

Pendleton Care Limited

Pendleton Care Limited - 384 Lower Broughton Road

Inspection report

386 Lower Broughton Road
Salford
Greater Manchester
M7 2HH

Tel: 01617926046
Website: www.potensial.co.uk

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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

This announced inspection took place on 25 June 2018. We announced the inspection to ensure people who used the service would be in during the day.

384 Lower Broughton Road is a residential care home. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service accommodates up to eight adults who have a learning disability and or autistic spectrum disorder related conditions. At the time of the inspection there were seven people using the service. The service is located in the Lower Broughton area of Salford and is close to local amenities and transport routes for Greater Manchester.

The service was run in line with the values that underpin the 'Registering the Right Support and other best practice guidance'. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This was the first inspection we had undertaken at 384 Lower Broughton Road. This was because the service used to comprise of two separate houses (the other being number 386), however the service re-registered with CQC as a single location. When we last inspected the service in December 2014, the service was also rated Good overall and in each domain.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they felt safe as result of the care and support they received and staff understood their responsibility with regards to safeguarding people from abuse.

Staff were recruited safely, with appropriate checks undertaken before they commenced employment.

There were enough staff available to care for and support people safely.

People had individual risk assessments in their support plans and the service maintained a log of any accidents and incidents which had occurred, which detailed any follow up actions taken. Trends analysis of accidents was undertaken to monitor any re-occurring themes.

Appropriate systems were in place to manage people's medication safely.

Staff told us they received enough training, induction, supervision and appraisal to support them in their

role. Records to demonstrate this were available during the inspection.

People received enough to eat and drink. People living at the home were able to contribute towards the ordering of food each week and often went out shopping with staff.

The people we spoke with told us they were happy with the care and support they received and described staff as kind and caring. Positive feedback was received from relatives we spoke with.

Each person living at the home had a support in place which provided an overview of the care and support they required. These were completed with good detail and were updated at regular intervals.

A complaints procedure was in place, although none had been made at the time of the inspection. A policy and procedure was in place for people to refer to, which was in 'Easy read' format also.

People could take part in activities if they wished and often went out with staff into the local community. People had attended courses at local learning facilities in the area, to develop skills and knowledge relating to areas of interest.

There were systems in place to seek feedback from people using the service through satisfaction surveys. Residents meetings also took place for people to share their views.

A range of internal auditing systems were in place at both managerial and provider level so that the quality of service could be monitored effectively.

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.

There were enough staff available to meet people's care needs.

Appropriate systems were in place to safeguard people from abuse.

People received their medication safely.

Is the service effective?

Good ●

The service was effective.

Staff received the appropriate induction, training, supervision and appraisal to support them in their role.

People told us they received enough to eat and drink.

People said staff sought their consent before care was delivered.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives made positive comments about the care they received.

People said they felt treated with dignity and respect.

People spoke fondly of the staff who cared for them.

Is the service responsive?

Good ●

The service was responsive.

Appropriate systems were in place to handle complaints, although none had been received at the time of the inspection.

People had access to activities within the community.

There were systems in place to seek feedback from people who

used the service and relatives.

Is the service well-led?

Good ●

The service was well-led.

We received positive feedback about management and leadership, with appropriate quality monitoring systems in place.

Staff told us they enjoyed working for the service.

Appropriate policies and procedures were in place.

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 announced inspection took place on 25 June 2018. The inspection was announced to ensure people who used the service would be in during the day. The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

In advance of the inspection, we looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they planned to make.

We also reviewed any other information we held about the service. This included any statutory notifications such as any safeguarding and whistle blowing concerns. We also contacted stakeholders from Salford City Council to see if they had any information to share with us about the service. We did not receive any feedback from the stakeholders we contacted however.

During the inspection we spoke with the registered manager, area manager, three people who lived at the home, three relatives and two support workers. We reviewed three people's care files, three staff personnel files, four medication administration records (MAR), the training matrix and quality assurance documentation. This helped inform our inspection judgements about the service.

We did not carry out short observational framework for inspection (SOFI) and carried out general observations to understand how staff interacted with people who could not communicate effectively.

Is the service safe?

Our findings

The people who used the service told us they felt safe as a result of the care and support they received. One person said, "I do feel safe. I have the staff here whenever I need them."

As part of the inspection, we spoke with three relatives. They felt the service was a safe place for people to live. One relative said, "Yes my relative is safe. There are ramps for people with wheel chairs to use and they have regular fire drills." Another relative said, "Yes the home is safe. The staff are always there for people and would not let people come to any harm." A third relative added, "Yes definitely and I feel people are safe when I am not there."

