

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Pennefather Court

Croft Road, Aylesbury, HP21 7RA

Tel: 01296484810

Date of Inspection: 07 January 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services



Met this standard

Care and welfare of people who use services



Met this standard

Safeguarding people who use services from abuse



Met this standard

Supporting workers



Met this standard

Assessing and monitoring the quality of service provision



Met this standard

Details about this location

Registered Provider	Sanctuary Care Limited
Registered Manager	Mrs. Wendy Porter
Overview of the service	Pennefather Court provides care and accommodation for up to 15 adults with physical disabilities.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We saw people were involved in making decisions about their lives. Staff spoke in a friendly and respectful way and offered choices to people and took time to make sure people could make their wishes known. We spoke with people using the service and their responses about their experience of living in the house were very positive, these people told us, "I have lived here for many years and the staff are friendly."

The people we spoke with told us staff helped them with personal care and supported them to participate in group visits and activities. For example, one person told us, "I like going to the shops each week and visiting friends"

Two care workers told us they had been provided with appropriate training courses, one of which was safeguarding training, which they had both completed in the last twelve months to support them to recognise different types of abuse and understand what their duties and responsibilities were with regards to safeguarding vulnerable adults.

The people who use the service told us they felt safe in the house because the staff were always on hand to provide guidance and support. Two people we spoke with expressed a clear understanding of the complaints procedures in operation in the house, and expressed that they knew how to raise concerns with staff if they had any issues.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with two people using the service; these people told us that they had been fully involved in the development of their care plans. The selection of care plans we looked at showed the provider had recorded people's personal preferences and had clearly identified the way people preferred to receive their care. We were able to see that people who use the service had been involved in making the choices around their day to day care; this included, the hour people preferred to get up and retire to bed, choosing their daily clothing, and the types of activities they wanted to be involved in each day. The care plans we looked at reflected this and evidenced the provider had a system in place that enabled each care plan to be delivered in a person centred manner.

People using the service told us staff treated them with respect and that they listened and supported them to raise any concerns. People we spoke with told us the staff were polite, friendly, and, helpful and this made them feel able to maintain their independence. During our visit we saw that staff treated people using the service with dignity and spoke to them with respect; we observed staff actively encourage people to make independent choices about the way in which they received their care.

We were told people's private rooms had been decorated to meet their personal preferences and that in each room domestic items had been included to encourage people's comfort and independence. We looked in a range of rooms and saw people using the service had been able to personalise their private spaces offering a good level of comfort and equipment. We saw people using the service participating in activities that encouraged their mobility and we spoke with the activity coordinator who was able to tell us about the range of individual activity plans that supported and encouraged individual active involvement.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People using the services provided a positive review of their experience of living in the home, one person said, "I am very happy here." another told us, "The staff are friendly and always happy and quick to offer support."

We spoke with two care workers who told us the information recorded in the care plans helped them to provide support for people on an individual basis and the current recording system supported them to provide the level of care appropriate for each person.

We looked at a range of care plans and noted all were well organised into separate 'care' sections with the information in each section providing clear guidance that enabled staff to deliver the care needed in a person centred manner. We observed people receiving safe and effective care that was based on these detailed care plans and were able to look at the risk assessments compiled by staff to ensure each care plan met individual needs.

We spoke with the deputy manager who told us people using the service were helped to manage their own health, welfare, and safety in a collaborative 'health plan'. We looked at three of these plans, each contained doctors, dentist, opticians and other specialist contact details and, a diary of appointment schedules. Also contained in the folder were suggestions to help people make informed lifestyle choices around healthy eating, managing personal weight, and healthy activities.

We looked at a range of risk assessments that included information around mobility, manual handling, falls, trips and slips, and a section covering nutrition. The assessments provided information and guidance to staff to minimise identified risk and helped to provide positive solutions and clear guidance on how to ensure the safety and wellbeing for each person.

During our inspection we saw that staff were taking an interest in each person's wellbeing and that people responded to this in a positive way. We saw that staff supported people in a kind and supportive manner that promoted individual independence wherever possible.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service told us if, and when they had a concern they knew how to report this to the manager, or, designated responsible person on duty. One person told us, "I like the staff and they make me feel safe, I can always talk to the staff if I have any concerns."

