

Mrs Janet Barlow

120 Pontefract Road

Inspection report

120 Pontefract Road
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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 

Overall summary

120 Pontefract Road is registered to provide various levels of support which promote independent living. The service provides a rehabilitation and recovery service for people living in their own homes who may need support with their mental health. At the time of this inspection 120 Pontefract Road was supporting 13 people whose support included the provision of the regulated activity 'personal care'.

There was a registered manager at the service who was registered with CQC. A registered manager is a person

who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection at 120 Pontefract Road took place on 7 October 2013. The service was found to be meeting the requirements of the regulations we inspected at that time.

Summary of findings

This inspection took place on 2 December 2015 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available.

People told us that they felt safe receiving care from the 120 Pontefract Road service and that their privacy and dignity were well respected.

Recruitment practices were robust and the registered provider undertook spot checks on staff and asked people for feedback so that they could monitor the safety and effectiveness of the service.

People spoken with said they had the same regular support workers that they knew very well. They always knew which support worker would be visiting to support them because they received a weekly rota of visits from the support service. People said staff arrived when they should and never 'rushed off'.

We found systems were in place to make sure people received their medicines safely.

Staff were provided with a thorough induction programme and continual training programme to make sure they had the right skills and knowledge for their role. Staff said they were very happy in their work, felt supported by managers and were proud to work at the service.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

The support provided was person centred and each person had a support plan that accurately reflected their needs and wishes so that these could be respected. Support plans had been reviewed on a monthly basis. These reviews involved staff, a manager and the person to ensure they remained up to date.

People supported said they could speak with staff or a manager of the service if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service, their relatives and health professionals had been asked their opinion via surveys. The results of these had been audited to identify any areas for improvement. Where a person had identified they did not wish to remain anonymous, a manager met individually to talk to people where any issues of concern had been raised.

Summary of findings

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.

Staff had a good knowledge of safeguarding procedures and how to put these into practice. People told us they felt safe.

There were appropriate arrangements in place to manage medicines.

The service had robust arrangements in place for recruiting staff.

There was enough staff to provide the service safely.

Risk to people was well assessed and staff had access to clear information which enabled them to support people appropriately.

Good



Is the service effective?

The service was effective

People were asked for their consent before any care or support was provided.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

Good



Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People's support plans contained information about their needs and preferences.

People said staff were very caring in their approach.

Good



Is the service responsive?

The service was responsive

People received care that was personalised and responsive to their needs.

People had support plans in place and they were involved in the regular review of these.

People were confident in reporting concerns to staff and the managers of the service and felt they would be listened to.

Good



Is the service well-led?

The service was well led

Staff told us they were well supported by management.

Good



Summary of findings

The registered manager understood their responsibilities and was committed to improving the service.

There were quality assurance and audit processes in place.

120 Pontefract Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 2 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office, as sometimes managers are out supporting staff or visiting people who use the service.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received about the service and notifications submitted by the service. 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 improvements they plan to make. The PIR was returned as requested.

We sent surveys/questionnaires to people and staff to complete, anonymously if they wished, to ask their views about the service. Four people and three staff returned completed surveys to us in the prepaid envelopes provided. The findings of these surveys were unanimously positive. Specific comments made by people and staff are included in the main body of the report.

Prior to our inspection, we spoke with three stakeholders, including the local authority joint commissioning unit, a health professional and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Stakeholders we spoke with told us they had no current concerns about 120 Pontefract Road and made positive comments about the support the service provided to people. We also checked any previous notifications or concerns we had received about the service, so that we could check they had been dealt with appropriately. This information was reviewed and used to assist with our inspection.

This inspection was undertaken by one adult social care inspector.

We visited the office and spoke with the registered manager, operations manager, assistant manager and office administrator. In addition, three support care workers visited the office base so we could speak with them.

Six of the 13 people who used the service had expressed a wish to speak with us and kindly came to the services office to meet and speak with us.

We spent time looking at records, which included five people's care records, three staff records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe with the support workers from the 120 Pontefract Road service. Comments included, “Absolutely no worries about the staff who visit me, trust them 100 %” and “Never felt unsafe.”

All of the staff spoken with said that they were given enough time to travel to people and spend the agreed amount of time supporting people. Staff said, “We have time to spend with people, the odd visit lasts an hour, but most are two hours plus, some people we are with for the whole day.”

People told us staff never rushed a support visit. People said, “Staff are always on time and stay the time they should” and “I know all staff by name, they are on time, they never rush.” This showed that sufficient staff were provided to meet people’s needs in a safe manner and staff were deployed safely and appropriately.

