns or complaints. This was produced in an easy read format and held in people's files. People and those who matter to them knew who to contact if they needed to raise a concern or make a complaint. Relatives, who had raised concerns, had their issues dealt with straight away. One relative told us, "I did have a concern when it was suggested [...] was to move rooms. The reasons were clearly explained to me and [...] was very happy with the move, so my mind was put at rest". The manager confirmed the service had received no written or verbal complaints.

# Is the service well-led?

## Our findings

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People, those who matter to them and staff all described the manager of the home to be approachable, open and supportive. Relatives told us, “[...] is always available when I ring, I am happy to discuss anything with them” and “I’m very happy with the manager, she is easy to talk to”. Staff comments included, “[...] are approachable and the door is always open” and “[...] is warm to staff, easy to talk to and listens”.

People were involved in developing the service. Meetings were held that encouraged people to be involved and raise ideas that could be implemented into practice. For example, People had stated that they did not like to use the existing minibus. People preferred smaller spaces with less people and so were less inclined to go on community outings. So a house car had been purchased to replace the minibus. This enabled people to go out in smaller groups and encouraged participation as it met their needs. One staff member told us, “The car has really made a difference to certain people wanting to go out now. It is nice to see them enjoying more outings”.

The manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff told us they were able to share their opinions and ideas they had. One staff member said, “we get to discuss ideas we have and talk them over”. The manager talked through ideas from staff that had been implemented and acted upon. For example, one person enjoyed collecting leaflets from local places of interest. The leaflets had taken over areas of the home and had created a potential risk in the form of a slip hazard. A member of staff suggested the service purchased a rack to safely store the leaflets. The rack had been purchased along with some scrapbooks to

help maintain the persons hobby. The person had been helped to display all their leaflets in the rack and was supported to utilise the scrapbooks as a method of preserving their interest.

Staff meetings were regularly held to provide a forum for open communication. A member of staff said, “Meetings are really good, we are able to add things we want discussed to the agenda. It’s a good opportunity to air your views”. If suggestions made could not be implemented into practice or changes could not be made, staff confirmed constructive feedback was provided, so they understood why.

Staff were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, “I love it, I love the people, I love my job”, “I do love my job, I don’t work in care for the money, I work for the people” and “I have had really good support, I can’t thank the manager enough. I’m genuinely happy, my heart melts at times, it’s lovely. Also I get thanked, I wanna be an asset and that makes me feel like I am”.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected and would not hesitate to raise concerns to the manager. One member of staff commented, “I have raised something in the past and I would again”.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. For example, a quality audit had identified that it could be difficult to locate information quickly within people’s care records. So, a new contents sheet with separate dividers to distinguish each section had been designed and added to each person’s file. We found care records very easy to navigate and were able to locate all the information we required during our inspection promptly.