Pendleton Care Limited

Pendleton Care Limited - 384 Lower Broughton Road

Inspection report

Lower Broughton Road
Salford
Greater Manchester
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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

384 Lower Broughton Road is a care home in Salford, which is registered to provide care for up to four people. It specialises in the care of people with either learning or mental health difficulties. At the time of the inspection the home was fully occupied.

We carried out our inspection of 384 Lower Broughton Road on 11 December 2014. At the previous inspection on 19 April 2013 we found the service was meeting all standards assessed.

There is a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

The staff we spoke with spoke positively about the management and leadership of the home. One member of staff said; "From day one I have been able to go to the manager with anything"

We spoke with one person who lived at the home and one relative who either visited regularly or was in contact via the telephone. People living in the home told us they felt safe in the home and out in the local community. One person said, "I feel safe living here and get on well with all the staff. There is always enough staff around and they help me with my medication".

We looked at how the service managed risk. We found individual risks had been completed for each person and recorded in their support plan. There were detailed management strategies to provide staff with guidance on how to safely manage risks and also ensure people's independence, rights and lifestyle choices were respected.

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at three staff personnel files. Each file contained job application forms, interview notes, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. This evidences to us that that staff had been recruited safely.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. We looked at the staff rotas. We found the home had sufficient skilled staff to meet people's needs. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff which ensured people were looked after by staff who knew them. They also said staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs.

All staff were given training and support they needed to help them look after people properly. We observed staff being kind, friendly and respectful of people's choices and opinions. The atmosphere in the home was relaxed and the staff spoken with had a good knowledge of the people they supported.

People's medicines were looked after properly by staff that had been given training to help them with this. Regular checks were done to make sure they were competent.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. From our discussions with managers and staff and from looking at records we found all staff had received training about the MCA and DoLS. The manager and staff spoken with expressed a good understanding of the processes relating to DoLS.

People living in the home were involved in the planning of the menus and would go shopping with staff to local shops and supermarkets each week. People, who were able to, would be given support by staff to prepare their own meals. There was no set meal for lunch time and people living in the home were able to choose either to dine in or out of the house at a time convenient to them. The manager told us an evening meal was always prepared by staff and that people who lived at the home were able to contribute where possible. During the inspection we observed people entering the kitchen freely and making food of their choice when they wanted too. One person who lived at the home said; "The food is not bad".

From looking at records, and from discussions with people who used the service, it was clear there were opportunities for involvement in many interesting activities both inside and outside the home. People were involved in discussions and decisions about the activities they would prefer which would help make sure activities were tailored to each individual. Activities were arranged for groups of people or on a one to one basis. Each person's support contained a 'weekly planner' and set out the different types of things they liked to do during the weeks and at weekends.

Summary of findings

The complaints procedure was displayed in the kitchen of the home and was also held on file. The procedure was available in an easy read format that could be understood by everyone who lived at the home. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant.

There were effective systems in place to regularly assess and monitor the quality of the service. They included audits of the medication systems, supports plans, money, fire safety, infection control and environment. There was evidence these systems identified any shortfalls and that improvements had been made. This would help to protect people from poor care standards. There was also a system in place to check staff competency with regards to medication. This was done in question format and tested staff on their knowledge of administration, PRN and what to look for in side effects.

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?

Good

The service was safe. People told us they felt safe. Management and staff had a good understanding of what constituted abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

The home had sufficient skilled staff to look after people properly. Staffing numbers were adjusted to respond to people's choices, routines and needs.

People's medicines were managed safely by staff who had received appropriate training. Regular checks were done to make sure staff were competent.

Is the service effective?

Good

The service was effective. All staff received a range of appropriate training, supervision and support to give them the necessary skills and knowledge to help them look after people properly.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people were able to make safe choices and decisions about their lives.

People were involved in discussions and decisions about their health and lifestyles and were supported to reach any goals that they set for themselves.

Is the service caring?

Good

The service was caring. People living in the home, and their relatives, were happy with the staff team. Staff were kind, pleasant and friendly and were respectful of people's choices and opinions. Staff displayed good knowledge of the people they supported.

People were able to make choices and were involved in making decisions such as how they spent their day, the meals they ate, activities, room décor, choice of key worker, and involvement in household chores.

People told us they were treated with respect and staff listened to them.

Is the service responsive?

Good

The service was responsive. People received care and support which was personalised to their wishes and responsive to their needs.

