

Cornerstones (UK) Ltd Pennings View

Inspection report

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Wiltshire
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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

Pennings View is a care home which provides accommodation and personal care for up to seven people with learning disabilities. At the time of our inspection seven people were living at the home.

This inspection took place on 8 October 2015 and was unannounced. We returned on 12 October 2015 to complete the inspection.

At the last inspection in May 2014, we identified that the service was breaching regulations relating to making decisions when people did not have capacity to

consent and assessing the quality of service provided and planning improvements. At this inspection we found the provider had taken action to address these breaches of the regulations.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

Summary of findings

Plans to manage risks people faced did not always contain up to date information or provide clear guidance to staff on the support that people needed. Despite the lack of clear information, staff demonstrated a good understanding of people's needs and were consistent in their descriptions of the support people needed.

People said they liked living at Pennings View and told us staff were nice to them. One person told us, "I am happy here, I feel safe". Some people were not able to tell us whether they felt safe, but we observed that people appeared comfortable in the presence of staff. People smiled at staff and attracted their attention to request support. We observed staff interacting with people in a way that was friendly and respectful.

Medicines were safely managed and people who use the service were positive about the care and support they received.

There were systems in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were supporting. People were confident concerns or complaints they raised would be responded to and action would be taken to address their problem.

Staff received training suitable to their role and an induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service.

The provider assessed and monitored the quality of care and had clear plans to address areas where improvements were needed.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

There was an increased risk that staff would not know the action needed to keep people safe. Plans to manage risks people faced did not always contain up to date information or provide guidance to staff on the support that people needed.

Medicines were managed safely. Staff treated people well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse.

Requires improvement



Is the service effective?

The service was effective.

Staff had a good understanding of the Mental Capacity Act (2005) and there were systems in place to make decisions when people did not have capacity to consent.

Staff received training to ensure they could meet the needs of the people they supported. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to care packages.

People's health needs were assessed and staff supported people to stay healthy.

Good



Is the service caring?

The service was caring.

Staff demonstrated respect for people who use the service in the way they interacted with, and spoke about, people.

Staff took account of people's individual needs and supported them to maximise their independence.

Staff provided support in ways that protected people's privacy.

Good



Is the service responsive?

The service was responsive.

People and their relatives were supported to make their views known about their support. People were involved in planning and reviewing their support package.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to maintain their skills.

Good



Summary of findings

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

The service was well-led.

There was a new registered manager in place who was working to make improvements to the service. The registered manager demonstrated strong leadership and values, which were person focused. There were clear reporting lines through the organisation.

Systems were in place to review incidents and audit performance, to help ensure shortfalls were being addressed.

Good



Pennings View

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 8 October 2015 and was unannounced. We returned on 12 October 2015 to complete the inspection.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold

about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with four people who use the service, the registered manager, operations manager, deputy manager and three support workers. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for three people. We also looked at records about the management of the service. Following the visit we received feedback from the Wiltshire Council quality improvement team, a community learning disabilities nurse and a social worker who have contact with the service.

Is the service safe?

Our findings

Risk assessments and management plans were in place, but they did not always contain up to date information or provide guidance to staff on the support people needed. One person had two risk assessments in their file which contained contradictory information about their needs and how risks should be managed. One assessment stated the person could go out safely without support from staff whilst the other assessment stated staff should always support the person when out in the community. The registered manager told us the assessment stating the person needed support whilst out in the community had been put in place as a temporary measure and was no longer needed. The registered manager said the assessment had been left in the person's file in error.

The risk assessment for the support a person may need if they left the building in a state of distress contained reference to an alarm on the door that was no longer in use. The registered manager explained this person's needs had changed and the alarm was no longer needed.

Other risk assessments had been assessed as needing review within specific time-scales, which had not been met. For example we saw assessments relating to the risk of injuries during seizures, pressure ulcers and dehydration which were completed in August 2014 and stated they needed to be reviewed each month. There was no record that these assessments had been reviewed. The registered manager and operations manager told us they were in the process of changing the risk assessment system to make it easier for them to be kept up to date.

