

Consensus Support Services Limited

Pendle Gardens

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

Pendle Gardens provides accommodation and nursing care for up to eight adults. The service specialises in providing care for men with a learning disability and other complex needs. The home is set in its own grounds and accommodation is provided in eight self-contained flats. At the time of the inspection, there were seven people accommodated in the home.

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

People told us they felt safe living in the home, and they were happy with the service provided. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The provider operated an effective recruitment procedure to ensure prospective staff were suitable to work for the service. The staff carried out risk assessments to help people retain their independence and receive care with minimum risk to themselves or others. An emphasis had been placed on positive risk taking to enable people to participate in activities. People were protected from the risks associated with the spread of infection. The premises had a satisfactory standard of cleanliness.

People received their medicines safely and were supported to maintain good nutrition and hydration. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. Detailed transition plans were developed to ensure people were comfortable moving into the home. The provider had appropriate arrangements to ensure staff received training relevant to their role. New staff completed an induction training programme. Staff felt supported by the management team.

Care was personalised and adapted flexibly in response to changing needs and preferences. We found people had not always had regular keyworker meetings. The registered manager assured us keyworker meetings would be take place once a month as planned. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Our observations during the inspection, were of positive and warm interactions between staff and people.

The management team monitored the quality of the service provided to help ensure people received safe and effective care. This included seeking and responding to feedback from people in relation to the standard of care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People had individual self-contained flats. This model of care maximised people's choice, control and independence. Care and support had been developed around individual assessed needs. Staff worked in a way which promoted people's independence.

Right care

- Care was person-centred and promoted people's dignity, privacy and human rights. People confirmed their privacy and dignity was respected. Support plans were person centred and people had discussed their needs and preferences with staff. Staff knew people well and demonstrated an understanding of people's individual care, behavioural and communication needs.

Right culture:

- The provider and registered manager promoted a culture focused on meeting people's needs and promoted open and honest communications with people and their families. People's diverse needs were assessed, supported and respected. People were supported to make choices and live the life they chose.

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

Rating at last inspection

The service was registered with us on 22/07/2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received from people using the service about their care and treatment. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

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.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The home was well-led.

Details are in our well-led findings below.

Pendle Gardens

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.

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 carried out by one inspector.

Service and service type

Pendle Gardens 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.

The service had a manager registered with the Care Quality Commission. This means that they 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

We gave short notice of the inspection at the request of the registered manager, due to the complex needs of people living in the home.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people living in the home, four members of staff, the deputy manager, the operations manager and the registered manager. We looked at the support records of three people who used the service and looked around the premises.

We observed staff interaction with people. We reviewed a range of records. This included three people's medication records, two staff files in relation to recruitment and the staff training records. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. As part of this the registered manager sent us an action plan and other supporting information.

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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from harm and discrimination. This included access to appropriate training and policies and procedures.
- People told us they felt safe and were happy with the care and support they received. One person told us, "The staff are amazing. They will do everything to make sure you are safe and cared for."
- One person raised concerns about an incident earlier in the year. We discussed the incident with the registered manager and deputy manager and saw advice had been sought from other professionals. As the incident had been reported differently to the registered manager a safeguarding alert was not raised with the local authority. We raised an alert after the inspection.
- Staff had recorded incidents and information from three people's incident records had been analysed. The registered manager explained a new positive behaviour support practitioner was due to commence work at the service and their role included the analysis of incidents. Any learning was discussed with the staff team at both individual and group meetings.

Assessing risk, safety monitoring and management

- Risks to people and the service were assessed and managed. This helped to protect people's safety and rights to freedom and independence. Risk management strategies were included in people's care plan documentation and there was clear guidance for staff to follow to support people safely.
- The registered manager had promoted positive risk taking. This approach enabled people to take part in planned activities of their choice.
- The registered manager had carried out environmental risk assessments to ensure the safety of people's living space. The premises had been newly refurbished and were well maintained. The provider had arrangements to carry out maintenance and safety checks on the installations and equipment.
- The provider had a business continuity plan and contingency plans which described how people would continue to receive a service in adverse circumstances. We also saw staff had developed personal emergency evacuation plans for each person, which included information on the support people would need in the event of a fire.

