Pendle Residential Care Limited

Calder View

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced inspection of Calder View on 12 and 13 November 2014. Calder View is a care home which is registered to provide care for up to 6 people. It specialises in the care and support of people with mental ill health and does not provide nursing care. At the time of the inspection there were 6 people accommodated at the service.

Calder View is a mid-terraced, garden fronted house located near the centre of Colne. Shops and services are a short distance away and transport links are nearby. There are six single bedrooms and two communal lounges. There is an enclosed garden area to the rear of the home and roadside parking to the front of the home.

At the previous inspection on 14 November 2013 we found the service was meeting all the standards assessed.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At this inspection, although people told us they felt safe at the service, we found staff recruitment practices had not been properly carried out for the well-being and safety of people who used the service. You can see what action we told the provider to take at the back of the full version of the report.

People spoken with did not express any concerns about the way they were treated or supported. We did not observe anything to give us cause for concern about people's wellbeing and safety. People had access to information on abuse and protection and safeguarding had been discussed in residents meetings. Individual risk assessments had been carried out and staff were given instructions about how to manage any risks to help keep people safe. Support workers expressed a good understanding of safeguarding and protection matters. They knew what to do if they had any concerns.

There were enough staff at the service to provide people with support and changes to staffing levels could be made if needed. Arrangements were in place to provide management support, this included on call systems for evenings and weekends.

People were receiving safe support with their medicines. Staff responsible for supporting people with medicines had completed training. This had included an assessment to make sure they were capable in this task.

Arrangements were in place to promote the safety and security of the premises, this included reviewing and checking systems. But, we found two chairs in the kitchen were very unstable. The team leader and area manager took action in response to this matter during the inspection.

People told us the support they received was good. Progress had been made with involving people with things and encouraging independence skills. We found there was scope for reviewing some practices to promote a more effective response to rehabilitation and that this approach was on going.

People were supported with their healthcare needs and medical appointments. Assessments had been completed on people's physical and mental health. There was a process to support people in working towards mental health recovery. Changes and progress in peoples' life and circumstances was monitored and responded to.

CQC is required by law to monitor the process of the DoLS (Deprivation of Liberty Safeguards) and to report on what we find. At time of the inspection no one was subject to a DoLS. We found appropriate action had previously been taken in response to the MCA (Mental Capacity Act 2005) code of practice. However, there was lack of clarity around some outcomes, restrictions and agreements, which meant people may not be properly supported.

People spoken with were satisfied with the support they received with eating and drinking. They told us they enjoyed their meals. People were supported to shop, prepare and cook their own meals as part of the rehabilitation process. Consideration had been given to healthy eating, likes, dislikes and dietary needs.

People were happy with the support workers and managers at the service. We observed positive and respectful interactions between people using the service and staff. There were systems in place to ensure all staff received regular training and supervision. People's privacy was respected; we did notice one communal room was sometimes used by managers, which meant people's living space was intruded upon. However, we were additional office was being planned for which would resolve this matter.

People were involved in discussions and decisions about their health and lifestyles and were supported to reach any goals they had set for themselves. People were aware of their care plans and confirmed they had been involved with them. People told us they were supported to maintain contact with their friends and family. There were regular residents meetings to discuss day to day matters, meals and activities. There were opportunities for activities both in the home and the local community.

There were suitable complaints processes in place. People were encouraged to voice any concerns in day to day discussions with staff and managers, during their reviews, in residents meetings and in surveys. There was a formal complaints system to manage and respond to people's concerns and any dissatisfaction with the service.

Summary of findings

Calder View had a management and leadership team to direct and support the day to day running of the service. There were systems in place to consult with people and regularly assess and monitor the quality of the service.

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?

Requires Improvement

The service was not consistently safe. Although people spoken with felt safe living in the home; we found staff recruitment practices had not been properly carried out for the well-being and safety of people who used the service.

There were enough staff available to provide safe care and support. Staff were trained to recognise any abuse and knew how to report it.

We found there were appropriate arrangements in place to support people with their medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective. People spoken with said they experienced good support. However, we looked at how the service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We found there was a lack of clarity around some of the restrictions and agreements in place. This meant people might not receive the correct support.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

People told us they enjoyed their meals and were involved in the planning of the menu. This helped ensure people's dietary preferences and needs were considered.