We asked people supported about their medicines. They told us, “Staff remind me to take my medication, I’m not that good at taking it” and “It’s good that staff come to remind me about my medication. They sometimes take me to the hospital as well so I can have my injection.”

Staff spoken with confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people’s safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said that they would always report any concerns to the registered manager and they felt confident they would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person’s safety had been identified. Staff knew these policies were available to them.

One person told us they had been involved in a recent incident that was referred to the local safeguarding authority. The person said, “I didn’t know what was happening at first, I was quite anxious. However, [Name of a manager] was fantastic, so supportive and they explained all the process.”

A policy on handling people’s money was in place and this described the responsibilities of staff to ensure people were protected. We saw that staff completed financial transaction records and these were returned to the office for auditing purposes and safekeeping.

We found appropriate policies were in place for the safe administration of medicines so staff had access to important information. We found the support plans checked contained clear detail regarding medicines and who was responsible for support with any medicines. Where relevant, a medicines risk assessment had been completed to address and minimise any risk. The support plans seen also contained details of the person’s medicines so that staff were fully informed.

We found staff had made a record when they had checked or prompted people with any administration of medication.

Staff spoken with confirmed they had undertaken training on medicines administration. We looked at the staff training matrix and four individual staff files. These records showed that support workers had been provided with medicines training, to make sure they had appropriate skills and knowledge, to keep people safe and maintain their health.

We found the service had recruitment policies and procedures in place that the registered manager followed when employing new members of staff.

We checked the recruitment records of three support workers. They all contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. All of the staff spoken with confirmed they had provided reference checks, attended an interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

Is the service safe?

We looked at the care records of three people who used the service and found all records contained relevant risk assessments. The records showed that staff were given detailed guidance on the risks to be aware of when supporting people and how best to maintain people's personal safety. These risk assessments included assessments of the environment, outside the person's home and on the person's physical and mental health needs. We found risk assessments had been regularly reviewed and updated to ensure that they were still relevant to people's needs. The environmental risk assessments had been evaluated on a minimum six

monthly basis and other risks were evaluated monthly and involved staff, a manager and the person themselves. This meant that the service had up to date information about risk and how to minimise this.

There were systems to capture and analyse information about any accidents, incidents or 'near misses' that occurred.

Policies and procedures were in place relating to the safety and welfare of employees including lone-working and responding to serious incidents.

Is the service effective?

Our findings

People supported by the service spoken with told us the service delivered care in a way that supported their needs and ensured their health and safety. They told us that the service was reliable and they knew the support workers that would be visiting. People said they had never had a missed visit and staff were always on time for the visit.

People said, “I know all the staff that come. We get a rota every week,” “Very very occasionally the rota may change but we are always told, staff are always on time and stay time they should” and “I know all the staff by name, I feel safe. Staff are always on time, they never rush me.”

We spoke with the office administrator who described the system used to make sure the same support staff provided support to the same people consistently on a regular basis. Staff and people we spoke with all said they received a rota every week so they knew the time and day they would be supporting people or being supported by staff respectively.

People told us support workers knew what support was needed and had the skills to do their jobs effectively. Comments included, “I feel staff are very knowledgeable, they know what they are doing and always ask what I want to do. They always ask me if they can help me with anything else even if they are about to leave.”

We checked three people’s support plans. They all contained a detailed and person-centred assessment of their needs which had been carried out prior to receiving care. People’s preferences were documented and there was contact information for other health professionals involved in the person’s care such as GP, Community Psychiatric Nurse (CPN) and Support Worker. The plans contained information about people’s health so that staff could provide appropriate support.

People told us they had access to health professionals and support workers helped them to access these visits. People said, “I had to go for a scan. I was at hospital ages, [named staff member] went with me. They were brilliant, they stayed with me for over five hours even though their shift had finished” and “I go to the hospital sometimes, staff always come with me.”

Stakeholders and health professionals we spoke with told us they had no current concerns about 120 Pontefract Road

and made very positive comments about the care and support the service provided to people. Comments included, “A fantastic service, my clients have really benefitted from the support they get.”

There was a policy on consent to care and treatment in place to ensure clear procedures were in place to ensure people’s agreement was obtained. Staff we spoke with explained that assessments were always undertaken with the person supported to ensure their views were obtained. They told us people were also involved in writing their support plan and the reviews of the plans, which they signed them to evidence their agreement.

We looked at three people’s support plans. All support plans were signed by the person supported. They each contained a signed consent form to show their agreement to the support provided. The files also contained signed consent forms including the management of medicines, management of finances and access to the property where relevant. This showed that people had been consulted and agreed to the support provided. People said, “Staff always ask me first. They ask what I would like to do and want help I need.”