Staffing and recruitment

- The provider followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
- The provider deployed staff based on the number of commissioned hours and people's needs and circumstances. During the inspection, we saw staff were not rushed and responded promptly to people's needs. Staff told us they had sufficient time to spend with people. We observed staff going out on activities

and spending time with people during the inspection.

Using medicines safely

- Medicines were stored and managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out.
- The staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

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.

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.

- Staff had received training and understood the relevant requirements of the MCA. Staff confirmed they asked for people's consent before providing support, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- People's capacity to make decisions was considered as part of the assessment process and we saw people had a decision-making and a communication profile as part of their support plan documentation. The best interest decision making process was followed where necessary, and appropriate documentation had been completed.
- The registered manager had submitted applications for DoLS authorisations, as appropriate. Following the inspection, the registered manager confirmed specific support plans would be developed to set out the details of the applications and the least restrictive option of care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured people's needs were appropriately assessed before using the service. The assessments were comprehensive and helped to ensure effective care could be planned and delivered.
- Following the assessment, detailed transition plans were developed to ensure people were comfortable with their move into the home. The transition arrangements were carefully planned to meet people's needs and often took place over a long period of time. We noted a healthcare professional had written to the registered manager to compliment the smooth transition process for one person living in the home.
- People's diverse needs were detailed in their assessment and support plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.

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

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.
- People were given a set amount of money for their food and purchased their preferred items from local supermarkets. This approach enhanced people's skills and promoted independence.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs and staff had developed supportive relationships with other agencies and professionals to provide a flexible and effective service, which was adapted to people's needs.
- All people had a health action plan and a hospital passport. However, we noted the plans did not cover oral healthcare and one person's plan had limited detail about past medical conditions. Following the inspection, the registered manager sent us an action plan which confirmed this matter was being addressed.

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

- People were provided with an appropriate environment which met their needs. The home was located in its own grounds in a rural residential location. The building had been adapted to form eight self-contained individual flats. There were also shared areas, where people could socialise with others.
- People were able to personalise their rooms with their own belongings. The registered manager explained people also had the opportunity to change the décor if they wished to.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People felt staff had the knowledge and skills to provide them with the support they required.
- Staff confirmed they were provided with a good range of training including specialist training in line with people's individual needs. They told us their training needs were discussed on an ongoing basis and they were encouraged to expand their knowledge and expertise. The registered manager had established systems to monitor staff training to ensure all staff completed their training in a timely manner.
- The provider had arrangements to provide all new staff with a structured induction programme, which included a period of shadowing experienced members of staff. Staff new to a care setting, completed the care certificate. This is a nationally recognised qualification for health and social care staff and includes an assessment of their competencies when carrying out their role.
- Staff were provided with opportunities to discuss their individual work and development needs in both group and individual meetings.

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 were positive about the staff who supported them and said they were treated with consideration and respect. People complimented staff on the caring and kind way they provided support. One person told us, "The staff are brilliant. They go out their way to help."
- The management team and staff focussed on building and maintaining open and honest relationships with people and their families. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- We observed the staff interact with people in a caring and sensitive manner. We saw people were respected by staff and treated with kindness. The atmosphere in the home was calm and cheerful. People were supported by staff in an attentive and unhurried way. It was clear people and staff had developed positive supportive relationships.

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

- People contributed to and were involved in making decisions about their care and support needs. Whilst people had not signed their support plan, people spoken with confirmed they had discussed their care needs with staff.
- Staff understood people's individual likes and dislikes and accommodated these when providing their support. The management team and staff were committed to ensuring the best outcomes were achieved. They spent time with people to understand their needs and preferences.
- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make decisions, wherever possible.
- People were encouraged to make choices about their day to day routines, in line with their personal preferences and were encouraged to express their views. People said they were listened to and staff responded to any requests promptly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff offered people opportunities to increase their independence and to have freedom and control over their lives. One person told us, "The staff understand when I want to spend some time on my own."
- Staff had access to policies and procedures and training about supporting people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.

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 people's needs were met through good organisation and delivery.