We looked at how people's medication was managed and found this was being done safely. People's medication was stored securely inside locked cabinets within a treatment room. Only staff responsible for administering medication had access to this area and we saw it was locked when not in use. We viewed the training matrix and saw staff had completed recent medication training and staff told us this was updated each year.

Where people required medicines 'as required', appropriate protocols were in place for staff to follow about when these needed to be given and under what circumstances. Where people required the use of creams to keep their skin safe and healthy, records were maintained by staff when this was applied. During the inspection we looked at the medication administration records (MAR) of four people who used the service. These were accurately completed and we did not identify any missing signatures where staff had not signed when giving people their medicines. A photograph of each person was available on the MAR, making it easier for staff to identify people and avoid the risk of giving medication to the wrong person.

We looked at the how service managed risk. Each person's care plan contained a missing person's protocol should they leave the service and did not return to the service as agreed. People who used the service had a range of risk assessments in place which covered areas such as personal hygiene, mobility, accessing the local community, fire safety, accessing the kitchen area, medication and smoking. These were updated each month and provided information for staff about how risks needed to be mitigated.

Accidents within the service were monitored, with an individual log maintained regarding any incidents which had occurred within the service. Details were provided about what had happened and any actions taken. Trends analysis was completed so that management could monitor any re-occurring events within the service and respond accordingly.

Staff were recruited safely, with appropriate checks undertaken before they commenced employment. This included the completion of application forms, seeking references and carrying out Disclosure Barring Service (DBS) checks. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. Other documentation held within staff files included proof of identification and interview questions/responses. We looked at three staff personnel files during the inspection and each file contained this information.

We checked to see if there were sufficient numbers of staff working for the service. During the inspection, staffing levels during the day consisted of the registered manager, a senior support worker and three support workers. Two staff worked at the home at night, with on call arrangements in place in the event of an emergency. We looked at staffing rotas during the inspection and saw consistent numbers of staff were available each day. During the inspection we observed people's care and support needs to be met in a timely way.

We asked people living at the home, staff and relatives for their views of current staffing levels. One person said, "I do think there are enough staff and there is always a member of staff around if I need them." A member of staff said, "We always have enough staff on and can look after people properly." A visiting relative added, "I visit here regularly and there are always three or four staff on. I have never got the feeling that the home is under staffed."

Appropriate systems were in place to safeguard people from abuse. The staff we spoke with were clear about their role in protecting people from abuse and we saw any allegations of abuse were reported to the local authority for further investigation as required, with appropriate notifications sent to CQC. A policy and procedure was in place and we saw staff had received training in this area. A poster was also displayed in the kitchen area with contact details for Salford Council, if anyone had concerns about people's safety. People also had the opportunity to talk about any safety concerns at tenancy meetings. One member of staff said, "If a person's money was not being handled correctly then that could indicate financial abuse. Shouting at a person could be verbal abuse. I have not come across that here but would not be afraid to report it if I did."

We looked to see if the building and premises were being well maintained. We saw recent checks were undertaken of electrical installation, fire equipment, gas safety and legionella. People often went out on trips in the car provided by the service and documentation was maintained to demonstrate the car was safe and roadworthy, such as if it had received a service and MOT. The service certificates for any work carried out were available and were kept in an organised folder.

We looked at the systems in place regarding infection control. We saw bathroom and toilet areas were equipped with paper towels for people to wash their hands and bins for disposal after use. Hand hygiene guidance was displayed on the wall so that people had appropriate guidance to follow about reducing the spread of infections when washing their hands. Whilst walking around the home, we noted corridors and communal areas were clean and tidy and saw toilets and bathrooms being cleaned during the day or after people had used them.

Is the service effective?

Our findings

We asked people living at the home and relatives if they felt staff had the correct skills to care and support people appropriately. One relative said, "Yes definitely. They are good at looking at people with learning difficulties and autism." Another relative added, "They are well trained, definitely."

When commencing employment with the service, staff completed an induction programme which enabled them to gain an understanding about what their role entailed. This was centred around the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if a staff member is 'new to care' and should form part of a robust induction programme. The staff we spoke with during the inspection said they completed the induction when they first started working for the service. One member of staff said, "I did this when I first started. I looked at people's support plans and met each person. I did my mandatory training as well."