People were involved in many interesting activities both inside and outside the home. They were involved in discussions and decisions about the activities they would prefer which helped make sure activities were tailored to each person.

The complaints procedure was available in an easy read format that could be understood by everyone who lived in the home. People had no complaints about the service but knew who to speak to if they were unhappy.

Is the service well-led?

Good

The service was well led by an open and approachable team who worked with other professionals to make sure people received appropriate care and support.

Summary of findings

The quality of the service was effectively monitored to ensure improvements were on-going.

There were effective systems in place to seek people's views and opinions about the running of the home.

Pendleton Care Limited - 384 Lower Broughton 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 checked 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.

This inspection took place on 11 December 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed 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. We also reviewed information we held about the home in the form of notifications received from the service. We also liaised with external providers including social workers who were based at Salford local authority.

There were four people currently living at 384 Lower Broughton Road. Due to their complex support needs, not all of the people were able speak with us verbally. During the inspection we spoke with one person who used the service, a relative and five members of staff. We were able to look around the home and look at various information. This included support plans, staff personnel files and quality assurance documentation.

Good

Is the service safe?

Our findings

We spoke with one person who lived at the home and one relative who either visited regularly or was in contact via the telephone. People living in the home told us they felt safe in the home and out in the local community. One person said, "I feel safe living here and get on well with all the staff. There is always enough staff around and they help me with my medication".

Each person we spoke with, or their relative, said they would speak with the manager if they had any concerns about their safety.

We discussed safeguarding procedures, in detail, with the five members of staff that we spoke with. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Staff told us they had easy access to guidance in the event of a safeguarding alert. We looked at staff training records and the overall training plan and found all staff had received training on safeguarding vulnerable adults. One member of staff said; "We have an open communication with management".

We looked at how the service managed risk. We found individual risks had been completed for each person and recorded in their support plan. There were detailed management strategies to provide staff with guidance on how to safely manage risks and also ensure people's independence, rights and lifestyle choices were respected. We found risk assessments had been reviewed on a regular basis with the person concerned. Some of the risk assessments in place covered accessing the local community, medication, nutrition/hydration, challenging behaviour and using the kitchen or bathroom. Staff spoken with told us they were aware of the risks to people and understood the information available to them in the support plans.

Management and staff promoted a person centred approach and positive risk taking. Individual risks had been assessed and recorded in their support plans. Control measures had also been drawn up to ensure staff managed any identified risks in a safe and consistent manner. All risk assessments were reviewed regularly or when circumstances changed. This meant people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We spoke with staff about how they would respond when people behaved in a way that may challenge others. They told us there were individual behaviour profiles and strategies in place to help identify any triggers and advise how to reduce any risks. We found detailed information in the support plans to help staff recognise any changes in people's behaviour which enabled them to intervene before a person's behaviour escalated. One member of staff told us about a strategy that was in place for if a person became aggressive. This strategy enabled staff to talk to and verbally redirect the resident to calm them down. Staff also told us they received regular training in challenging behaviour, which they had found to be extremely beneficial.

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at three staff personnel files. Each file contained job application forms, interview notes, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. This evidenced to us that that staff had been recruited safely.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. We looked at the staff rotas. We found the home had sufficient skilled staff to meet people's needs. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff, which ensured people were looked after by staff who knew them. They also said staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs.

We looked at how the service managed people's medicines and found the arrangements were

safe. We found accurate records were in place for the ordering, receipt, storage, administration and disposal of medicines. The home used a storage device designed to simplify the administration of medication by placing it in separate compartments according to the time of day such as morning, lunch, tea time and evening. Policies and

Good

Is the service safe?

procedures were available for staff to refer to. Staff had received training to help them to safely administer medication and regular checks on their practice were undertaken by the manager to ensure they were competent to administer safely.

Each person's support plan contained information about if they should go 'missing' from the home. This captured information such as their name, description, clothing, last location, transport used and current mental state which could be immediately supplied to other agencies such as the police.

Good

Is the service effective?

Our findings

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records we found all staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training included safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), moving and handling, fire safety, first aid, health and safety, food safety and infection control. Staff were also trained in specialist subjects such as autism, challenging behaviour, learning disabilities and epilepsy. This enabled them to communicate with people who could not speak verbally. One member of staff commented; "I am really happy with the training that is available here".