Arrangements were in place to train and support staff in carrying out their roles and responsibilities.

Is the service caring?

Good

The service was caring. People using the service were happy with the staff team. Staff were friendly and respectful. They supported people to make their own choices and opinions.

People had care plans which described their attributes, needs and choices and how their support should be provided. Care workers were knowledgeable about people's individual needs, backgrounds and personalities.

People's privacy and confidentiality was respected. People had free movement around the home and keys to their own bedrooms.

Is the service responsive?

Good

The service was responsive. Arrangements were in place to find out about people's individual needs, abilities and preferences. People were involved with planning and reviewing their support and making group decisions.

Summary of findings

People were supported to keep in contact with families and friends. They had opportunities and support to develop skills, by taking part in meaningful activities in the local community and in the home.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Is the service well-led?

The service was well led. The management and leadership arrangements promoted the smooth running of the service.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Good 

Calder View

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 12 and 13 November 2014 and was unannounced. The inspection was carried out by one inspector. Before the inspection, the provider completed a PIR (Provider Information Return). 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 reviewed the information we held about the service, including notifications and the details within the PIR.

We also spoke to the local authority contract monitoring team and three care coordinators, who provided us with some feedback about the service.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people who used the service, three support workers, the registered manager, team leader and area manager. During the inspection we spent time observing the care and support being delivered. We also looked at a sample of records including three people's care plans and other related documentation, staff recruitment records, medication records, policies and procedures and audits.

Requires Improvement

Is the service safe?

Our findings

We looked at the recruitment records of two members of staff. The recruitment process included applicants completing a written application form with a full employment history. Most required checks had been completed before staff worked at the services and these were recorded. The checks included taking up written references, an identification check, and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Face to face interviews had been held.

However, we found there was a lack of satisfactory documentary evidence of relevant qualifications. There were no copies of certificates to verify applicants had obtained the declared NVQ (National Vocational Qualifications). One recruitment record was lacking in evidence to demonstrate this matter had been pursued and clarified with the applicant. This meant the registered manager had not operated an effective recruitment procedure in order to ensure the applicant was of good character and had the necessary skills and qualifications.

This was a breach of Regulation 21(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found individual risks had been assessed and recorded in people's support plans. Management strategies had been drawn up to guide staff on how to manage and minimise these risks. The risk assessments we looked at had been reviewed and updated on a regular basis. Support workers spoken with told us they were aware of people's risk assessments and how to effectively support people to keep them safe.

The people we spoke with told us they felt safe at the service. One person told us, "Things are fine here." There was information displayed on the resident's notice board on abuse and protection, including leaflets from local authorities, the police and local advocacy services. We found safeguarding matters were also being routinely discussed during the residents meetings.

People spoken with did not express any concerns about the way they were treated or supported. During the inspection we did not observe anything to give us cause for concern about people's wellbeing and safety. The support workers spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Support workers said they had received training on safeguarding, lone working and physical intervention. Records of training confirmed this. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people.

People spoken with considered there were enough staff at the service. During the inspection we observed staff were available to provide people with support and respond to their needs. Support workers spoken with considered there were sufficient staff at the service; one told us, "I think generally we have enough staff." We looked at the staff rotas, which indicated systems were in place to maintain consistent staffing arrangements. The registered manager told us of the processes in place to adapt staff support in response to people's individual needs. Arrangements were in place to provide on going management support, including on call systems for evenings and weekends.

People spoken with told us how they managed their own medicines with varying degrees of support from staff. Each person's preference and ability to manage their medicines had been assessed. One person told us they were fully aware of their medicines, they described the dosage instructions and explained how they managed their medicines with staff support. We had sight of risk assessment records which showed people's needs and abilities to manage their medicines and been assessed and planned for.

The home used a monitored dosage system for medicines. This is a storage method designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. We checked the procedures and records for the storage, receipt, administration and disposal of medicines. The medicine records were well presented and organised. Medicines were stored securely. We discussed with the team leader, the value of monitoring temperatures in order to maintain the appropriate storage conditions.

