

Cornerstones (UK) Ltd

# Pennings View

## 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 ●

# Summary of findings

## 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 five people were living at the home.

This inspection took place on 5 April 2017 and was unannounced. We returned on 6 April 2017 to meet with the registered manager and complete the inspection.

At the last inspection in October 2015, we identified that the service was breaching regulations relating to management of risks people faced. At this inspection we found the provider had taken action to address this breach 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.

Plans to manage risks people faced contained up to date information and provided clear guidance to staff on the support people needed. Staff demonstrated a good understanding of people's needs and how to safely manage the risks they faced.

People said they liked living at Pennings View and told us staff were nice to them. One person told us, "I am happy living at Pennings View. I feel safe here". 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 the service provided and had clear plans to address areas where they had identified improvements were needed.

## 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.

Plans to manage risks people faced contained up to date information and provided 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.

### Is the service effective?

Good ●

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 worked with other health and social care professionals to make changes to care packages when people's needs changed.

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

### Is the service caring?

Good ●

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.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were supported to make their views known about their care. 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.

People 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.

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 any shortfalls were 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 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.

This inspection took place on 5 April 2017 and was unannounced. We returned on 6 April 2017 to meet the registered manager and 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 three people who use the service, the registered manager, operations manager, deputy manager, two support workers and a member of staff working for a temporary staff agency. 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. We received feedback from a physiotherapist, mental health practitioner and a health care support worker who have contact with the service in a professional capacity.

# Is the service safe?

## Our findings

At the last comprehensive inspection in October 2015 we identified that the service was not meeting Regulation 12 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks were not being assessed and kept under review effectively. The registered manager wrote to us to set out the action they would take to address shortfalls in risk management following the inspection. At this inspection we found that action had been taken to improve the way risks were assessed and managed.

At this inspection we found that risk assessments and management plans contained up to date information and clear guidance to staff on the support people needed. The plans had been reviewed regularly and updated when people's needs, or the risks they faced, changed. The plans included information relating to support for people whose behaviour challenged those supporting them. Staff had worked with health and social care professionals to develop behaviour support profiles. These contained clear information about the support people needed to manage their behaviour in times of distress.

A safeguarding case in March 2016 identified shortfalls in the way a specific risk had been managed, both by the service and by local health services. The service had worked with the safeguarding team, commissioners and health professionals to address the issues. During the inspection we saw that there was clear information about the specific risks for this person and the actions staff needed to follow to meet those needs.

Where relevant, people had specific epilepsy profiles, which had been developed by a specialist epilepsy nurse. These profiles contained clear information about the risks people faced in relation to epilepsy and the support staff needed to provide to manage the risks. Staff completed regular recordings of seizures to give health staff information to be able to review the plans.

Staff demonstrated a good understanding of people's support needs and gave consistent answers when asked about how risks to people were managed. Staff were clear about the support they needed to provide and when they needed to seek further guidance.

People said they liked living at Pennings View and told us staff were nice to them. One person told us, "I am happy living at Pennings View. I feel safe here". Some people were not able to tell us whether they felt safe. 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 them. 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 received training before they were able to support people with their medicines. The training included observations of their practice.

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. None of the staff we spoke with said they had any concerns about the safety of people using the service.

Following the safeguarding case in March 2016 the registered manager and operations manager had worked with the staff team to address issues that had been raised. The provider completed a root cause analysis, to look in depth at all issues and assess the reasons for the shortfalls in the person's care. An action plan was developed following this analysis and the registered manager reported the lessons of the incident had been learned, adding that all staff had pulled together to make necessary improvements.

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 since the last inspection.

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 October 2015 we found that people received support in an effective way. We found that these standards had been maintained during this inspection.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The 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 legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

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 the management of health conditions and whether to continue to live at Pennings View. Where people did not have capacity to make decisions, we saw best interest decisions had been made following involvement of the person and others involved in their care, including their family, advocates, staff at the service, social workers and health professionals. At the time of the inspection, there was one authorisation to restrict people's liberty under DoLS. The registered manager told us they had submitted DoLS applications for the other four 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. 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. The service had experienced problems accessing refresher training for the administration of rescue medicine for two people with epilepsy. The registered manager had made arrangements to ensure staff whose training was in date provided support to these people, including using staff from the neighbouring service who had the appropriate training when necessary. Additional training sessions had been booked for staff whose training had expired and planned for staff whose training would expire in the near future.

We observed people being supported to eat lunch during the visit. Staff supported people to make choices about their food and involved them in preparation of the meal. There was a planned menu, which 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, specialist community nurse or physiotherapist. People's support plans described the support they needed to manage their health needs. The health professionals we received feedback from said staff had a good knowledge of people's needs and were open to new ideas about how to meet people's needs.

## Is the service caring?

### Our findings

At the last inspection in October 2015 we found that people received support in a caring and supportive way. We found that these standards had been maintained during this inspection.

People told us they liked the staff who supported them and said they were happy living at Pennings View. 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 good understanding of people's needs. They had developed a strong relationship with people and demonstrated this in their interactions. Staff showed respect for people in the way they spoke about them 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 by regular phone 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.

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.

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.

One of the health professionals who gave feedback to us commented, "I always find the staff welcoming and supportive, with a caring attitude".

## Is the service responsive?

### Our findings

At the last inspection in October 2015 we found that the service was responsive to people's needs. We found that these standards had been maintained during this inspection.

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. The registered manager reported they continued to work with people to support them to take part in activities they wanted to. Some people were reluctant to try new activities, however, we saw that staff had worked with people individually to ensure they were aware of opportunities available for them. The registered manager stressed the importance of looking at people's individual needs and supporting people to lead the life they wanted to, rather than what staff feel they should do.

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. The plans included a section on pathways to independence. These sections set out the support staff should provide to help people maximise their independence.

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 the way staff should support people in these circumstances. In addition to the behaviour support plans, people had been supported to develop an anger management plan. These contained detailed and personalised information about what made the person angry and strategies they could use to calm themselves.

People and their representatives had been involved in the development and review of their support plans. People had regular meetings with their keyworker to discuss the plans and any areas they felt they needed different support with. Plans were amended as people's needs changed and there were clear systems for communicating any changes with all staff.

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, "I would speak to (the registered manager) if I had any problems. She would sort things out for me". 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 service had received one complaint in the last year. Records of the complaint demonstrated that it was investigated and a meeting was held with the complainant to address their concerns.

## Is the service well-led?

### Our findings

The service had a registered manager, who was supported by a deputy manager. An operations manager from Cornerstones provided support to the registered manager and was available with the registered manager and deputy during 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 their focus was to support staff to deliver high quality care, which is person centred and fits around the person and not the service. 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 had worked with the Wiltshire Council quality assurance team and commissioners to address concerns that had been raised about the service following a safeguarding case in March 2016. Changes had been made to systems in the service and the way the management team were checking the way people were being supported. As a result of the changes that had been implemented and sustained, the Wiltshire Council commissioning team had lifted an alert status they had placed on the service.

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, which gave a different perspective. The results of these audits were used to develop an action plan for the service. We saw that actions were monitored until they had been completed, with regular updates to show the progress that had been made.

Satisfaction surveys had been sent out to people who use the service and their family members. The feedback from these surveys had been collated, shared with people and used to develop the action plan for the service. The registered manager told us she had plans to develop these surveys to include visiting health and social care professionals.

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, "The service is well managed by (The registered manager). I feel well supported" and "I see (the management team) regularly and have someone to go to if I need support".

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.