We looked at the staff induction programme, which all staff completed when they first commenced employment at the home. Records showed there was an in depth induction programme for new staff, which would help make sure they were confident, safe and competent. This included a review of policies and procedures, initial training to support them with their role, shadowing experienced staff to allow them to develop their role and regular monitoring to make sure they had a good introduction to the role.

Staff told us they were supported and provided with regular supervision and had an annual appraisal of their work performance and we saw records to support this. This should help identify any shortfalls in staff practice and identify the need for any additional training and support in a timely manner. One member of staff said to us; "The manager always ensures they take place. Supervision is usually every four weeks".

Staff told us handover meetings were held at the start and end of every shift and daily diaries and a communication diary helped keep them up to date about people's changing needs. Records showed key information was shared between staff. One member of staff said, "It is a good opportunity to see how people are getting on and if there are any problems".

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. From our discussions with managers and staff and from looking at records we found all staff had received training about the MCA and DoLS. The manager and staff spoken with expressed a good understanding of the processes relating to DoLS.

During our visit we observed people were asked to give their consent to care and treatment by staff. Staff were aware of people's capacity to make safe decisions. However, the information in care plans did not consistently record this, as not all consent forms were signed. The registered manager told us this was something they would look to develop in the future. This should help make sure restrictions on people's freedom were no more than was necessary.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People living in the home told us they were involved in the planning of the menus and would go shopping with staff to local shops and supermarkets each week. People, who were able to, would be given support by staff to prepare their own meals. There was no set meal for lunch time and people living in the home were able to choose either to dine in or out of the house at a time convenient to them. The manager told us an evening meal was always prepared by staff and that people who lived at the home were able to contribute where possible. During the inspection we observed people entering the kitchen freely and making food of their choice when they wanted too. One person who lived at the home said; "The food is not bad".

We looked at how people were supported with their health. People's healthcare needs were considered and as part of on going support plan reviews. Each person had a Health Action Plan which showed people living in the home or their relatives, were involved in discussions and decisions about their health and lifestyles. In addition, each person had a 'hospital passport'. This provided a brief overview of people current heath needs, which could be presented in the event of them going to hospital or the doctors and could be easily understood by the staff.

Good

Is the service caring?

Our findings

During the inspection we spoke with one person who lived at the home, who was happy and spoke positively about the care they received. Comments included; "The staff do the best they can to support and care for me. The staff sometimes support me when I go out ". Although we were not able to speak with other people who lived at the home, they appeared comfortable in their surroundings and had gone out during the day to enjoy various activities which were taking place.

We were also able to speak with a relative during the inspection. Comments included; "X likes it here. They are able to personalise their bedrooms how they like. Everybody here is treated with dignity and respect. It feels like home instead of an institution".

Throughout the inspection, we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions. There was a relaxed atmosphere in the home and the staff spoken with had a good knowledge of the people they supported. Staff told us they were nominated 'key workers' for named people living in the home. A key worker is a member of staff who with the person's consent and agreement takes a key role in the planning and delivery of person's care.

It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day. Examples included decisions and choices about how they spent their day, the meals they ate, room décor, clothing choices and involvement in household chores.

We spoke with staff about how they allowed people independence when providing care and support to people. One member of staff said; "I always make sure people have access to the food cupboards and their own clothes so that they can do things for themselves". Another member of staff said; "Some people can go out into the community freely. But sometimes they may want us to come with them so they feel safe".

People's privacy was respected. Each person had a single room, which was fitted with appropriate locks; people could have a key to their room if they wished. Bedrooms had been personalised with personal belongings and people said they had been consulted about the décor which was individual to each person. One member of staff said to us; "Sometimes I will assist people to the toilet but will then wait outside to give them privacy". On the ground floor there were comfortable lounge areas, a kitchen and a dining room. Bathrooms and toilets were located on both floors and were fitted with appropriate locks and suitable equipment for the people living in the home.

Each person's support plan contained a 'one page profile'. This provided an overview if people's daily routines and things staff needed to be aware of for them to enjoy life fully. For example, one person's profile stated it was important for staff to prompt them to eat their meals and not to ignore the signs and symptoms of potentially anxious behaviour. Additionally, each person had a 'living well document'. The captured information about their life history, memories, relationships and important things for staff to remember when communicating with them.