We looked at the training staff received to support them in their role. A training matrix was used and captured the training staff had completed and when it was due for renewal. This showed staff had completed training regarding infection control, safeguarding health and safety, medication, mental capacity, DoLS and food safety. Training more specific to the care and support needs of people living at the home was also provided in areas such as autism, positive behaviour support and breakaway techniques. The staff told us enough training was available to them and they felt supported in their role. One member of staff said, "We do both face to face and online training. I feel enough is provided to staff."

We looked at the supervision and appraisal staff received to support them in their role. Records of both supervision and appraisal (referred to as a competency performance review within the service) records were available in staff personnel files and staff confirmed they attended these sessions throughout the year and they took place regularly. One member of staff said, "Supervision tends to be every six weeks or so and I have had my appraisal as well. I find them useful and we can discuss our work."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to see if the service were working within the requirements of DoLS and the MCA.

At the time of the inspection, four people who lived at the service were subject to DoLS within different local authority areas. This was because these people lacked the capacity to consent to the care and treatment

they received and were unable to leave to service safely of their own accord. The DoLS applications for these people were in date and the registered manager kept a record of contact they had with the DoLS teams, such as if applications needed to be re-authorised due to expiry. The staff we spoke with said they worked in people's best interests as required and consulted with family members if they had lasting power of attorney. DoLS screening tools were held in people's support plans, which identified any potential restrictive practices.

During the inspection we saw staff seeking consent from people who used the service with tasks such as administering medication and if people would like to sit in the kitchen area with others. Written consent forms were used and covered areas such as administering medication and staff taking responsibility for looking after people's money.

We looked at how people were supported with their nutrition and hydration. Each person who used the service had a nutrition care plan in place which provided an overview of people's requirements such as the support they required from staff and any favourite foods. People were weighed each week and this was kept under review, with malnutrition universal screening tools (MUST) and body mass index (BMI) records completed. This would help staff determine if people were at risk regarding their nutrition. At the time of the inspection, the registered manager told us there was nobody using the service who was nutritionally compromised, for instance regarding weight loss, or at risk of choking and required a modified diet.

The weekly shopping for the service was done online and people, where able, could contribute towards the order and let staff know if there was anything specific they wanted. Some people living at the home were able to cook their own meals, whilst others needed support from staff. The people living at the home and relatives we spoke with made positive comments about the food available. One person living at the service said, "It's fine and there is plenty of choice. I tend to sort out my own lunches and staff prepare an evening meal usually. We can have a full English at weekends and more often if we want it." A relative said, "She seems to be eating well. She lived somewhere else previously and the food was repetitive. There is choice here. People can have a takeaway when they want one and a roast dinner on a Sunday." Another relative added, "People always seem to have enough to eat and drink and are well fed. She likes going out shopping for food and choosing different things."

People who used the service were supported to maintain good health and were supported to attend any appointments by staff. We observed one person being supported to an appointment during the inspection. Another person needed to attend the GP for monthly blood tests because of certain medication they were taking and records were maintained when these appointments were attended. People had 'Hospital passports' in their support plans which provided an overview of their health needs should they need to attend hospital. One relative said, "Staff are good at supporting with appointments and they always go to the doctors or dentists with people."

We checked to see if assessments of people's needs were undertaken when they first began using the service. Most people living at 384 Lower Broughton Road had lived there for many years, although there had been several new admissions since our last inspection of the service in December 2014. Where this was the case, we saw appropriate assessments of people's needs had been undertaken. This would help staff better understand the care and support people required.

Is the service caring?

Our findings

The people we spoke with said they were happy with the level of care and support they received. Two people nodded and smiled when we asked them if they were happy living at 384 Lower Broughton Road. One person also said to us, "I have lived here for nearly six years now and I really enjoy living here. I would say I am receiving good care and support."

The feedback from relatives we spoke with was also positive regarding the level of care and support provided. One relative said, "It is a nice home environment here and as far as I can see, my relative is receiving a good level of care. Since living here, we have not had any issues at all. Sometimes my relative's clothes aren't clean, but they always encourage her to try and change." Another relative said, "It is absolutely brilliant on the whole and we couldn't ask for better care as a family. We are really happy." Another relative added, "The care is 100% for me. They go above and beyond for people and my relative has come a long way since being here."

