

Pendleton Care Limited

# Walmersley Road

## 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:

Walmersley Road 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 premises and the care provided, and both were looked at during this inspection. Walmersley Road provides care and accommodation for up to seven young people who have conditions such as Asperger's Syndrome or Autism. At the time of the inspection there were seven people living at the home.

Rating at last inspection: At our last inspection in July 2016 we rated the service good in all areas and it was given a rating of good overall.

### People's experience of using this service:

At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm.

Medicines were managed safely and people were supported to ensure their health needs were met.

Staff received the training and support they needed to carry out their roles effectively. Staff members had been safely recruited and there were sufficient numbers of staff to provide people with the person-centred support they needed.

The service actively promoted well-being and continually strived to protect people from the risks of social isolation and loneliness. The range of activity on offer was extensive. Staff supported people in developing meaningful and appropriate activities and building community links.

Systems in place ensured the needs of each individual were identified and respected. People, and those who were important to them, were at the heart of the service and were encouraged to be involved in decisions and developing their support.

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 had their care and support needs kept under review.

Quality assurance systems were in place to monitor and continually improve the quality of the service provided. The home was well-led.

More information is in the detailed findings below.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The outcomes for people using the service reflected the principles and values of registering the right support. This was because people's support focused on them having choice and control and as many opportunities as possible for them to gain new skills and become more independent.

Why we inspected: This was a planned inspection based on the last inspection rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received 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?**

The service was safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Walmersley Road

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was undertaken by one adult social care inspector.

#### Service and service type:

Walmersley Road is a care home that provides care and accommodation to people who have Learning disabilities or who have autistic spectrum conditions.

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:

Inspection site visit activity started on 5 February 2019 and ended on 9 of February 2019. The first day was unannounced.

#### What we did:

Before the inspection we asked the provider to complete 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 what improvements they plan to make. Due to technical difficulties the service was not able to submit it prior to the inspection. However, we reviewed the PIR during our inspection.

We also looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Bury for their views on the service. They raised no concerns.

During our inspection we spoke with two people who used the service, the registered manager and four support workers. We also spoke via telephone with three relatives of people who used the service.

We carried out observations in public areas of the service. We looked at three people's care records, a range of records relating to how the service was managed including medication records, two staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in preventing and detecting abuse. They knew how to raise any concerns. Staff were confident any concerns they raised would be dealt with appropriately.
- People we spoke with told us they felt safe living at Walmersley Road.

Assessing risk, safety monitoring and management

- Systems were in place to protect people in the event of an emergency.
- Health and safety checks had been carried out and there was a programme of regular maintenance to the building and any equipment used.
- We found that whilst windows could be locked and needed a key to open them, once they were unlocked they could be fully opened without the need for a special tool. This posed a potential risk of people falling from heights. We gave the registered manager information relating to health and safety executive (HSE) guidance on the use of window restrictors. Following the first day of our inspection the registered manager confirmed risk assessments had been completed and no one using the service was currently identified as at risk and that new window restrictors meeting HSE guidance had been ordered. The week after our inspection they confirmed that window restrictors checks had been put in place.
- We found assessments were carried out to identify any risks to the person or the staff supporting them. These included environmental risks and any risks to people's health and well-being. Risk assessments were very person centred and gave guidance to people and staff on how risks could be minimised and managed whilst promoting people's independence and opportunities. Records showed that risk assessments had been regularly reviewed and updated when people's needs changed.
- Contingency plans gave information to staff on action to take for events that could disrupt the service. These included; flood, loss of electricity and gas and outbreak of illness.

Staffing and recruitment

- We found there was a safe system of staff recruitment in place. Since our last inspection there had been two new staff. We looked at their personnel files. The provider completed all the required pre-employment checks before they offered staff employment. These checks help to ensure people are protected from the risk of unsuitable staff being employed.
- The service had policies and procedures to guide staff on what was expected of them in their roles.
- There were sufficient numbers of staff to provide people with the support they needed. To ensure continuity of support cover for staff on sickness or annual leave was provided by staff from the home or from another of the provider's services. People knew staff well.