All records seen were complete and up to date. There were separate protocols for the administration of medicines prescribed 'as necessary' and 'variable dose' medicines. We

Requires Improvement

Is the service safe?

saw that medication systems were checked and audited on a weekly and monthly basis. Action plans were drawn up as needed, in the event of any shortfalls or omissions on the records. This ensured appropriate action was taken to minimise any risks of error.

Staff responsible for administering and providing people with support with medicines had completed medicine awareness and/or accredited medicine management training. This had included a practical assessment to ensure they were competent at this task. Staff had access to medicine management policies and procedures which were readily available for reference.

Support workers spoken with described the arrangements in place to promote safety and security, this included reviewing and checking systems and reporting any issues to the managers and being familiar with individual risk assessments. Records were available at the service; including, risk assessments, safety checks and maintenance reports which confirmed these arrangements were in place. However, we found two chairs in the kitchen were very unstable and although they had been repaired, they presented as a health and safety risk. During the inspection the team leader and area manager made arrangements for new chairs to be obtained.

Requires Improvement

Is the service effective?

Our findings

The people we spoke with indicated they experienced good support. One person said, "Things are alright at present", another commented, "It's okay." We looked at the results of the quality assurance survey which had been carried out with people who used the service in May 2014. We noted there had been no issues raised and the responses were positive. Comments included, "Calder View is a good home" and "Very happy with the activities." We also noted a survey completed by a social worker included positive comments around the promotion of choice and independence, flexibility and community involvement. One remark was, "I am very happy that the service has the client's needs at heart."

At our last inspection on 14 November 2013, we discussed with support workers and the registered manager, ways of involving people more constructively with day to day matters, which could further develop their skills and rehabilitation. During this inspection we found some progress had been made in this area. Including, people being more involved with the recruitment of new staff and taking on additional responsibilities in the home. We did find there were some established routines and practices which had not been reviewed and acted upon to further promote informed choices, skill development and confidence. We discussed these matters with the management team and were assured that focusing upon the service's rehabilitation approach was on going. We noted this topic had been discussed at a recent residents' meeting and was included within the PIR (Provider Information Return) as plan for future improvement at the service.

People spoken with explained how they were supported with their healthcare needs, including annual health checks, appointments with GPs, dentists and opticians. There were records kept of appointments, consultations and outcomes. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on people's physical and mental health. A process was in place which measured and supported people's individual progress in working towards mental health recovery, self-reliance and other goals. Support workers described how they motivated and supported people; they confirmed people were getting attention from health care professionals.

The MCA 2005 (Mental Capacity Act 2005) and the DoLS (Deprivation of Liberty Safeguards) 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 service had policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS. Records showed that staff had received training on the MCA 2005 and DoLS. We found mental capacity screening assessments had been carried out. This meant consideration had been given to people's capacity to make particular decisions and the kind of support they might need to help them make them. At the time of the inspection none of the people using the service were subject to a DoLS. There was evidence to show appropriate action had previously been taken to apply for DoLS and authorisation by local authorities in accordance with the MCA code of practice. However, we found there was a lack of clarity on the outcome of one capacity assessment. Support workers were unsure of the restrictions and legal status of some of the interventions and agreements in place. This meant there was a risk that people might not receive the care and support they required.

People spoken with were satisfied with the support they received with eating and drinking. They told us they enjoyed their meals. There was a four week menu system in place, with the choices for the evening meals being discussed and agreed within the residents' meetings. The menu was displayed in the dining room and included photographs of the proposed meals. There was no set meal for lunch time, as people were supported to shop, prepare and cook their own meals as part of the rehabilitation process. On the second day we observed people in the kitchen preparing and cooking their choice of lunch, with staff support as needed. People could make drinks and snacks for themselves and others throughout the day. They also helped out with shopping, preparing and cooking the main meal. People told us they enjoyed their meals and also enjoyed take-a-ways and trips out to local cafes, pubs and restaurants.

Support workers spoken with, had an awareness of nutrition and healthy eating. They described the support they provided people with in relation to food and diet. The care records we looked at showed people's likes and dislikes had been sought and dietary needs considered. Nutritional screening assessments had been carried out, with any support needed with healthy eating noted in their

Requires Improvement

Is the service effective?

care plan. Records were kept of people's food and diet intake. People's weight was checked at regular intervals; this helped staff to monitor risks associated with eating and support people with their diet and food consumption.