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

- People had varied lives and received personalised care and support specific to their needs and preferences. People told us they were happy with their care and staff responded to any requests made for assistance.
- We saw support plans had been developed to provide staff with guidance on how to meet people's needs. These included details of people's needs and preferences as well as how they wished to be supported. The support plans were underpinned by risk assessments. Staff reviewed people's support plans and risk assessments at regular intervals and more frequently if people's needs changed.
- Whilst the registered manager had implemented keyworker meetings, we found one person had no recorded meetings and another person had one meeting. The meetings were important to enable people to talk with staff about their needs and their experiences of the service. The registered manager assured us monthly keyworker meetings would be reinstated for all people using the service.

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 provider had produced easy read information for people who benefited from this style of format.
- All people living in the home had a communication profile, which included information around preferred ways of communication and how to communicate with them. We saw staff members openly engaging with people during the inspection, which enabled meaningful conversation and helped to avoid isolation.

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

- People were supported to take part in meaningful activities and to engage with the local community in line with their interests and preferences. People told us they participated in a broad range of activities, including dancing, cycling, walking and bingo. We noted one person had completed a ten mile bike challenge to raise money for a charity. To help with indoor activities, a 'men's' room had been developed in the conservatory complete with a pool table and chalk board wall.
- People completed a weekly activity planner with a member of staff. This approach provided people with structure and purpose. The activity plans were flexible if people wished to do another activity on the day.
- People were enabled to take positive risks to carry out aspirational activities and detailed plans were developed to consider all associated risks.

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- The registered manager had ensured complaints had been investigated and resolved. The registered manager agreed to develop a central record of complaints to help with the identification of any themes or trends.

End of life care and support

- In circumstances where people required end of life care, the registered manager explained the service would work closely with the person and their family as well as health and social care professionals to ensure the comfort and dignity of the person.

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

- The provider, registered manager and staff were all keen to promote the provision of high-quality, person-centred care to achieve the best outcomes for people. We observed a positive and welcoming culture within the service.
- Staff told us they felt everyone was receiving a good service and they all told us how much they enjoyed their work. One staff member told us, "I think people get brilliant care. We do everything we can to accommodate activities."
- People were supported in a sensitive and kind manner. Feedback from people was positive and evidenced they felt included and listened to. We noted the service had an 'appreciation tree' displayed in the hallway. This gave people the opportunity to post messages of appreciation.

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

- The provider had established effective systems to monitor the quality of the service. The management team carried out audits and monitored the standards and quality of the service. We saw action plans were drawn up to address any shortfalls.
- The registered manager was supported by the operations manager who visited the home on a regular basis. During their visit, they completed an audit and gave feedback to the registered manager.
- People and staff spoke positively about the way the service was managed and the registered manager's leadership style. One person told us, "The managers are great. They always spend lots of time with us" and a member of staff commented, "The managers are brilliant. They are caring, friendly people who will always try to facilitate anything."
- The registered manager utilised staff and handover meetings to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings.

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 understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. People told us the registered manager and staff were open and honest. Good relationships had been developed between the registered manager, staff and people living in the home.

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

- Staff involved and engaged people in the service and gave consideration to their equality characteristics. The registered manager encouraged people to voice their opinions through different forums to ensure their views were considered.
- The registered manager had invited staff and other professional staff involved in the service to provide feedback. We noted the respondents had made positive comments about the service. We also saw complimentary emails from professional staff. Following the inspection, the registered manager sent us an action plan and confirmed people would be invited to complete a satisfaction questionnaire in the near future.
- People using the service were able to attend monthly residents' meetings. People told us the meetings were useful and informative. One person said, "[The registered manager] keeps up to date with everything at the meetings and we can make suggestions."

Working in partnership with others

- The provider and management team fostered and encouraged working in partnership with other professionals and agencies.
- The registered manager and staff sought to ensure people experienced the best possible outcomes through following good practice guidelines. This included consultation with health and social care professionals to meet people's needs.
- The registered manager had worked with a healthcare professional to introduce a new providers' forum in Lancashire. The aim of the forum was to bring private providers and public health teams together to proactively work together to improve the way support was delivered in the community.