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

The need to review the assessments was included in the manager's development plan. Despite the conflicting information in some plans, staff had a good understanding of people's support needs and gave consistent answers when asked about how risks to people were managed.

People said they liked living at Pennings View and told us staff were nice to them. One person told us, "I am happy here, I feel safe". Some people were not able to tell us

whether they felt safe, but we observed that people appeared comfortable in the presence of staff. People smiled at staff and attracted their attention to request support.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicine administration records had been fully completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. Where people were prescribed medicines to be taken 'as required', there were clear procedures in place to inform staff when they should support the person to take the medicines. Records demonstrated staff had followed these procedures. There was a record of all medicines received into the home and returned to the pharmacist.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the provider would act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. We saw that these checks had been completed for one person employed by the service in the last year.

Sufficient staff were available to support people. Staff told us there were enough of them on each shift to be able to provide the support people need. People said they were able to get out to the activities they enjoyed.

Is the service effective?

Our findings

At the last inspection in May 2014 we found mental capacity assessments were not meeting the full requirements of the Mental Capacity Act 2005 (MCA). This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Since the last inspection new regulations have been introduced, and this now relates to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken action to address this and the service was operating in line with the MCA.

Staff demonstrated a good understanding of the principles of the MCA. 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 Deprivation of Liberty Safeguards (DoLS) are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

Since the last inspection mental capacity assessments had been carried out to determine whether people had the capacity to make certain decisions. For example we saw assessments in relation to people's capacity to make decisions relating to their finances, food and nutrition and management of health conditions. Where people did not have capacity to make decisions, we saw best interest decisions had been made following involvement of the person, their family, advocates, staff at the service, social workers and health professionals. At the time of the inspection, there were no authorisations to restrict people's

liberty under DoLS. The registered manager told us they had submitted DoLS applications for all seven people who use the service and were waiting for them to be assessed by the local authority.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. These supervision sessions were recorded and there were scheduled regular one to one meetings for staff throughout the year. Staff said they received good support and were able to raise concerns outside of the formal supervision process.

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. At the last inspection in May 2014 we found that staff did not have the skills and training to meet people's needs in relation to managing their epilepsy. Staff were not trained to administer the rescue medicine two people had been prescribed to keep them safe when they had seizures. Since the last inspection staff had all received training in administering this medicine. The registered manager had an overview of all the training staff had completed and when they were due to complete refreshers. Staff were positive about the training, saying it was relevant to their role and the needs of people using the service.

We observed people being supported to eat lunch during the visit. Staff supported people to make choices about their food. There was a planned menu that had been developed based on people's likes and dislikes. Staff said they had alternative food available if people did not like the meal that was planned and we saw that the kitchen was well stocked.

People were able to see health professionals where necessary, such as their GP, community nurse or physiotherapist. People's support plans described the support they needed to manage their health needs. The community learning disabilities nurse we received feedback from said staff were keen to work with them to review people's needs and how best to meet them.

Is the service caring?

Our findings

People told us the staff were “kind” and said they liked living at Pennings View, with one person adding “I am very happy here”. We observed staff interacting with people in a way that was friendly and respectful. For example, we saw staff respecting people’s choices and privacy and responding to requests for support. Staff supported people to make choices about activities they took part in and the food and drink they had. Staff demonstrated a strong relationship with people in their interactions and in the way they spoke about people with us. We observed staff responding promptly when people demonstrated signs of distress. Staff were caring in their support for people, finding out what the problem was and supporting people to resolve the issue.

Staff had recorded important information about people including personal history and important relationships. Support was provided for people to maintain these relationships, including support to visit family and keep in contact with regular telephone calls. People’s preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be

provided. This included people’s preferences for the way staff supported them with their personal care and the activities they liked to participate in. This information was used to ensure people received support in their preferred way. The community learning disabilities nurse told us staff were knowledgeable about people, knowing their needs and how they like to be supported.

