

Mrs Eveline Anne Basile

Penshurst

Inspection report

24 Spring Hill
Ventnor
Isle of Wight
PO38 1PF

Tel: 01983853184

Date of inspection visit:
17 April 2023

Date of publication:
11 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Penshurst is registered to provide accommodation and personal care to 3 people living with a learning disability. People lived with the provider in a large house and had their own bedrooms and there was a choice of communal areas where people could socialise. At the time of our inspection there were 3 people at the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

This focused inspection covered safe and well-led. Based on the information reviewed and feedback from staff, relatives, people and external professionals the service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

The model of care and setting maximised people's choice, control and independence. Care was person centred and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

Right Support

People were supported by the provider who knew how to prevent and manage risks and keep them safe from avoidable harm whilst enabling them to fully enjoy life. The service's arrangements for controlling infection were effective. People received their medicines safely; the provider or staff member were always available to meet people's needs.

Right care

The risk assessment and care planning system helped ensure people received personal care and support tailored to meet their individual needs and wishes. People were encouraged to make decisions about the care and support they received and had their choices respected.

Right culture

People were supported to have maximum choice and control of their lives and they were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People, a family member and external professionals were positive about all aspects of the service. The provider understood their responsibilities and had safe systems in place to ensure these were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 4 December 2017).

Why we inspected

This inspection was prompted due to the length of time since the previous inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Penshurst

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

Penshurst is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Penshurst is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is not required to have a registered manager to oversee the delivery of regulated activities at this location because they are in day-to-day charge of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be available and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 17 April 2023 and ended on 24 April 2023. We visited Penshurst on 17 April 2023.

What we did before the inspection

Before the inspection, the registered manager 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 reviewed the PIR and other information we held about the home including previous inspection reports. We used all this information to plan our inspection.

During the inspection

We spoke with the 3 people living at the home and 1 family member. We also spoke with the provider, the staff member and 3 health or social care professionals. We looked at care plans and associated records for 2 people and records relating to the management of the service. We observed care and support being delivered in communal areas of the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- People told us they felt safe at Penshurst. One person said, "Yes I'm safe here." We saw people were at ease in the company of, and communicating with, the provider. People attended a variety of community groups and identified that they could talk with staff at these groups or the provider if they had any concerns.
- The provider was an experienced social care practitioner who knew how to identify, prevent and report abuse. They had received safeguarding training, which they refreshed regularly. They also reminded people living at the home of the importance of safeguarding.
- There were systems and processes in place to protect people with protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity. The provider and staff were aware of these and provided people with appropriate person-centred support.

Assessing risk, safety monitoring and management

- There were systems and processes in place to mitigate risks to people.
- Care plans identified risks to people and included relevant information for the management of these risks. Risks to people were reviewed regularly and updated with changes when required. Where we identified a need for some additional risk assessments the provider promptly ensured these were in place.
- The provider understood people's rights to undertake some activities which included an element of risk. This enabled people to be as independent as possible.
- The provider described business continuity plans to ensure people received appropriate support during crisis situations such as an unexpected lack of key staff.
- Suitable arrangements were in place to deal with emergencies. A fire safety risk assessment had been completed. People living at the home were clear about what to do if the fire alarm activated. In addition, the provider had attended first aid training.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and, although not required by anyone at the time of the inspection, the provider was aware of actions they would take should there be a need to initiate DoLs procedures.

Staffing and recruitment

- The provider was responsible for providing all care and support and lived with people at Penshurst. They had an ad hoc staff member who had worked at the home for more than 10 years and was available to support people when required.
- The provider and staff member undertook regular training relevant to their role and demonstrated a good understanding of the people living at Penshurst.

Using medicines safely

- Medicines were managed safely.
- People confirmed they received their medicines. One person said, "[Provider] brings those – she always remembers." Another person identified that although they could manage their own medicines they, "Prefer [provider] to do this as its one less thing for me to worry about."
- Systems were in place to ensure medicines were ordered, stored, administered and recorded safely. The provider understood the risks posed by some medicines such as blood thinning medicines and described how variable doses for these were managed in connection with the local GP surgery.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. This helped ensure people could lead a fulfilling life, safely.

Visiting in care Homes

People confirmed they could have visitors to the home should they wish to do so. A separate garden room was also provided which meant people had been able to receive visitors as per best practice guidance during the COVID pandemic. This room was now available for people to use as they wished.

Learning lessons when things go wrong

- Should an incident or accident occur, the provider had procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us, and we saw, there was a positive, relaxed, atmosphere at Penshurst. The 3 people living at the home had distinct and individual needs. They were each very happy with the way the service was run. None wished to move from the home, and none could suggest any ways that the service could be improved. A person said, "I'm very happy here, everything is good." A family member said they, "Could not find any areas for improvement" and felt people "were all treated respectfully as part of large family."
- The provider had a clear set of values which they worked to on a daily basis. These included treating people with honesty, openness, dignity and respect. These had helped them to build positive, trusting relationships with people. A person confirmed this when they said of the provider, "I can trust her." The provider had contact with everyone living at the home throughout the day. They continually sought feedback and consulted people about all issues relating to the running of the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour which requires an open and transparent response should adverse incidents or accidents occurred. We discussed this with the registered manager who was able to demonstrate this would be followed when required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The provider had an appropriate system in place to assess, monitor and improve the quality of service they provided to people. The size of the service did not warrant a formal quality assurance framework as most care was delivered by the provider directly. However, the provider was continuing to work with an external consultant to help ensure their practice remained up to date and they remained compliant with all regulations.
- The provider was aware of their responsibilities to notify CQC of significant events, such as safety incidents should any occur.

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

- People and the family member were consulted about the service they received. For example, 1 person told us about the building work in progress to the exterior of the home and that the window in their bedroom

was also due to have "some work done." Everyone said they could approach the provider should the need arise and were confident action would be taken if required.

- People were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010. People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments.

Working in partnership with others

- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision and built seamless experiences for people based on good practice and people's specific needs and preferences.

- One health care professional told us, "Communication is very good, [provider] contacts me if she has any concerns about the health needs of people living at Penshurst and is very responsive to any changing needs."