Both people who used the service and their relatives said the staff who provided care were kind and caring towards them. One person said to us, "The staff are really friendly. They are all very familiar to us and have worked here for a long time so I like that. They treat us all well." A relative also said, "The staff are all really friendly. There is a mixture of both young and old staff and that is very important." Another relative said, "The staff are very good and are aware of people's problems and conditions. Staff always make sure people are washed, fed and taken out." Another relative added, "The staff are very friendly and polite. They seem to be kind and caring towards people."

During the inspection we observed staff to have a kind and caring approach towards people who lived at the home. Most of the people who lived at 384 Lower Broughton Road had lived there for many years, as had some of the staff (staff worked at the service as opposed to living there) and this had allowed for caring relationships to develop. Throughout the inspection we observed staff and people sitting with each other quietly or chatting about goings on. At various points during the day, one person entered the office area on numerous occasions and staff were very calm towards them and politely asked them to return to the kitchen area, whilst having a light-hearted joke with them at the same time. A member of staff had recently returned from holiday and people at the home were intrigued about them having been at the airport and mentioned it in conversation throughout the day which they seemed to enjoy. The weather outside was very hot and we overheard staff advising people to wear sun cream, with a poster on the door to remind people to do this if they went outside.

We asked people who used the service if they felt they were treated with dignity and respect by staff. People told us this was the case and said staff never made them feel uncomfortable or embarrassed. Relatives also told us they felt staff were respectful towards people living at the home. One person said, "They do yes, definitely." A relative also said, "100%. If she ever asks to be left alone or does not want anyone around her then staff respect this." Another relative added, "Yes I have never seen anything untoward."

We asked people who used the service and relatives if staff promoted their independence and allowed them

to do as much as they could for themselves. During the inspection, those that were able went out in the community and said this was encouraged by staff. Other people prepared their own food and drink and helped with household chores such as washing clothes and cutlery. Other people had budgeting plans in place, with the aim of being able to manage their money independently. One person said, "Whenever I have been to any classes or appointments, the staff always come with me first and then gradually let me go on my own to help with my independence." A relative also said, "The staff allow her to have a shower on her own, but are there to help if needed. She still likes to be able to do a bit and staff don't take that away."

There were equality, diversity and human rights policies and procedures in place. We found people's care records contained information about their preferences and wishes to help care staff support their personal aspirations. People's cultural needs regarding their nutrition had been consistently respected by staff, such as providing people with halal diets where required. Several staff were from different ethnic backgrounds and the registered manager told us their support and input was valuable in this area.

There were systems in place to ensure people were able to communicate effectively. We saw people's requirements were recorded in their support plan and saw people wearing items such as glasses and hearing aids where necessary. Some people living at the service had limited speech and staff told us they were able to communicate by using 'key words'. For example, using the word 'car' if people were going out on a trip, or 'toilet' so that they could let staff know when they wanted to go and staff could assist if needed. Advocacy services were available people also, if they were unable to effectively make choices and decisions for themselves and did not have any friends or family.

Is the service responsive?

Our findings

People who used the service told us they received a service that was responsive to their individual needs. One person who had moved to service in the past 18 months had mobility problems and required a wheel chair to mobilise. The service had responded to this by introducing wheelchair ramps so that this person could enter and exit the building safely. Another person told us about how they required staff to support them to attend a local cemetery so that they could pay their respects to a family member. This person told us staff always supported them with this and appreciated it greatly.

Each person who used the service had their own personal support plan which provided staff with an overview of the care and support they required. We saw people had care plans in place regarding mobility, personal care and appearance, diet, healthy eating, daily living skills and leisure. People's activities of daily living (ADL) were also taken into account and detailed things people could do themselves or needed support with. Support plans were specific to each person depending on their care needs. For example, one person needed help with budgeting their money and a support plan was in place about what staff were required to do. The support plans we looked at provided details about people's current situation, the expected outcome and staff actions. These were updated each month or if people's needs had changed.

People's support plans contained a 'one-page profile' and this provided an overview of their daily routine, likes, dislikes and things people should and shouldn't do that could either upset them or make them happy. This meant staff had access to person centred information about people who used the service.

We looked at how the service handled complaints. At the time of the inspection, no complaints had been made about the service. The people we spoke with also told us they had never made a complaint, but would know to speak with staff or the manager if they were unhappy. A policy and procedure was in place which was in date and clearly explained the process people could follow if they were unhappy with the service they had received.

There were systems in place to seek feedback from people who used the service. One method was through the use of satisfaction surveys which were sent to staff, people who used the service, visitors and stakeholders. This would enable the service to respond accordingly if people were unhappy or wanted to change any aspect of the care and support they received. The feedback was not seen by staff at the service, as responses were sent directly to head office. A report was then produced and any areas for improvement, along with timescales for when things needed to be addressed by were documented.