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This does not apply when people are supported in their own homes.

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 were being met.

Staff we spoke with had a good understanding of the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. We saw some staff were also booked onto further advanced training

Is the service effective?

about MCA and DoLS authorisation later in the week of this inspection. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us that where needed DoLS would be referred to the Local authority in line with guidance. They confirmed nobody they were currently providing support to was subject to a DoLS authorisation.

People told us that staff provided them with support in the planning of meals, their shopping and cooking so their nutrition and hydration needs were met. People's support plans identified the level of support required. People said, "Staff help me shop and cook food, they try to promote healthy eating, we laugh about it, but they do try."

All of the staff spoken with said that the training provided by the service was 'very good.' Comments included, "The training from start to finish was excellent," and "This company is not about the money it's about care and support and making sure the staff are well trained to do this."

Induction training records showed induction training was provided that covered mandatory subjects such as health and safety, and also included subjects such as care in supporting people living with their mental health and supporting people living with dementia.

New support workers were given a comprehensive induction to prepare them for their roles. The induction was completed over several months and covered the 15 standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff told us that they also shadowed experienced workers for a set

period of time and were continually supported and monitored by a manager until both the employer and employee were comfortable to be more independent in providing support to people.

Staff spoken with said they were up to date with all aspects of training. We looked at the training records and these showed that a range of training was provided that included safeguarding people, infection control, moving and handling and the safe administration of medication. We found a system was in place to identify when refresher training was due so that staff skills were maintained.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff said they received one to one supervision every month and group supervision with all staff every two weeks. A group supervision was taking place on the day of our inspection. Staff told us how useful and supportive they found these sessions. Records seen showed that staff were provided with individual supervision on a monthly basis, group supervision twice monthly and an annual appraisal for development and support.

In the CQC completed questionnaires which staff returned to us, staff said, "Supervisions are done very regularly and are crucial for the team to work well together and to off load any issues to management. I feel very supported."

Is the service caring?

Our findings

People supported by the service spoken with told us the support workers were caring and understood their preferences and needs. Everyone asked said their support workers were kind. Comments included, “Staff are so kind, so nice,” “[Named staff] really is a nice lady,” “I’m happy with things. Staff sit and chat, they are nice” and “I would be in the dumps or the gutter if it wasn’t for them [named manager and staff].”

People supported by the service said staff were always respectful. Comments included, “They [support workers] are very polite” and “Staff are good. They respect my privacy, they always knock on my door and wait for me to answer, and only if I didn’t answer would they come in, that is fine as they need to check I am OK.”

People supported by the service told us that care workers involved them and always asked their opinion. They said that staff always asked what support the person supported wanted and if there was anything else they needed. One person said, “They [staff] always ask me how I want to spend my day, what food I want to buy, things like that.”

We saw some staff supporting people at the service’s office. We heard and observed staff seek consent and ask people their views and opinions about how they wanted to spend the rest of the day after they left the office.

People told us they had never heard support workers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people’s rights. Every staff member spoken with said they would be happy for a family member to receive support from the 120 Pontefract Road service.

People told us that they had regular support workers that knew them well; they named all the support workers who had visited them over the past few days.

Staff spoken with said that they had a regular schedule, which meant they could get to know the people they supported, their preferences and needs so that these could be met.

We looked at the daily notes of three people which were kept in their support plans. The notes were recorded by staff and detailed the staff who visited, the support provided, the time of staff arrival and time of departure. It was evident from checking these notes that people experienced a regular core group of only two or three staff over the weekly period.

Discussions with members of staff showed they clearly understood the needs of people they were supporting, and they were able to understand how individuals wanted to be supported. Staff were aware of people’s likes and dislikes and their life stories.

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. Numerous advocacy services were advertised on the service’s website and posters were on display in the service’s office which people visited frequently throughout the week.

An advocate is a person who would support and speak up for a person who doesn’t have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

We checked three people's support plans. They all contained a detailed and person-centred assessment of their needs which had been carried out prior to receiving support.

The support plans seen contained information about the person's preferred name, their history, hobbies, and preferences and how people would like their care and support to be delivered. All of the people spoken with said that they had been involved in writing their support plan. They explained that the registered manager had visited them to discuss this.

People and staff told us their support plans were regularly reviewed and a monthly 'review meeting' was held which involved staff, a manager and the person themselves. This showed people had been involved in discussions about their support and important information was available so staff could act on this. One person said, "I feel very involved in my care plan, it is reviewed every six months and we talk about it all the time, it changes as it needs to."

