Pendleview Care Services Ltd

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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

We carried out an inspection of Pendleview Care Services Limited on 15 and 16 September 2016. We gave the service 48 hours' notice to ensure the registered manager would be available when we visited.

Pendleview Care Services Limited is a domiciliary care agency which provides personal care and support to adults and older people with physical disabilities and disabilities related to old age, including dementia. The agency's office is located in Colne in East Lancashire. At the time of our visits the service was providing support to five people.

At the time of our inspection there was a registered manager at the service. 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 2008 and associated Regulations about how the service is run.

During our inspection people told us they felt safe when staff supported them. Staff had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

Records showed that staff had been recruited safely and they received an appropriate induction. We found that some staff training was dated. However, the registered manager arranged for training to be updated shortly after our inspection. Staff received regular supervision and told us they felt well supported by management at the service.

We found that people's medicines were managed safely and people told us they received their medicines when they should. People were supported with their healthcare needs and were referred to healthcare professionals when appropriate.

People told us they were happy with the care and support they received from the service. They told us staff arrived on time and stayed for the full duration of the visit. People told us they or their relatives were involved in planning their care.

People told us the staff who supported them were caring. They told us staff respected their privacy and dignity when providing care and encouraged them to be as independent as they could be.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives were consulted.

People were asked to give feedback about the service in annual questionnaires. We reviewed the questionnaires from March 2016 and found that people reported a high level of satisfaction with all aspects

of the service.

People told us they were happy with the way the service was being managed. They found the staff and management team approachable and knew who to contact if they had any concerns.

We saw evidence that staff practice was observed regularly and checks were made of the care records they completed. These checks were effective in ensuring that appropriate levels of care and safety were maintained.

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.

The manager followed safe recruitment practices when employing new staff.

Staff had completed training in safeguarding vulnerable adults from abuse and knew what action to take if they suspected abuse was taking place.

Risks to people's health and wellbeing were assessed and reviewed regularly. We saw evidence that people's risks were managed appropriately.

People's medicines were managed safely and people received their medicines when they should.

Is the service effective?

Good

The service was effective.

New staff received an appropriate induction and were able to observe experienced staff before they became responsible for providing people's care.

People's care plans were detailed and individualised. Care plans included people's preferences as well as their needs.

Staff understood the Mental Capacity Act 2005 (MCA) and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives were consulted.

Staff supported people appropriately with their nutrition, hydration and healthcare needs. People were referred to healthcare services including GPs and district nurses when appropriate.

Is the service caring?

Good

The service was caring.

People told us staff respected their privacy and dignity. They told us staff did not rush them when providing care and encouraged them to be as independent as possible.

People told us they were involved in decisions about their care. They told us they made choices about their everyday lives, such as what they wore and what they had to eat.

People were given information about the service when they first started receiving care, which included a service user guide.

Is the service responsive?

Good

The service was responsive.

People received personalised care which reflected their needs and their preferences. They were supported by staff they knew and who were familiar with their needs.

People's needs were assessed before the service started supporting them. People told us their care needs were discussed with them. Where people were unable to make decisions about their care, their relatives were consulted.

People felt able to raise concerns with the staff or the registered manager. They told us the staff and management at the service were very approachable.

Is the service well-led?

Good

The service was well-led.

The service had a statement of purpose which was promoted by the staff and the registered manager.

People were asked to give feedback about the care and support they received and reported a high level of satisfaction with the service.

The registered manager regularly checked staff practice and people's care documentation. The checks being completed were effective in ensuring that appropriate standards of care and safety were being maintained.

Pendleview Care Services Ltd

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 was 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 15 and 16 September 2016 and we gave the provider 48 hours' notice as we needed to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we had about Pendleview Care Services Limited, including a previous inspection report.

We contacted two community healthcare professionals who were involved with the service to request feedback about the care provided. They did not express any concerns about the service. We also contacted the Quality and Contracting Unit at Lancashire County Council for feedback, who also advised they had no concerns about the service.

As part of the inspection we spoke with four people who received support from the service and one relative. We also spoke with two care staff, the registered manager, who was also a company director for the service, and the other company director. Both the registered manager and the director provided care to people on a daily basis. In addition, we reviewed the care records of two people receiving support. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of checks that had been completed by the registered provider to monitor the quality of the service being delivered. We also looked at the results from the most recent customer satisfaction survey.

Good

Is the service safe?

Our findings

The people we spoke with told us they always received safe care. One person said, "The staff are very good. I always feel safe when they're moving me". Another told us, "The staff make sure I'm alright". The relatives we spoke with also felt that the care provided was safe.