There were systems in place to ensure all staff received regular training. Support workers told us of the training they had received, and confirmed there was an on going training and development programme at the service. We looked at records which reinforced this approach. Support workers had completed induction training to a nationally recognised standard. One support workers told us, "The induction training was very useful." All staff had, or were working towards Level 2 or above NVQ (National Vocational Qualification) or Diploma in Health and Social Care. We noted staff files included records of the induction programme and we had sight of on going training records.

Staff spoken with told us they received regular one to one supervision and on going support from the management team. This provided staff with the opportunity to discuss their responsibilities and the support of people who used the service. Staff also had annual appraisal of their work performance and a formal opportunity to review their training and development needs.

We were made aware of some areas of the environment which, although safe, were generally in need of upgrading and refurbishment. We discussed these matters with the area manager who acknowledged our concerns and told us plans were underway to continue with the programme of on going redecoration and improvement at the service.

We recommend that the legal status of any interventions and agreed restrictions are recorded and communicated in a way which provides clarity on the arrangements for the support, and delivers the least restrictive practice.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the support workers and managers at the service. One person said, “The staff are kind, they are respectful.” During the inspection we observed positive and respectful interactions between people using the service and staff. We observed support workers providing support in a friendly manner, involving people in routine decisions and consulting with them on their individual needs and choices. One support worker explained, “We speak to people how we would expect to be spoken to and treat them how we would wish to be treated.” Before the inspection, one care coordinator told us they thought the service was supportive and staff were working well with the service user.

Support workers spoken with understood their role in providing people with effective care and support. They were knowledgeable about people’s individual needs, backgrounds and personalities. They gave examples of how they provided support and promoted people’s rights and choices. Support workers were familiar with the content of people’s care records, one told us, “Everything is set out in the care plans, if people’s needs change we are informed.” There was a ‘keyworker’ system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their support. A support worker said, “It’s about building relationships and gaining trust.”

People told us there were regular residents meetings. These helped keep people informed of proposed events and gave people the opportunity to be consulted and raise any issues. One person told us, “We can speak up and have our say in the meetings.” We looked at the records of the last meeting which showed various matters had been discussed, including, domestic arrangements, promoting life skills, activities, outings and menu planning. There was an indication of the action to be taken in response to matters raised.

People’s privacy was respected. People had free movement around the home and could choose where to sit and spend their time. Each person had a single room which was fitted with appropriate locks; people had keys to their rooms. We observed staff knocking on people’s doors and obtaining their consent before entering their private space. Bedrooms had been personalised with people’s own belongings and choice of décor and accessories. On the ground floor there were two comfortable lounge/dining areas, and a dining kitchen. We noted one of the lounge/dining areas was occasionally used as additional ‘office space’ by managers. This meant people’s living accommodation was encroached upon; however, the area manager said consideration was being given to expanding the office space to assist with administration and confidential discussions. Support workers explained how they promoted privacy and confidentially within their working role. One said, “We are big on confidentiality, we wouldn’t share information out of the home” and “We never go in people’s rooms without their permission, unless it’s an emergency.”

Good

Is the service responsive?

Our findings

The registered manager and team leader described the processes in place to assess people's needs and abilities before they used the service. This involved gathering information from the person and other sources, such as care coordinators, health professionals, families and staff at previous placements. People were able to visit, for meals and short breaks. This gave people the opportunity to experience the service, by viewing the accommodation and spending time with people who used the service and staff.

People spoken with were aware of their care plans and confirmed they had been involved with them. One person commented, "They reviewed my care plan with me." The care coordinators spoken with told us they were involved with ongoing reviews. Staff told us they found the care plans to be useful and were involved in updating the documents in response to any changing needs. One support worker said, "We sit down together and go through the care plan; we talk about the risk assessments and explain things." We noted there were records of people having signed in agreement with their care plans and reviews.

We looked at two people's care plans and other related records. This information identified people's needs and provided clear guidance for staff on how to respond to people's needs. The information was written in a 'person-centred' way and included information about their personal histories and preferences. Such as, 'my story', 'what makes me happy' and 'how best to support me.' The care plans were divided into sections which described areas of need and expected outcomes. There were actions for staff to follow to respond to people's support needs, goals and preferred routines. Daily records were kept to monitor and respond to people's wellbeing. There were staff 'handover' meetings to share and update support workers on changes and events in peoples' life and circumstances.