Tenancy and empowerment meetings also took place and were held for people living at the service to express their views in a formal setting. We looked at the minutes from the last meeting in May 2018 where topics of discussion had included complaints/compliments, updates within the house, menus, activities, safety and any upcoming events. One person said, "They are each month. We can talk about how things are going."

Previous suggestions from the surveys and tenancy meetings had been listened to and acted upon where

changes had been made to menus and activities as a result of the feedback received from people.

We looked at how people were supported with activities and to access the local community to reduce the risk of social isolation. People had access to and had attended a range of activities within the local community such as attending a disco on Tuesday night for people with learning disabilities. Another person attended 'Wheels for all', a nationally recognised programme that embraces all children and adults with disabilities and differing needs, to engage in a cycling which can be both physically and mentally stimulating. Another person attended 'Make and bake' at Eccles gateway centre, which presented the opportunity for them to develop new skills in this area.

Support arrangements were put in place within the service if people wanted to go on holiday or trips out, but family could not attend. One person told us about how they were looking forward to going to Wales later this year. Other days and trips out for people had included Chester Zoo, Blackpool and Knowlsley Safari Park. One person said, "We like going out in the car with staff."

At the time of the inspection, nobody was accessing paid employment or voluntary work. The registered manager said people would be supported with this if this was something they wanted to look into and would be discussed during reviews. One person was currently undertaking a photography and information technology (IT) course at a local day centre and told us this was something they enjoyed, were actively interested in and enabled them to develop new skills.

We looked at how the service cared for people receiving end of life care. The people currently living at 384 Lower Broughton Road were predominantly younger adults, none of whom were ill or terminally ill at the time of the inspection. An appropriate end of life care policy and procedure was in place for staff to follow. People also had documents in their support plans titled 'When I die' and this took into account being either buried/cremated, type of church service, hymns to be used, people to be invited and clothes they would like to wear.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. During the inspection we saw various easy read documents were used such as certain policies and procedures, satisfaction surveys and minutes from tenancy meetings which had taken place. Easy read documents make use of pictures as opposed to words, making it easier for people to understand the content.

People who used the service were supported to maintain relationships where possible and during the inspection we observed relatives visiting their loved ones, with staff telling us visitors were welcome at any time.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

There was a staffing structure in place. At the time of the inspection, approximately 14 staff were employed consisting both support workers and senior support workers. Their work was overseen by the registered manager, who in turn reported to an area manager from Pendleton Care (the provider). This ensured there could be clear lines of accountability within the service.

The staff we spoke with said they enjoyed their work and liked working at 384 Lower Broughton Road and that there was a good culture amongst staff. One member of staff said, "Everything is going well and I really enjoy the job. I feel we all work really well as a team." Another member of staff said, "I love my job and enjoy this type of work."

The staff we spoke with said they felt there was good management and leadership within the service. One member of staff said, "It's perfect and I enjoy working with the manager. I feel very well supported." Another member of staff said, "It's alright from my point of view. We are told if we have not done something right and I think that is a good thing."

We looked at the systems in place to monitor the quality of service provided to ensure good governance. A range of audits and checks were completed and covered areas such as medication, support plans, staff personnel files, health and safety, radiator temperatures, first aid, vehicle safety and infection control. Monthly audits were completed at provider level by an area manager from within Pendleton Care. Additional quality assurance checks were also in place and this involved other registered managers from different homes (within the same provider), carrying out audits of the different houses and reporting their findings accordingly to improve service delivery.

Staff meetings took place and presented the opportunity for staff to discuss their work and raise any concerns in a formal setting. We looked at the minutes from the last meeting in May 2018, with topics of discussion including serious case reviews, rotas, activities and infection control. A member of staff said, "They are useful and we can raise concerns if we have them."

When checking records such as accidents/incidents and safeguarding concerns, we found CQC had received all the required notifications including those relating to any expected/unexpected deaths, serious injuries and known safeguarding concerns. This showed a transparent approach and meant we could respond and take any necessary action if required.

Confidential information was being stored securely and we saw records such as care plans and staff personnel files were stored in lockable cabinets in the office when not in use. This meant that people's

personal information was kept safe.

The service had policies and procedures in place which covered all aspects of the service. These were developed and updated and reviewed each year. Staff were aware of where these documents were kept and how to access them if required.