The deputy manager told us the staff had all received training covering the following; safeguarding vulnerable adults, understanding dementia, and, first aid. We spoke with two care staff who confirmed they had recently attended all of these training sessions and when we spoke to them were able to demonstrate a clear understanding of their safeguarding responsibilities and both the providers, and, the local authorities, safeguarding and whistle blowing procedures.

These staff told us the training provided had helped them to identify indicators of abuse and know what action should be taken as a result. We looked at a range of written policies covering safeguarding and whistle blowing that clearly set out the vulnerability of people using the service and outlined the duty of staff to report any concerns they had to a responsible authority for investigation. These policies were located in the main office and were easily accessible for all staff.

The documents we looked at evidenced the provider had taken steps to ensure peoples welfare and rights were maintained within a supportive safeguarding framework. The provider had taken adequate steps to ensure people using the service were protected from abuse by ensuring they were supported by a staff team who had appropriate knowledge and training on safeguarding adults.

We noted that the provider had a system in place to ensure appropriate employer references and that current Disclosure and Barring Service (DBS) police checks were in place for all staff; this evidenced that the provider had taken steps to ensure people received a safe level of care.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People using the service told us that there were sufficient numbers of staff on duty to meet their care needs. One person told us, "I know which of the care staff is on duty each day and I can always ask for help if I need to." We spoke with the deputy manager who told us an annual training programme for staff was in place and the range of courses offered were over and above the mandatory induction. This included a range of specialist courses to support the needs of people using the services for example; moving and handling and administration of medication. We looked at the service training matrix which highlighted all mandatory and specialist training available to and attend by care staff, stating the date of original completion and future renewal updates.

One care worker told us that over the last year they had completed training on person centred care and communicating effectively. We looked at this persons training file, completion certificates and history of attendance sheets, all the documents we looked at supported the staff training statements. In addition we also looked at the training files of three further care staff, each included an individual training plan, certificates of attainment, and copies of their annual appraisal documentation.

The deputy manager told us monthly staff supervision meetings took place and that these meetings supported staffs yearly appraisal meetings. We looked at two supervision files that recorded the discussions that had taken place in appraisal meetings aimed to support and guide staff around promoting the independence and safety of people using the service. This evidenced the provider had an effective training and monitoring process in place to support staff to deliver the care needs of people who use the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The deputy manager told us monthly monitoring inspection visits were conducted as part of the provider's standard quality assurance process across all their provision to ensure the home was compliant with both national and organisational standards. This person told us this process was in place to ensure the home supported people using the service to a high standard, and also encompassed a broad range of health and safety areas including; medication control, health and safety including the building environment and condition. We were told the monitoring inspection visit also reviewed the person centred plans referred to by staff as part of their daily service delivery.

We looked at a number of the providers risk assessments used by staff to inform people's person centred plans, each plan included a clear set of processes targeted at managing individuals risks and included supporting information to help staff increase peoples independence. The examples we looked at had been updated and reviewed to reflect the changing care needs of people who use the service. The care staff we spoke with told us that a 'key worker system' was in place to support individuals to develop strong relationships with staff and to encourage a safer environment for people to feel supported to communicate any issues or concerns about the service offered by the provider.

We were able to see from a range of the provider's documentation that people's views had been sought on an informal and formal basis during receipt of their care. For example, the records of the monthly residents meetings demonstrated that people had been encouraged to share their views and opinions on the service they received, and had been supported to raise any concerns that they might have regarding their care or the activities in the home. For example; one meeting had been used to raise people's awareness around how to express their personal choices around the meals and social activities offered. The minutes we looked at represented the views of people using the service and this had resulted in changes to the menu variety and types of activities offered. This demonstrated the provider had listened and responded to people using the service and as a result their feedback had positively influenced the care they received.

The staff we talked with told us staff meetings took place on a monthly basis and were

used by staff to discuss the support requirements for individual people, general working arrangements, and any issues related to service delivery. From our observations, the documentation, minutes from both staff and residents meetings, we were able to gather evidence to demonstrate the provider had effective processes in place to manage risk and that the quality of care had been regularly monitored by activity seeking feedback from managers, staff, and people using the services.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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