

Care Management Group Limited

Penny Meadow

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

About the service

Penny Meadow is a residential care home, which provides short-term respite overnight accommodation and personal care for up to two people who have a learning disability or autistic spectrum disorder at a time. It operates between the hours of 4pm and 10am the following day.

The provider had a day centre close to the respite home which people accessed. However, this report only relates to the provider's provision of residential respite care. The day centre services fall outside the regulatory remit of the Care Quality Commission (CQC) and were not assessed as part of this inspection

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were treated with kindness and compassion by the staff and had their privacy and dignity respected. Systems within the home supported people to be involved with decisions about their care and support as much as possible.

People and relatives described positive relationships with the staff and management team. People were encouraged and enabled to pursue their hobbies, participate in activities of their choice and to access the community. Staff practice promoted people's rights and independence.

Safe care and support were provided to people. Staff were aware of risks to people's safety and knew how to respond appropriately through safeguarding processes. Where required people were supported to access healthcare services and appropriate referrals were made. Staff supported people with their nutritional needs and to maintain their health. The home was clean and hygienic throughout and safe management of medicines was in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Care was tailored to the person who received the support and care plans were detailed and comprehensive. People received effective personal care and support from staff who knew them well and were well trained and regularly supervised. There were enough staff who had been recruited safely to meet people's needs.

A complaints process was in place with feedback welcomed and acted on. Regular checks and audits were

carried out to monitor the quality of care people received and to provide management with necessary oversight of the home.

Rating at last inspection

This is the first inspection for this service.

The previous provider of Penny Meadow was Penny Meadow Life Skills Limited. On 5 April 2019, Care Management Group Limited took over as the new registered provider of Penny Meadow.

Why we inspected

This was a planned inspection following registration on 5 April 2019.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Penny Meadow

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Penny Meadow is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager was in post. The registered manager 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 announced. We gave the service 24hrs notice as we wanted to be sure that there would be people using the service and staff available to speak with.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about their service, what the service does well, and improvements they plan to make. We took this into account when we inspected the service and made our judgements in the report. We used all of this information to plan our inspection.

During the inspection

We observed the care and support provided and the interaction between one person and a member of staff. We spoke with one person who used the service about their experience of the care provided.

We spoke with the register manager, the provider's regional manager and two members of care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and systems were reviewed.

After the inspection

We received information requested as part of the inspection and electronic feedback from two relatives and one member of staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People who attended the service and their relatives told us Penny Meadow provided safe standards of care. One relative commented, "As a parent I am confident in the care Penny Meadow provide and know I can rest completely knowing [person] is not just safe and secure but having a good time as well."
- Staff understood their roles and responsibilities in keeping people safe from harm, this included how to raise safeguarding concerns if they were worried about people's safety.
- People's care records included risk assessments which informed staff about how the risks in people's lives were reduced. This included risks associated with epilepsy, choking, moving and handling and nutrition.
- All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks within the service.

Staffing and recruitment

- There was a small staff team, safely recruited with the right skills and experience to meet the individual needs of the people who used the home.
- Staff confirmed they had relevant pre-employment checks before they commenced work to assess their suitability to work with vulnerable people. Records we looked at confirmed this.

Using medicines safely

- Systems and processes were in place to make sure people received their medicines as they had been prescribed with clear records kept. Protocols for medicines to be taken as required were in the process of being reviewed and updated.
- Staff received training in medicines management and had their competency regularly assessed.
- The management team undertook regular checks and audits of the service's medicine systems to ensure it was managed in a safe way.
- To support people who wanted to self-medicate and be independent the provider had recently purchased two medicine cabinets for use in the bedrooms.

Preventing and controlling infection

- The care home environment was clean throughout. Accessible signs and pictorial information were displayed in the home to aid people's understanding of infection control and the importance of washing their hands.
- Staff were trained effectively in food hygiene and infection, prevention and control procedures. They had access to personal protective equipment such as disposable gloves and aprons to reduce the risks of cross

contamination.

Learning lessons when things go wrong

- Staff understood how to report accidents and incidents. These were investigated and followed up by the registered manager to ensure where actions had been identified these were completed.
- There was a system to review accidents and incidents to monitor for trends and prevent re-occurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff completed an assessment of needs before people used the respite service. This was to ensure their needs could be safely met. People and their families were involved in this process.
- Assessments included information which reflected people's needs, history and preferences. For example, information about their styles of communication, life story and preferred daily routines.
- The provider had systems in place to ensure staff practice was non-discriminatory. This supported them to ensure people received a good standard of care regardless of gender, beliefs or cultural identity.
- The home had considered and implemented best practice guidance, for example in responding to people's communicating and distressed behaviours.
- Where required, people were supported to access healthcare services. This included support to attend dental or GP appointments. The provider's regional manager told us a care passport was being implemented in the event a person had to be taken to hospital. This would contain key information about a person should they be admitted to hospital in an emergency.

Staff support: induction, training, skills and experience

- Staff were skilled and competent in their roles which led to positive outcomes for people.
- An established, small staff team was in place. New staff received an induction and shadowed more experience staff when they first started.
- Staff were supported to professionally develop through ongoing training, supervisions and appraisals. Opportunities for staff to achieve nationally recognised qualifications in care were provided.
- Staff told us the provider's training was relevant to meeting people's needs and included training specific to individual needs such as diabetes and epilepsy.

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

- People were supported to have enough to eat and drink during their respite stay and staff supported them to make choices from their known preferences. A relative told us, "Together with the staff [person] chooses what they would like for dinner and to take part in making it."
- Care plans documented people's preferences, likes and dislikes. Where people followed a specialist diet or diet provided to meet spiritual or health- based needs this had been identified at assessment and was detailed in their care plan. People's daily records showed that dietary requirements were followed when they stayed in the home.