Using medicines safely

- There were safe systems in place for managing people's medicines. We found that records we reviewed were fully completed and people received their medicines as prescribed. Medicines were stored safely and securely.
- Controlled drugs (CD) are prescribed medicines that have additional safety precautions and requirements. There are legal requirements for the storage, administration, records and disposal of CDs. The service met these requirements.
- We found medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked.

#### Preventing and controlling infection

- We found the home to be visibly clean in all areas and there were no unpleasant odours. People we spoke with told us the home was always very clean. Records showed that staff had received training in infection prevention. There were robust systems in place to prevent the spread of infection or disease.
- We looked at the systems in place for laundry. The service had a system for keeping dirty and clean items separate.
- People were supported to understand safe hygiene practices. During our inspection we saw that before meal preparation staff reminded people of the need to wash their hands.

#### Learning lessons when things go wrong

- Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident, any injury and any action taken by staff or managers. We found that managers of the service reviewed the action taken to identify any patterns or lessons that could be learned to prevent future occurrences.



# 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.

Good: 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

- Care records we reviewed included detailed initial assessments of people's support needs. People also had the opportunity to visit the home and spend time there before they decided if they wanted to live there. Records were very person centred and had lots of detail about what was important to and for the person. The assessment was used to develop care plans and risk assessments that guided staff on how best to support people.
- The assessment process ensured people were suitably placed and that staff knew about people's needs, wishes and goals.
- Staff received training in supporting people whose behaviour might be challenging to the service. Care records were detailed and included what might make the person upset or angry and how staff would know if the person was becoming upset, such as body language. Care records contained very detailed plans that guided staff on how to prevent or deescalate incidents.
- Staff told us that if an incident occurred they were always given the opportunity to talk with a manager about what had happened. They told us this helped them feel supported. One staff member said, "We document everything and always talk [incidents] through. What happened, what we did, what else we could do."

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively.
- We saw staff new to support work completed an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care.
- Records showed that staff completed a range of mandatory training. Staff also received training that related specifically to the needs of people who did or may use the service.
- All staff had completed either a level two or three qualification in health and social care.
- Staff we spoke with, and records we looked at, showed that staff received regular supervision. ● Staff told us the training they received was good and they felt very well supported.

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

- We found that people's nutritional needs were met. Food was stored and prepared safely. The home had been awarded a 5-star food hygiene rating by the local authority, which is the highest rating.
- People who used the service chose what food to purchase and cook. People were involved in shopping for and preparing food.

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

- We found the home to be well maintained. People chose the décor of their own rooms. Bedrooms were personalised and individual to each person. All areas of the home were bright and well furnished.

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

- People who lived at the home had access to healthcare services and received on going healthcare support.

- People were supported with their health needs and had access to a range of health care professionals. Records showed these included; GPs, dieticians, psychiatrists, speech and language therapists and community nurses.

- Care records included a 'Health Action Plan' (HAP). This contained important information about health care professionals involved in a person's care and what the person needed to maintain and improve their health. It also guided staff on how best to prepare someone for health appointments, so that they would understand why they were going.

- A hospital passport was used to document relevant information about people. This included their medical conditions, medicines, allergies, personal care, communication and safety. This also contained pictures to help people understand what it was about.

- We saw that where needed staff had supported people's well-being by offering advice on healthy eating and supported people to have regular exercise.

- People were supported to have annual health checks and the home was starting to support people with information sessions about health conditions such as cancer, diabetes and blood pressure. We saw that easy read information was available if people need it to help them understand the information.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider was working within the principles of the MCA. Conditions on DoLS authorisations were being met.

- The provider had organised additional training about MCA and DoLS to help staff understand their responsibilities but also to reflect on how it affected each of the people who used the service.

- Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent. Records contained information on how the person could be supported to be involved in decisions and we saw that where they were able to people had signed to say they gave their consent. Staff we spoke with told us how they ensured people were involved in decisions about the care and support they received.