Support workers described how they delivered support in response to people's individual needs, abilities and preferences. We were told of the progress people had made in their recovery and rehabilitation programme. We observed people being supported in various ways in accordance with their care plans, risk assessments, decisions and choices. One care coordinator spoken with considered there could be a more proactive approach to motivating and developing independence skills. However, another told us of the positive outcomes one person had achieved while at the service, including promoting their independence and guidance with decision making.

From discussions with people who used the service, support workers and managers we found there were opportunities for involvement in activities both inside and outside the home. Records showed people were involved in discussions and decisions about activities, developing skills and accessing community resources. We found activities were arranged for groups of people or on a one to one basis. During our visit we found people were involved various activities, including, shopping, pubs, football, voluntary work and Church. There were also several games and resources available at the home, such as a pool table, baking sessions and gardening. People also had responsibilities for some household chores.

We found positive relationships were encouraged and people were being supported as appropriate, to maintain contact with relatives and friends. People spoken with told us of the contact they had with families and the arrangements in place for visits. Support workers told us how they supported people to keep in touch with relatives and accesses resources within the community.

People spoken with had an awareness of the service's complaints procedure and processes. One person told us, "I would know how to make a complaint." The procedure was displayed in the home. We found since our last inspection the procedure had been updated to include the contact details of people in the organisation who would respond to complaints. There was an 'easy read' version of the procedure available. Support workers told us, they were aware of the complaints procedures and described how they would respond should anyone raise concerns. There had not been any complaints at the service within the last 12 months. However, we found processes were in place to record, investigate and respond to complaints. The manager also explained that systems had been introduced to respond more effectively to 'soft information' within the care planning process. Which meant any issues and concerns would be de-escalated and responded to proactively.

Good

Is the service well-led?

Our findings

People spoken with had awareness of the management structure at the service. They did not express any concerns about the management and leadership arrangements. There was a manager in post who had been registered with the Care Quality Commission since 2011. The registered manager also had responsibilities for other services in the organisation, but spent regular time at Calder View. There was a team leader based at Calder View with designated responsibilities for the day to day running of the service. The management team was supported and monitored by an area manager and there were regular meetings with managers from other services in the organisation. Support workers spoken with indicated the service was well organised and managed. They described the managers as supportive and approachable. One care worker told us, "We have an excellent team; we are quite in sync at present."

The registered manager was available for the first inspection day and the team leader and area manager were available for the second day of the inspection. During our discussions and observations we found the managers had a sound knowledge of the people who used the service and of the staff team. We noted people appeared to be relaxed and at ease in the company of the management team.

Support workers spoken with described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. There were clear lines of accountability and responsibility. If the registered manager or team leader was not present, there was always a senior member of staff on duty with designated responsibility for the service. Arrangements were in place for managers to provide on-call back up to the service overnight. This meant staff always had someone to consult with, or ask advice from, in an emergency or difficult situation.

There were systems and processes in place to consult with people who used the service, other stakeholders and staff. The manager operated an 'open door policy', which meant arrangements were in place to promote on going communication, discussion and openness. People using the service and staff, had opportunity to develop the service by participating in regular meetings and as part of consultation surveys. One support worker commented, "They listen to our ideas and suggestions, they take notice, if it's no they give a reason". The registered manager expressed commitment to the on going improvement of the service. Information included within the PIR (Provider Information Return) showed us the managers had identified some matters for development within the next 12 months. The service had established links with various community resources, also partner agencies. Further initiatives and projects were being considered and planned for.

The registered manager, team leader and area manager used various ways to monitor the quality of the service. This included a system of daily and weekly checks and reporting the outcomes to the registered manager and team leader. The area manager carried out monthly compliance visits and reports. Audits of the various processes including, medication systems, care plans, staff training, health and safety and the control and prevention of infection. We saw completed audits during the inspection and noted any shortfalls identified had been addressed as part of an action plan.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers People who used the service were not protected against the risks of unsuitable care workers, because of inadequate recruitment checks. Regulation 21 (a)

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.