We looked at how the service safeguarded vulnerable adults from abuse. There was a safeguarding policy in place which identified the different types of abuse and listed the contact details for the local authority and the Care Quality Commission (CQC).

We looked at staff training and found all staff had completed up to date training in safeguarding vulnerable adults from abuse. Staff understood how to recognise abuse and told us they would raise any concerns with the management or the local authority. Our records showed that CQC had not received any safeguarding concerns about the service.

We looked at how risks were managed in relation to people supported by the service. Risk assessments had been completed for each person, including those relating to moving and handling, medicines, nutrition and the home environment. Risk assessments included information for staff about the nature of the risk and how it should be managed and were reviewed regularly. We noted that people's care files did not include information about how they should be evacuated in an emergency. We discussed this with the registered manager who completed a personal emergency evacuation plan for each person shortly after our visits. This helped to ensure that risks to people's health, safety and welfare could be managed appropriately.

We noted that the service kept a record of accidents and incidents that took place. No accidents or incidents had taken placing involving people who were being supported by the service at the time of our inspection. We saw records of two accidents involving people who had previously been supported. We noted that these had been completed appropriately and had been signed by management. This helped to ensure that appropriate action had been taken and that documentation had been completed appropriately.

We looked at the recruitment records of two members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Two forms of identification and two written references had been obtained. These checks helped to ensure that the service provider made safe recruitment decisions.

We looked at staffing arrangements at the service. The registered manager told us that the service supported five people and that she, the other company director and the two employed care assistants provided care to each of the people supported by the service. This meant that all staff were familiar with people's needs and how to meet them. She told us that agency staff were never used and any periods of staff annual leave or sickness were covered by the other staff. People told us staff always visited when they were supposed to and stayed for the full duration of the visit. They told us that when two members of staff

were required to provide support, two staff members always attended.

Staff told us that communication at the service was good. Staff documented the support they provided at each visit as well as any concerns identified. Staff told us that they always contacted one of the management team if they had any concerns about a person's health or wellbeing.
This helped to ensure that all staff were kept up to date with people's needs and risks to people's health and wellbeing were managed appropriately.

We looked at whether people's medicines were managed safely. The registered manager told us that the service only supported one person with their medicines. A medicines management policy was available which included information relating to administration, refusal, 'as required' (PRN) medicines, documentation and staff training. Records showed that staff training in the safe administration of medicines was overdue and the registered manager made arrangements for training to be completed in October 2016. Following our inspection we received confirmation that all staff had completed up to date medicines administration training.

Records showed that staff were observed regularly to assess their competence to administer medicines safely and the completion of medicines administration documentation was reviewed as part of the observations. The staff we spoke with confirmed that only one person was supported with their medicines and demonstrated that they understood how to administer medicines safely.

One relative told us they were happy with how their family member's medicines were managed. They told us their relative received their medicines when they should and staff confirmed they had taken their medicines before signing the medicines administration record (MAR). We were not able to review any current MARs as these were kept in the person's home. We reviewed past MAR sheets for one person and found that they had been completed appropriately by staff.

The service had an infection control policy in place, which provided guidance for staff about personal protective equipment, effective hand washing and the management of infections. Staff training in infection control was dated and the registered manager arranged for training to be completed in October 2016. Following our inspection we received confirmation that all staff had completed up to date infection control training This helped to ensure that people were protected from the health risks associated with poor infection control.

We noted that the service had an emergency procedure which provided guidance for staff in the event of an emergency such as a fire or an accident. There was also a 'no entry procedure' in place which provided clear guidance for staff, in the event that they could not gain entry to the home of a person they were due to provide support to. Both procedures had been signed by all staff. This helped to ensure that staff were aware of the action necessary to keep people safe.

Good

Is the service effective?

Our findings

The people we spoke with told us they were happy with the care they received. They said, "I'm happy with the care I get. The staff always come on time and they've never missed a visit" and "The care is very good and the staff are well trained. We've had no issues". The relative we spoke with told us, "We're very happy with the care. The girls are lovely and professional".

Records showed that new staff observed experienced staff as part of their induction when they joined the service and this was confirmed by the staff we spoke with. We noted that each staff member's practice was observed regularly, when they were assessed in relation to a number of issues including medicines administration, infection control, moving and handling and record keeping. The staff we spoke with confirmed that their practice was observed regularly.