We observed staff supporting people in ways that maintained their privacy and dignity. For example staff were discreet when discussing people’s personal care needs with them before going off to provide support in private. Staff described how they would ensure people’s privacy was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. Staff told us there was a strong culture amongst the team that care must be provided in a way that was dignified and ensured people’s privacy.

People’s bedrooms were personalised and contained photographs, pictures and personal items each person wanted. This emphasised that this was the person’s private room. Staff respected people’s private space, for example waiting for a response from people before entering their room.

Is the service responsive?

Our findings

People were supported by staff to take part in a range of activities outside the home. Some people attended a local day service, whilst others had an individual programme of activities they had developed. People told us they liked the activities they took part in, with particular reference to the day service and a social club. People also said they enjoyed going to visit relatives. One person's access to activities out of the home was restricted due to problems with transport. The deputy manager told us they were working with the person's financial appointee to obtain their own transport, which would enable them to get out to more activities they enjoyed. In the meantime, staff were supporting the person to go out to local shops and pubs and to spend time with a friend who lived next door.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, likes and dislikes and their daily routines. The support plans set out what people's needs were and how they should be met. This gave staff information about people's specific needs. People had positive behaviour

support plans in place to support them at times when they communicated anger or distress. These had been developed with the community learning disabilities nurse and contained very specific information about situations which may cause the person distress and they way staff should support people in these circumstances. People and their representatives had been involved in the development and review of their support plans. One person told us they regularly met with their keyworker to review their plan and discuss the support they received.

People were confident concerns or complaints they raised would be responded to and action would be taken to address their problem. One person told us they would speak to a specific staff member, who would "do something" about any problems they had. The registered manager told us the service had a complaints procedure, which had been provided to people and their relatives. Staff were aware of the complaints procedure and how they would address any issues people raised. The registered manager told us the service had not received any complaints since the last inspection.

Is the service well-led?

Our findings

At the last inspection in May 2014 we found the provider did not have effective systems to assess the quality of the service provided and plan improvements. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Since the last inspection new regulations have been introduced, and this now relates to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken action to address this and there were effective systems in place to assess the quality of the service and plan improvements.

The service had a registered manager who had been in post for approximately six months at the time of the inspection. The registered manager had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. The registered manager told us they had identified where the service needed to improve and were in the process of implementing the changes. The registered manager said they wanted to support people to be more socially included in their local community and ensure the service was being led by people and their needs, rather than the staffing rota. The staff we spoke with demonstrated they valued the people they supported and were motivated to provide people with a high quality service.

The registered manager and operations manager were confident they had effective plans in place to address the issues they had identified. There were plans in place to implement changes, involving people who use the service throughout the process. The service was working with the Wiltshire Council quality assurance team to address the issues and make improvements. We saw the most recent

report from the quality assurance team, which identified the progress that had been made in the service. Staff told us the registered manager had provided very good support for them to change and make improvements to the service. Staff reported that the registered manager questioned all the established practices in the service, but did this in a supportive way that looked to find better ways of supporting people.

Regular audits and assessments were carried out to identify areas for improvement and how they could be achieved. As well as staff in the service, these audits included other managers within Cornerstones (UK) Limited, which gave a different perspective.

The registered manager told us satisfaction surveys had been sent out to family members and health and social care professionals. The feedback from these surveys was in the process of being reviewed and would then be shared with all stakeholders. The operations manager told us the provider had developed a new website, which enabled them to receive direct feedback from people. The provider planned to be open about all feedback they receive and the action they take in response.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "Things are a lot more organised and better managed" and "I am given support to do my job effectively. The management of the service has improved and I feel more valued".

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff told us they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 registered manager had not ensured risks to the health and safety of service users were effectively assessed and action to manage the risks clearly planned.</p> <p>Regulation 12 (2) (a)</p>