

Really Flexible Care Ltd

Penniston Barn

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Penniston Barn is registered to provide accommodation and personal care for up to six people with learning disabilities and autism. At the time of inspection, six people were using the service. The service was located in a rural location, away from populated areas.

The care service had not originally 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. However, people were given choices and their independence and participation within the community encouraged.

People's experience of using this service:

- The service was not always cleaned to the required standard.
- There was an infection control risk due to poor cleaning and poor maintenance of areas within the home.
- Audits were not always effective in documenting what issues were found and what work was required.
- Timely action was not always taken to respond to known areas of required improvement.
- People received safe care. Staff understood safeguarding procedures.
- Risk assessments were in place to manage risks within people's lives.
- Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.
- Staffing support matched the level of assessed needs within the service during our inspection.
- Staff were trained to support people effectively.
- Staff were supervised well and felt confident in their roles.
- People were supported to have a varied diet.
- Healthcare needs were met, and people had access to health professionals as required.
- People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.
- Staff treated people with kindness, dignity and respect and spent time getting to know them.
- People were supported in the least restrictive way possible.
- Care plans reflected people's likes, dislikes and preferences.
- People were able to take part in a wide range of activities and outings.
- People and their family were involved in their own care planning as much as was possible.
- A complaints system was in place and was used effectively.
- The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required
- The service had a registered manager in place, and staff felt well supported by them.

Rating at last inspection: Good (report published 11/05/2016)

Why we inspected:

- This was a planned inspection based on the rating at the last inspection.

Enforcement :

- Action we told provider to take (refer to end of full report)

Follow up:

- We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Penniston Barn

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type

Penniston Barn is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted a number of local authorities who commissioned services from this provider.

The provider completed a provider information return. 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. The information provided by the provider was used to plan our inspection and taken into account when we made judgements in this report.

During the inspection process we looked at two people's care records, we spoke with one person, two members of staff, the deputy manager and the registered manager. We also examined records in relation to the management of the service such as quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

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

Requires Improvement: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- People were placed at risk of cross infection because areas within the home were not cleaned or maintained properly.
- The kitchen had not been sufficiently cleaned. There were areas of ingrained dirt and grease on the oven, tiled areas, and surfaces.
- Some shower rooms were in need of refurbishment. We saw damaged and mouldy tiled areas, sealant and grout.

This was a breach of Regulation 12 (2)(d)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Systems and processes to safeguard people from the risk of abuse

- People were safely supported by staff.
- Staff members knew how to recognise signs of abuse and were confident referring any incidents to the local authority safeguarding team or the CQC.
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

Assessing risk, safety monitoring and management

- People were kept safe because staff had assessed risks to people. Information was in place for what action should be taken to reduce these risks.
- The staff supported some people who may present behaviours which challenge. Detailed risk assessments were in place including de-escalation techniques, to ensure staff supported people safely. Staff we spoke with were confident in this role.

Staffing and recruitment

- There were sufficient amounts of staff at the service to support people safely. The registered manager told us that agency staff members were sometimes used, but they were regular to the service and knew the people living there.
- One staff member told us, "Staffing levels are good, extra staff are brought in sometimes for days out, to make sure everyone is safe."
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- People received their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.
- Some medicines were only required for use on an 'as and when' basis. Protocols were in place to ensure these medicines were used appropriately, which staff followed.

Learning lessons when things go wrong

- There was a detailed analysis of any incidents that occurred. This included a record of any incidents of challenging behaviour, and any actions that followed.
- Incidents were looked at to identify any trends, and referrals for extra support were made when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- An area of vinyl flooring had not been fitted properly, and was a trip hazard within a doorway. The registered manager said the maintenance person would fix this issue immediately.
- The building was accessible to the people using it, and contained communal areas for people to use, and a garden.
- People's rooms were decorated to their choice. One person showed us around their bedroom. They had the pictures of their choice on the walls, as well as the decoration of their choice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in their care plans. Staff were aware of people's likes and dislikes and knew people well.
- Management staff told us that all people who were new to the service, received a pre-assessment of their needs, and a transition in to the service to suit their needs, whenever this was possible.

Staff support: induction, training, skills and experience

- Staff were confident in the training they received. One staff member commented, "We are trained well to support people who may be challenging. Restraint is only ever used as a last resort."
- We looked at training records and found these were mostly up to date, with staff booked on some upcoming courses to refresh their knowledge. Specialist training was included to ensure staff could support people with behaviours that may challenge effectively and safely.
- Some of the staff we spoke with had worked at the service for many years, and had built up good knowledge and experience in that time. This included formal qualifications in care such as NVQ levels three and four.
- Staff were supported with regular supervision from management, and felt they could feedback to the manager any concerns. Spot checks and observations also took place to monitor the quality of staff interactions with people.

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

- People were supported to maintain a healthy and balanced diet. We saw that a pictorial menu plan was on the wall, and that people were offered choice for every meal. One staff member told us, "[Name] used to be very limited in their diet, mostly fast food, but over time we have worked with them and now they have a much more varied diet."
- Staff were aware of any dietary requirements and preferences that people may have, and this was documented within care plans as required.