An employee handbook was provided to staff when they joined the service. We noted that the handbook was comprehensive and included information for staff about safeguarding vulnerable adults, confidentiality and the use of mobile phones. This helped to ensure that staff were clear about their roles and responsibilities and provided people with safe care.

We reviewed staff training records and found that training in moving and handling, infection control and the safe handling of medicines was dated. The staff we spoke with during our inspection acknowledged that some of their training had not been updated for some time and told us they felt they would benefit from their training being updated. We discussed this with the registered manager and received confirmation following our inspection that all training had been updated. This helped to ensure that people received safe, effective care.

We reviewed two people's care plans and found that they included information about their needs and how they should be met, as well as their likes and dislikes. Each care plan contained detailed information about how care should be provided by staff during each visit. Where it was felt that people lacked the capacity to make decisions about how their care was delivered, their relatives were consulted.

The staff we spoke with told us they completed daily records every time they visited people in their homes, where they documented the care provided on each occasion and any concerns identified. The people we spoke with felt that communication from staff was good. We reviewed the daily records for two people and found that information documented by staff included support provided with personal care, meals, medicines and domestic tasks, as well as people's mood and any concerns.

We looked at how the service addressed people's mental capacity. 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 make 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.

Records showed that all staff were in the process of completing MCA training. The staff we spoke with understood the importance of seeking people's consent about every day decisions, even when they lacked the capacity to make decisions about more complex aspects of their care. Staff were also aware that people had the right to refuse care regardless of their capacity and where people lacked capacity, their relatives should be involved in decisions about their care.

We looked at how the service supported people with eating and drinking. Care records included information about people's dietary preferences, and risks assessments and action plans were in place where there were concerns about a person's nutrition or hydration. The people we spoke with told us they were happy with the meals staff prepared for them.

We looked at how people were supported with their health. The people we spoke with felt staff made sure their health needs were met. Care plans and risk assessments included information about people's health needs and guidance for staff about how to meet them. The staff we spoke with told us they contacted the registered manager if they had any concerns about a person's health or wellbeing and the registered manager contacted healthcare professionals and people's relatives when appropriate. Visits from health care professionals, including GPs and district nurses, were documented by staff in people's daily records.

Good

Is the service caring?

Our findings

People told us the staff who supported them were caring. They said, "I like the staff, they're very caring and helpful. I'm never rushed" and "The staff are always respectful. We're very grateful for the care we receive". One relative told us, "[My relative] can be difficult to care for. The staff manage them well".

People told us they were always supported by the same staff. One person told us, "There are only four staff so you get to know everyone". This helped to ensure that people got to know the staff who provided their care and that staff were familiar with people's needs. People told us that staff were always on time and stayed for the full duration of the visit.

The staff we spoke with told us they knew the people well that they supported, both in terms of their needs and their preferences. They felt they had enough time during visits to meet people's individual needs in a caring way. One staff member told us, "We don't rush people. We have time to have a chat with them".

We saw evidence that people received detailed information about the service. The registered manager showed us the service user guide that was provided to each person when the service agreed to support them. The pack included information about the different types of support available, standards of care, policies and procedures and how to make a complaint or make a comment about the service.

We noted that information about local advocacy services was included in the service user guide people received when they began being supported by the service. Advocacy services can be used when people do not have family or friends to support them or want support and advice from someone other than staff, friends or family members.

The people we spoke with told us their care needs had been discussed with them and they were involved in their care plan reviews. Where it was felt that people lacked the capacity to make decisions about their care, relatives told us they had been consulted. They felt that communication from staff and the management team was good and told us they were updated by staff if there were any concerns or changes in people's needs.

People told us that staff respected their dignity and privacy. One person told us, "They're always discreet when they're helping me to have a wash". People told us that staff did not rush them when providing support and encouraged them to be as independent as possible. They told us they could make choices about their everyday lives and how they received their care, such as what they had to eat and the clothes they wore.

Good

Is the service responsive?

Our findings

People told us the staff who visited them were able to meet their needs. They said, "The staff are very good. They always make sure the equipment I need is nearby. I wouldn't change anything", "The care is excellent. I couldn't be happier" and "The care is very good. The staff do things as I want them done". One relative told us, "I know [My relative] is very happy with the care".

Records showed that an assessment of people's needs was completed before the service began supporting them. Assessment documents included information about people's personal history, mobility, communication, medicines and personal care needs.

The care plans and risk assessments we reviewed were detailed and individualised and explained people's likes and dislikes as well as their needs and how they should be met. Care plans documented in detail the support that should be provided by staff during each visit and what the person being supported was able to do. They included information about how support with personal care, food and drink preparation and domestic tasks should be provided to reflect people's preferences.