There was an advocacy service and corporate appointeeship available to people if they wanted it. This service could be used when people wanted support and advice from someone other than staff, friends or family members. Corporate appointeeship enabled somebody externally to monitor their finances on their behalf if they did not have a good understanding of their money and what to do with it.

We spoke with staff about the techniques they used to gain an understanding of people's choices if they did not verbally communicate. One member of staff said; "Often they can use communication passports. This enables them to point at certain pictures and tell us what they want. It works well. We can tell what they mood or behaviour is like from this as well".

Good

Is the service responsive?

Our findings

People received personal care and support that was responsive to their needs. Before a person moved into the home the registered manager carried out a detailed assessment of their needs and gathered information from a variety of sources such as social workers, health professionals, and family and also from the individual. The people who currently lived at the home had been there for many years, so the assessments were not current. People were able to visit the home and spend time with staff and other people who used the service before making any decision to move in.

Each person who lived at the home had a support plan that was personal to them. The support plans were easy to follow and contained information about people's likes and dislikes as well as their care and support needs. We saw they contained information about how people communicated any risks to their well-being and their ability to make safe decisions about their care and support. Staff told us they found the support plans to be useful and were involved in updating the documents in line with any changing needs. The registered manager regularly checked people's care plans and reviewed them usually every six months.

From looking at records, and from discussions with people who used the service, it was clear there were opportunities for involvement in many interesting activities both inside and outside the home. People were involved in discussions and decisions about the activities they would prefer which would help make sure activities were tailored to each individual. Activities were arranged for groups of people or on a one to one basis. Each person's support contained a 'weekly planner' and set out the different types of things they liked to do during the weeks and at weekends.

We looked at the most recent surveys which were sent to people who lived at the home, relatives and stakeholders. The information received was then analysed so that staff could use it to improve the quality of service provided at the home.

The complaints procedure was displayed in the kitchen of the home and was also held on file. The procedure was available in an easy read format that could be understood by everyone who lived at the home. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant.

The service ran' house meetings' regularly. This provided people with the opportunity to raise any concerns or change anything about the support they received. We looked at the minutes of these meetings, which were also available in easy read format and saw people had been able to speak about how things could potentially be improved.

Good

Is the service well-led?

Our findings

The staff we spoke with all felt the home was well-run and led. Comments included; “The home is very well run. The manager is approachable and supportive. He connects well with the people who live here” and “From day one I have been able to go to the manager with anything” and “ I really enjoy working for the manager”. A relative commented; “Communication is always very good with families”.

There was a management structure in the home, which provided clear lines of responsibility and accountability. There was a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The manager was supported and monitored by an area manager and was able to regularly meet with managers from other services in the group. The registered manager kept up to date with current good practice by attending training courses and offering support and guidance to staff where necessary.

From our discussions and observations we found the manager had a good knowledge of the people who used the service and of the staff team. We saw people appeared to be relaxed with the management team and it was clear they worked well together. The manager had notified the commission of any notifiable incidents in the home in line with the current regulations.

Staff members spoken with told us communication throughout the team, including with the manager was good and they felt supported to raise any concerns or discuss people’s care at any time. The staff told us they had a stable team with very few changes. All staff were made aware of their role and responsibility within the organisation and received regular feedback on their work performance through the supervision and appraisal systems. They had access to clear policies and procedures to guide them with best practice and had signed when they had read the information. They told us they were kept up to date and encouraged to share their views, opinions and ideas for improvement.

There were effective systems in place to regularly assess and monitor the quality of the service. They included audits of the medication systems, supports plans, money, fire safety, infection control and environment. There was evidence these systems identified any shortfalls and that improvements had been made. This would help to protect people from poor care standards. There was also a system in place to check staff competency with regards to medication. This was done in question format and tested staff on their knowledge of administration, PRN and how to look for side effects of medication.

Accidents and incidents were closely monitored at the home. They were analysed regularly which then led to a trends analysis being completed. This enabled the manager to look for any re-occurring themes which may be occurring and potentially stop them from happening again in the future.

We looked at the minutes from various team meeting which had taken place. We saw actions had been set and then followed up at the next meeting with any progress that had been made. The manager told us they made a point of ensuring the minutes were always given to people who did not attend so that they could be kept up to date with what was taking place at the home.

The home had policies and procedures in place, which covered all aspects of the service. The policies and procedures were comprehensive and had been updated and reviewed as necessary, for example, when legislation changed. This meant best practice changes were reflected in the home’s policies. 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.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.