- People were supported to have maximum choice and control of their lives. Where people lacked capacity to make specific decisions, staff supported people in the least restrictive way possible.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff related to people in a respectful, easy and friendly manner. Staff spoke with genuine compassion and empathy about people.
- People told us staff were caring and kind. They said, "The staff are nice. They help when I need it" and "The staff care a lot."
- People were respected as individuals. Care records contained information about people's life histories.
- We found staff knew people well, both their care needs and as individuals. They knew about people's families and their preferences, what food they liked, what might upset them and what activities they enjoyed. This showed us staff and the registered manager took time to get to know people and genuinely cared about the people in their care.
- Relatives we spoke with told us staff were caring and that they were always made to feel welcome. One relative told us, "I have watched them [staff]. They are very, very good. You can see they care." Another said, "The staff are lovely. They are always nice to me."
- Where relatives could not visit the home, staff supported people to go to visit their relatives in their homes.

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

- People told us they were involved in developing their care records and in reviewing the support they received. They told us they were listened to.
- Care records we reviewed gave staff information on how people communicated. This included information on non-verbal communication such as what people's gestures and facial expressions meant. We saw they also included where people used a communication aid or system, for example we saw that people used pictures and photographs.
- Staff respected how each person communicated. Where people did not use words to communicate we saw that staff knew how best to communicate with them. We saw one person had developed their own system of gestures and use of photographs; we saw staff knew this really well.

Respecting and promoting people's privacy, dignity and independence

- Throughout our inspection we found supporting and promoting people's independence was at the heart of the service. One staff member said, "If they can do it, let them. Don't step in. It's about encouraging."
- Care records contained very detailed information about what each person could do for themselves and what support they needed from staff.
- People's right to confidentiality was respected. Care records were stored securely. Policies and procedures, we looked at showed the service placed importance on protecting people's confidential information.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records we reviewed included extremely detailed pre-admission assessments, risk assessments and care plans. These identified people's background, preferences and needs. They had lots of detail about people's life histories, family friends and hobbies. These included one-page profiles which gave information about what was most important to and for the persons. These plans were up to date and clearly stated how staff should support each person.

- Staff knew about people's needs, wishes and goals and were committed to making sure these were met. One person told us, "Staff understand me. The support I get is great." A relative said, "They treat each person as an individual. They take their time with each person."

- The service was accredited to the National Autistic Society (NAS). This meant they had been assessed by the NAS and found to be following good practice in the way they were providing services to people with Autistic spectrum conditions.

- The ethos of the service was to support people to maintain and develop interests which were important to them and which contributed to people living meaningful lives. People had access to a wide range of activities both in the home and in the wider community. People were supported to develop life and independence skills. One person told us, "If I wanted to go somewhere, staff would help. I would plan it out and they would help me."

- We saw activities in the community included; disco, biking, walks, art classes, pottery, trampoline, cinema, going to pubs and restaurants and going on trips to Alton towers and a kite festival.

- People took part in local Fundraisings and charity events. This had included a 10k run for the British Heart Foundation.

- People took part in voluntary work based on their interests. One person had a passion for steam railways and did voluntary work on the local steam railway. Another person volunteered at a club for children with disabilities.

- A range of meaningful educational courses were being undertaken at the local further education college. One person was learning to cook; they said this was to help them develop cooking skills for when they started to live independently. We saw the person now prepared their own meals in the home a couple of times each week. Another person was learning business studies.

- Care records detailed what people's aspirations were. In part of the home there was a separate flat. This was self-contained and had its own kitchen. One person, who had said they wanted to live in in their own tenancy with staff support, was living in the flat to help to develop their skills. They told us, "This place is better than good. I am happy that I have got a future and will have support. I am happy that I am not going to be on my own."

- We saw that the service placed great importance on promoting and maintaining people's well-being and mental health. A relative said, "It is very, very good. They have dealt with [person's] issues really well." People helped clean their own bedrooms and took part in household cleaning and shopping.