We saw evidence that people's care plans were reviewed regularly and any changes in people's needs were documented and communicated between staff. The staff we spoke with were clear about the importance of taking action when people's needs changed. They told us that any concerns identified were discussed with the registered manager who contacted the person's GP when appropriate. Staff told us they always updated relatives about any changes in people's needs and this was confirmed by the relative we spoke with.

The people we spoke with told us they were involved in planning and reviewing their care. One person told us, "My care needs were discussed with me and I've signed my care plan". Where it was felt that people lacked the capacity to take part in planning their care, their relatives had been consulted. One relative told us, "[My relative's] needs were discussed with me and [my relative] together".

Information about how to make a complaint or provide comments about the service was included in the service user guide. The information included timescales for an acknowledgement and a response. We noted that one complaint had been received by the service and found that it had been addressed in line with the policy. The registered manager showed us a collection of thank you cards that had been received. Comments included, "Thank you for all you did for [my relative]. The care you gave was lovely and so appreciated" and "Thank you to your staff for the quality of care, their punctuality and affability".

People told us they felt able to raise any concerns with staff or with the registered manager. One person told us, "I've had no concerns or complaints. If anything was wrong I'd ring the manager". One relative told us, "I would ring the management if anything was wrong. They and the staff are very approachable".

Good

Is the service well-led?

Our findings

The people we spoke with were happy with how the service was managed. They told us, "The service is managed well. The staff and management are very approachable. We like the fact that it's a small company and all the staff know your needs" and "We've had no concerns or complaints. We'd contact the manager if we did. They do things as they should". One relative told us, "We'd ring the management if anything was wrong. They're very approachable".

The service had a statement of purpose which stated 'Pendleview Care Services aims to provide and maintain the highest standard of care and support which both enables and encourages our service users to live as full, interesting and independent a lifestyle as possible within the comfort of their own home, whilst respecting the privacy, dignity, independence, rights and choice of every individual and family member, in line with an agreed plan of care'. We saw evidence during our inspection that the statement of purpose was reflected in the care and support provided by the staff and management at the service.

We looked at whether people were involved in the development of the service. We saw that the registered manager sent out satisfaction questionnaires to people and their relatives yearly. We reviewed the questionnaires from March 2016 and noted that six questionnaires had been sent out and all six had been returned. People had reported a high level of satisfaction with all areas on the questionnaire including the timing of visits, staff providing care as people wanted it to be provided, staff encouraging people to do what they could for themselves and knowing who to contact if there were problems with the service. No concerns were expressed about any aspects of the service and all respondents advised that they would recommend the service to other people who required care.

Staff told us the registered manager and the other company director had an open door policy and they could speak with them at any time. Staff told us, "The management are very good. We get our rotas weekly and if there are any changes, management ring us. It's good that the managers also provide care" and "The management are brilliant. If we have any worries or problems, they're always there. They've been really supportive with me".

During our visits we observed the registered manager and the other company director communicating with staff and each other, in person and on the telephone, and noted that they were respectful and supportive. The management team told us that being a small team where everyone delivered care, meant that all of the staff were familiar with people's needs and any issues regarding the service or the people being supported were addressed quickly.

The registered manager told us that staff meetings took place regularly and this was confirmed by the staff we spoke with. She advised that issues addressed during the meetings included policies and procedures, staff training, health and safety and any changes in the needs of the people they were supporting. The registered manager told us that they had not previously kept a formal record of the meetings. However, she agreed to keep a record of all meetings following our inspection.

Records showed that staff received supervision regularly. Issues addressed during supervision sessions included policies and procedures, training and development needs and any concerns. Staff told us they received regular supervision and felt well supported by management. They told us they felt able to raise any concerns during supervision. Records showed that appraisals were carried out yearly.

A whistle blowing (reporting poor practice) was in place and information about whistleblowing was included in the employee handbook. The staff we spoke with felt confident that appropriate action would be taken if they informed the management of concerns about the actions of another member of staff.

We found that staff practice was observed regularly to ensure that staff were delivering safe and effective care. Care documentation was checked as part of these observations. In addition, medicines administration records were reviewed monthly when they were returned to the office and any issues were addressed with staff. We found that the checks being completed were effective in ensuring that appropriate levels of care and safety were maintained.

We discussed improvements the service planned to make. The registered manager told us that dementia awareness training was planned for all staff, to ensure they had all the knowledge they needed to meet people's needs effectively.