Staff working with other agencies to provide consistent, effective, timely care

- Care and support plans were personalised and had been reviewed and updated regularly to ensure staff provided consistent care.
- Staff had good knowledge of other health and social care professionals that were available to provide support to people when required, and records of any contact with outside professionals were kept.

Supporting people to live healthier lives, access healthcare services and support

- People had access to the healthcare services they required. One staff member said, "We take people to the doctors when they need it, the local doctors are good, we have a good relationship with them."
- Staff were knowledgeable about any health care requirements people had, and supported their health and well-being. For example, one person's weight was regularly monitored so that staff could take action and consult medical professionals if required.
- Any health conditions people had were documented within their files.

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

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found that they were.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were well cared for by the staff. One staff member told us, "It is important to develop a good rapport with the people here, so they can trust me."
- Staff and management we spoke with had an excellent understanding of the people using the service, and clearly had a passion to support people to achieve as much as they could.
- Our observations were of people who appeared comfortable in their home, and with the staff supporting them.

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

- Not everyone using the service could communicate verbally, but staff had a good understanding of how to support people with making choices. This included the use of pictorial information, body language, and other verbalisations.
- A keyworker programme was in place, which gave staff the responsibility of working closely with a particular person to record monthly progress. This included information about what had gone well that month, what the person preferred to do, any changes that might be required, and any choices they had made.
- Staff told us they had contact with people's families to update them and gain support and information for people as and when they required it.

Respecting and promoting people's privacy, dignity and independence

- We saw that one person's personal support information had been displayed on a notice board in a communal area of the home, where other people and visitors could potentially read it. We spoke to the registered manager about this who said it would be removed from the board, and staff would be reminded not to display confidential information within the home.
- People's privacy and dignity was respected by staff. We saw that staff knocked on doors before entering, and respected that people's rooms were their own private spaces.
- Staff we spoke with understood about confidentiality. They told us they wouldn't discuss anything about a person in front of others, only staff, but in a private area so they would not be overheard.

Is the service responsive?

Our findings

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

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

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

- People received care that was personalised to their needs and preferences. Care plans contained personalised information, for example, sections such as 'What I want you to know' and 'What makes me calm' gave direction to staff that was specific to each individual.
- People's likes and dislikes were recorded within their files, and staff had good knowledge of these. For example, people's favourite foods were recorded. One person's favourites included 'Nigerian stew' as this was linked to their culture and background.
- People were encouraged to be as independent as they could be. Staff we spoke with told us of one person's progress since moving in to the service. A staff member said, "[Name] moved here last year in an emergency as their last placement broke down. Over the past year, staff have worked very well with them, and they are now achieving so much more. We went swimming, and some of [Name's] old staff happened to be there. They could not believe we were out swimming, [Name] had not done that before."
- A wide range of activities was on offer. During our inspection, we saw that a group of people had gone out on a 'Discovery Group' session. This was aimed at visiting new places and providing new experiences for people.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that management had acted to investigate previous complaints and had taken prompt action to resolve the concern.

End of life care and support

- The service supported younger adults with learning disabilities and autism. No current end of life care was being delivered. The manager was aware of what was required to support people with end of life care if needed.

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

Requires Improvement: ☐ Service management was inconsistent. A regulation was not met.

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

- Action was not always taken to ensure that areas identified as requiring improvement, were acted upon in a timely manner. We saw maintenance logs which identified that shower rooms were in need of repair, but no action had been taken.
- Audit tools being used were not always effective. Audits on infection control and the environment did not mention that action was required to refurbish the shower rooms. Audits did not mention the level of cleanliness in the kitchen area was not good, and a potential infection control risk.
- We spoke with the registered manager about this and they were aware of the problems. These problems had been discussed within team meetings as requiring improvement and action. The provider had not taken any action to arrange for improvement works to be carried out.
- The registered manager, deputy manager and staff team understood their roles and were open and honest. One staff member told us, "The managers are very good. They conduct observations a lot, and are aware of everything that is going on. Feedback is given fairly so you can learn and improve practice."

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

- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as was possible.
- The registered manager notified CQC and other agencies of any incidents which took place at the home. Feedback we gained from other agencies was positive about the service, and said they were open, and receptive to feedback.
- People knew who the management team were and saw them regularly.

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

- People were involved in the service. One staff member said, "People often come and join us for team meetings. [Name] loves to talk."
- People had regular meetings with their keyworker staff members and were able to feedback on what was going well for them.
- A newsletter was created and sent out regularly to people and family to inform them of any changes and upcoming events within the service.

Continuous learning and improving care

- Team meetings were utilised to communicate updates and required changes to staff. These included updates on activities, staffing, people's routines, diet and health. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.
- Questionnaires were sent out to both people and their relatives to allow people to feedback on the quality of the service. We saw that this included pictorial versions for people who required it. Feedback was gathered and actions set for improvements.

Working in partnership with others

- The management worked in partnership with others for the benefit of the people using the service. The deputy manager told us that they worked closely with the local authority Intensive Support Team (IST). This was a team who provided support to services with people with learning disabilities and autism. The deputy manager said they had supported staff, made recommendations, and would be providing positive behaviour support training.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service was not always cleaned to the required standard. There was an infection control risk due to poor cleaning and poor maintenance of areas within the home including the kitchen and people's shower rooms. This was a breach of Regulation 12 (2)(d)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment.</p>