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

- People and relatives were complimentary of the environment. One person said, "It is like being at home." A relative commented, "The facilities are very good with bedrooms, bathrooms and a separate lounge area. People are encouraged to be involved in their stay by helping to make the beds and their breakfast."
- People were able to choose from a selection of bedding available what they would like and could bring in personal items if they wished to help them settle during their stay. The registered manager shared examples of this which included soft toys, specialist light and objects of reference that were important to people.
- The home was not suitable for people with a physical disability as the bedrooms were located on the first floor and there was no lift or appropriate means to gain access. The registered manager was in the process of submitting a notification to CQC to remove the service user band physical disability from their registration.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas. We saw this training being implemented into practice when staff sought permission before providing any care or support. One person, when asked about consent told us the staff, "Ask me and help me choose."
- Where people were unable to make a decision for themselves their care records included a mental capacity assessment and/or best interests' decision. This included the person as much as possible in making their own choices with involvement of their family and appropriate professionals where required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked the staff who 'were kind and caring' to them. A relative commented, "The care and attention [person] receives is exemplary." They added, "The staff are always kind and caring and treat all with respect and sensitivity."
- We found that staff had a good understanding of people's needs and preferences. This was underpinned by the care plans which included instructions to staff on what actions they needed to take to meet people's individual cultural needs. Those instructions included guidance on people's diet, hygiene and dress.
- Staff knew people well, and shared examples of how they adapted their communication and approach to meet the needs of each person. This was confirmed by a relative who shared with us, "The overnight respite service Penny Meadow offer is excellent. As a parent I know [person] is very well cared for and all their needs taken care of. The staff make sure any routines that the service user have at home are continued on the overnight stays to enable them to feel settled."
- Feedback questionnaires completed by people were positive about the care and staff approach and showed they had enjoyed their stay at the home.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful of people's dignity and respected people's privacy. They shared examples of this which included supporting people with their personal care and encouraging them to do things for themselves as much as possible.
- People's confidential information and records were stored securely. Staff ensured discussions of a personal nature with and about people took place in private.

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

- People and their relatives, where appropriate were involved in their care arrangements. A relative commented, "Penny Meadow meet all [person's] mental, physical and emotion needs giving both [person's] and I security."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People's care records were comprehensive and person-centred, providing important information to guide staff on how to meet their individual needs. For example, managing specific health care needs and cultural requirements.
- In the main people's care records demonstrated that people and where appropriate their relatives and or representatives were involved in the planning of their health, care and support. The records reflected people's choices, interests or ways to maintain and promote independence, including what the person could do for themselves. However, we discussed with the regional manager and registered manager some gaps found in people's records. The provider responded with an action plan on how they planned to address the inconsistencies and we were assured by their swift response.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During their respite stay, people were supported with their usual daily activities, such as attending the provider's day centre and accessing the community if they wished.
- People had a range of activities they could be involved in and were able to maintain hobbies and interests with staff providing support as required. One person shared with us that they had been to a martial arts session for the first time which they had enjoyed with a member of staff. A relative told us. "The staff make sure there are evening activities provided which may be going out somewhere or watching a film or TV programme of their choice etc."
- Staff supported people with daily living skills and being able to do things for themselves. A relative commented on the positive impact of this for their family member stating, "Since attending [Penny Meadow their] independence skills have improved, and they are constantly stimulated as the staff provide such a wide variety of activities for the service users to take part in."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and provider were aware of the AIS and had met this requirement.
- There was appropriate signage around the home to aid navigation and promote independence. The registered manager advised information could be produced in different languages and formats if required.

- Each person had an assessment of their communication needs, together with details of methods of communication specific to the person, to help staff when working with them. Staff shared examples of having used communication boards and electronic devices to support people with communication where required.

Improving care quality in response to complaints or concerns

- A complaints process was in place. Records showed that any complaints received were dealt with in line with the provider's complaints policy and used to improve the service provided.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were complimentary about the home and described it as 'friendly and welcoming'. One person said, "I like coming here. I have fun, it's good." A relative commented, "We have excellent communication between home and Penny Meadow."
- Regular feedback was sought and acted on from people who used the service and their relatives. The management team told us that as part of continual development of the home they were developing their quality assurance process to better reflect what actions had been taken in response to people's feedback.
- The management team and staff demonstrated a commitment to providing quality care, which met people's needs. They acknowledged that the home had been through several changes which had impacted such as a new provider, new systems and staffing issues but things were settling down. There was an established workforce, with staff who enjoyed their job. They shared examples of working well as a team to achieve positive outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager ensured that staff were well trained and aware of their roles and responsibilities. Staff had their competencies regularly assessed by a member of the management team, to ensure they were working to the standards expected.
- The registered manager and staff were passionate about the care and support people received and promoted open communication. They acted when errors or improvements were identified and learnt from these events.
- Systems to monitor and assess the quality and safety of the service provided to people were in place and this supported the ongoing development of the home.
- The registered manager was aware of when and how to make notifications to CQC. Notifications are events that the registered person is required by law to inform us of.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, that apologies are provided and that 'relevant persons' are informed of all the facts in the matter.

Continuous learning and improving care; Working in partnership with others

- The home worked closely with organisations within the local community to share information and learning around local issues and best practice in care delivery. This included working with the North East Essex Specialist Diabetes Team (NHS) around insulin management for people who attend respite. Staff had received Diabetes awareness training and support with administering insulin to people on respite if they were diabetic and unable to administer themselves from a specialist Diabetes nurse.