People told us they met their support workers before they started providing any support. One person said, "We met here at the office for a coffee. [Named manager] then asked me if I was happy for this staff to support me, I said I was but I could have said no and I would have somebody else. That is good I think."

People told us that their support was provided in the way they wanted and staff knew them well and how they wanted supporting.

People told us about a variety of activities and social events they were involved in. These were organised by the service on a group or individual basis. People said staff supported them to go shopping, participate in leisure events, and go out for meals or to the cinema. People said they regularly visited the service's office to have a coffee, play pool and meet with other people, staff and the managers of the

service. People told us they had attended events such as a pie and pea supper on Bonfire Night and were regularly invited to Sunday Lunch at another person's house who was supported by the service. People said, "I enjoy meeting other people, I feel less isolated, it's good to come down here [service office]. We are always welcome and we can see [Managers]."

In the CQC questionnaires which staff returned to us, staff said, "Clients really enjoy the social activities we organize, especially Sunday dinner, it is so 'normal' for most people to get together with family on a Sunday for lunch and we are in affect like one big family. The clients get the opportunity to live the life they deserve, just with a little bit more help than most people."

People told us that they had no worries or concerns, but knew who to contact if they had. People said that the managers of the service would listen to them and they met with them regularly. Comments included, "Amazing, [Named manager] is straight out to see me with any little problem I may have," and "I can speak with them [managers] about anything, I see them most days."

Stakeholders we spoke with told us they had no current concerns about 120 Pontefract Road and said, "Any issues are soon sorted."

The service had a feedback and complaints management system in place and this was seen as an integral part of continuous improvement. We saw information on how to make a complaint was provided to people in the service user guide or within the care plan kept at the person's home. We asked for the complaints record and found there were no ongoing complaints. We reviewed a historical complaint. The provider's procedure, including timescales for investigation and response were followed. The service had given people written responses sensitive to the nature of their complaints and the outcomes. This showed us that complaints were taken seriously and responded to appropriately.

Is the service well-led?

Our findings

The service had a registered manager who had been registered with the Care Quality Commission since 2012.

The registered manager is a registered nurse attended regular training and kept up to date with best practice and legislation. They also attended meetings, as a representative for mental health services in the independent sector, at the local authority that supports workforce development in services. The registered manager was committed to improving the service. They were also supported by an operations manager and assistant manager.

All people we talked with told us they felt 120 Pontefract Road provided a good service and several said they would recommend the service to others.

In the CQC questionnaires which people returned to us, people said, “This is an amazing company. It feels like I'm part of a big caring family,” “All of the support workers are extremely supportive and 'gems', they always go extra mile,” “I have not looked back since coming to this service” and “I find them so helpful.”

We found the service had sent questionnaires to people at various intervals throughout 2015 requesting feedback on the quality of the agency. The results of the survey were being audited and action was taken on an individual basis by the registered manager of any issues that required attention. People we spoke with confirmed they had received surveys/questionnaires from the service. They said they returned these and a manager usually spoke with them if they had highlighted any concerns so these could be resolved.

All of the staff spoken with said the registered manager and other managers were approachable and supportive. Staff told us they felt listened to. Staff said, “Brilliant [manager], really supportive.”

Staff said they were ‘proud’ to work at the service. In the CQC questionnaires which staff returned to us, staff said, “I feel that the people I work with receive excellent care from all the support workers. My manager is always there for us all we have brilliant office staff as well. We are a dedicated team of support workers that deliver a high standard of support and care to ensure people can live independently in their own homes.”

Throughout our inspection we saw people and support workers visit the office. We observed they had a good relationship with each other and the managers and office staff at the service. People freely approached managers, shared a joke with them and discussed their plans for the week.

We found the service had a policy on quality assurance. We saw that regular checks and audits had been undertaken to make sure systems were safe and people's opinion was sought and responded to. The managers were able to show us that they had identified areas for action and had prioritised these.

We saw records of spot checks that showed the operations manager undertook unannounced visits to observe support workers providing support, and to ask the opinion of people being supported. Records showed spot checks were conducted at a higher frequency during the support staffs first few months of employment. All of the staff spoken with said that regular spot checks took place. People said, “She [Manager] comes to my house to check on staff and see I am alright, she asks me how things are.”

We saw records of staff meetings and staff confirmed that staff meetings took place on a regular basis to share information and obtain feedback from staff. Staff spoken with said they felt able to talk with the registered manager when they needed to. This helped to ensure good communication in the home.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant any changes in current practices were reflected in the services policies. All policies were chronologically filed and accessible to staff.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this had happened.