- One relative said that since their family member had started to live at Walmersley Road, "We have seen [person] progress. [Person] is more confident and is more willing to do and try things."
- The registered manager and staff we spoke with were passionately committed to enabling people to develop their skills and have maximum choice and control over their lives. One staff member said, "It's good when you see how far people have progressed." Relatives we spoke with told us, "They have allowed [person] to be [themselves]" and "They try to encourage [person] to do things for [themselves]. To be the best [person] can be as a human being."
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated that discrimination was not a feature of the service and that the service had a positive approach to supporting people as individuals. One staff member told us, "We want people to have a normal life. You can see people progress. It's lovely."
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We saw important information was provided in a pictorial and written format, which was easy to follow. These included the service user guide and consent documents.
- Care records we reviewed gave staff information on how people communicated, and how staff could promote communication and choice. We saw that for one person who did not use words communicate had access to a hand held electronic device and used photographs and pictures to communicate. This including photographs of favourite foods which enabled the person to take part in menu choices. Staff also understood a system of hand gestures the person used.
- We found staff had a 'can do' attitude to managing risk. The emphasis was on what needed to happen to promote the person's independence and support someone to achieve their goals. We saw that one person who had previously found public transport upsetting was now using public transport with staff support. This had been managed by staff working with the person to overcome their concerns.

#### Improving care quality in response to complaints or concerns

- We saw there was a complaints procedure and we saw that a system was in place to log any complaints received. People who used the service knew how to make a complaint.
- The service had not received any complaints. People were confident if they had any concerns staff would deal with them effectively and quickly. One person said of staff; "They always say, if there is any problem, just come to us."

#### End of life care and support

- The service provided support to younger adults. Care records we reviewed identified if the person had specific wishes about how they wanted to be cared for at the end of their life. Staff had received training in end of life care. Care records included 'advanced decisions' which detailed what people wanted to happen if their health deteriorated.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was very person centred. Care and support was organised to enable people to achieve their potential.
- The registered manager was committed to providing good quality, responsive, person centred care, all the staff we spoke with shared this commitment.
- Staff said, "It's a nice atmosphere. We work well as a team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- 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.
- Everyone we spoke with was very positive about the registered manager and the way the service was run and organised. People said of the registered manager, "I like her" and "[registered manager] is always here. She is good." Relatives told us, "She seems to have a good grasp of everything. She is very, very good" and "She is lovely. She listens to what you have to say", "I wouldn't change one thing. None of them [staff] are complacent."
- Staff spoke highly of the registered manager and working at the home. They said, "[Registered manager] is great. You can have a laugh but you can go to her if you have a problem", "She is very fair", "She knows her stuff, very knowledgeable" and "You can go to her with anything."
- We found there were good systems of daily, weekly, monthly and annual quality assurance checks and audits. These were completed by the registered manager, staff on site and by other staff who worked for the provider. This included regular audits completed by managers from other services the provider ran.
- We saw these audits were used to monitor the quality of the service provided and look for any improvements that could be made.
- The registered manager had notified CQC of significant events such as safeguarding.
- It is a requirement that the provider displays the rating from the last CQC inspection. We saw that the rating was displayed in the home and on the provider's website.

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

- Regular team meetings were held. Staff told us they could put forward ideas and topics for discussion.
- People who lived at the service had regular meetings with their key workers where they were asked about

the care and support provided. At a recent meeting where people had discussed wanting to go on holiday. We saw that staff had followed up on people's ideas.

- Monthly meetings were also held where people all sat down together to discuss any concerns or ideas they had for improving the service.
- The registered manager regularly met with other managers and members of the senior management team to share good practice and identify ways the service could be improved.
- We saw there was a statement of purpose. This gave people who used the service the details of the facilities provided at this care home. These also explained the service's aims, values, objectives and services provided.

#### Continuous learning and improving care

- The registered manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. This helped ensure they could identify good practice and where improvements needed to be made.

#### Working in partnership with others

- The home worked well with local authorities who commissioned the service and health care professionals to achieve the best outcomes for people.