

Pendleton Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Pendleton Care Limited is a domiciliary care agency that provides staff for a small supported living service in Rochdale. The service is one of a range of services provided by the Wirral-based company Potensial and the agency's registered office is in Birkenhead. At the last inspection, on 19 May 2015, the service was rated Good. At this inspection we found the service remained Good.

Three people lived at the supported living service and all had lived there for more than ten years. The service also supported two people who lived in their own homes but they did not require personal care. The service had a registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Environment risk assessments had been completed with respect to the properties where people lived and regular health and safety checks were carried out at the supported living service.

A total of 11 staff were employed, with two new staff currently undergoing an induction process. There was a member of staff on duty 24 hours a day to support people living at the supported living service. Training records showed that all members of the staff team were up to date with the organisation's mandatory training programme. Some staff had a national vocational qualification and others were working towards a qualification. Staff had regular supervision meetings and an annual performance appraisal.

The care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences. People were all registered with a local GP practice and there was a record of medical appointments people had attended.

People were supported to choose how they spent their time and to participate in the local community. Menus were planned weekly by the people who used the service.

People were encouraged to complete annual satisfaction surveys. A programme of quality audits was in place to monitor the quality of the service.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 22 August 2017 at the agency's office in Birkenhead. We had arranged beforehand to meet the registered manager there. The inspection was carried out by an adult social care inspector. At our last inspection in 2015 we visited the supported living service in Rochdale. Before the inspection we looked at any information we had received since our last inspection including the Provider Information Return that had been completed by the manager. During the inspection we looked at staff records, service user records, and records relating to the management of the service.

Is the service safe?

Our findings

Company policies and procedures were in place to protect people from abuse. Since our last inspection, a safeguarding concern had been raised by a member of staff. This was fully investigated by the local authority and was not substantiated.

Risks associated with daily living, life style choices and hobbies had been assessed and recorded in people's care files, and actions put in place to minimise identified risks. We also saw environmental risk assessments for the properties where people lived.

Records we looked at showed that regular health and safety checks of the supported living premises were carried out and current maintenance certificates were in place with respect to fire extinguishers, portable appliances, gas, electric and the cold water system. Monthly and weekly fire checks were carried out and recorded by the staff.

Eleven staff were employed and two new staff were having induction training. The supported living service had a member of staff on duty over the 24 hour period. The people who used the service were mobile and mainly independent for personal care so one member of staff was able to meet their support needs. In addition, people had one to one support for a number of hours each week to support them in the community.

The company had policies and procedures which were followed to ensure that when new staff were recruited the required checks were carried out. We looked at recruitment records for two new members of staff which were satisfactory.

All staff took responsibility for supporting people with the administration of their medicines. This consisted of prompting and supervising people with their medication and carrying out stock checks. In order to do this, staff were required to complete the company's medication training. The manager told us that the training comprised theory, followed by three assessments of competence carried out by senior staff.

Is the service effective?

Our findings

The manager told us that new staff had induction training at a larger local service. If they did not already have NVQ they were enrolled on the Care Certificate. We saw records of training, supervisions and development plans for the two new staff. The manager told us they had been able to access specialist autism training with the local authority.

Training records showed that all members of the staff team were up to date with the organisation's mandatory training programme. Some staff had a national vocational qualification and others were working towards a qualification. Staff had regular supervision meetings and an annual performance appraisal. Staff team meetings had been held in May and August 2017.

Records showed that a mental capacity assessment had been carried out for each person to determine whether they were able to understand their tenancy agreement. All were considered to have capacity to make their own decisions. This was kept under review in the care files. We saw a series of signed consent forms in people's care notes.

People were able to make their own breakfast and snacks and they were responsible for making the main meal with support from staff. Menus for the week were agreed at a weekly meeting. Food and drinks were available 24 hours a day and people had full access to provisions. People's weights were recorded weekly or monthly with their consent and there were no concerns about anyone's appetite or weight.

People who used the service were registered with a local health centre and had an annual health check and other visits as and when needed. People were also registered with a dentist. People received support from community mental health services as needed. Health action plans were included in people's care files.

The people who used the service were fully mobile and did not require any adaptations to the property. The manager's audit identified some maintenance issues and in the Provider Information Return we were informed of plans to redecorate the house over the next 12 months.

Is the service caring?

Our findings

People who lived at the supported living service had a key to their bedroom, to their own safe, and to the front door. People had decorated and furnished their bedrooms to their own taste and they had many personal belongings including pictures, TVs, computer, DVDs and CDs.

People were able to manage their own personal spending money but staff supported them to manage the tenancy, for example paying household bills. Each person contributed to a household fund for the main shopping and supplemented this with their own personal shopping.

The three people had shared a home for more than ten years and got on well together although they had their own lifestyles and interests. Two people had a holiday together earlier in the summer. Each person had a keyworker who they could talk to about personal matters. Two people had an advocate from MIND, and the other person had regular support from their family.

People were independent for personal care but staff encouraged them to maintain a good standard of personal hygiene and grooming and, when needed, supported them having a bath or shower and for one person, checked for any skin problems.

Is the service responsive?

Our findings

We saw evidence that people were supported and encouraged in personal development. The manager told us that one person was now living in the self-contained flat that had been developed on the top floor of the house.

One person had their own vehicle and enjoyed visiting their family at weekends. The other people used public transport and had bus passes. Two people went out every weekday to various voluntary jobs and activities.

We looked at a sample of care records for two people. The care notes were computerised and any documents, for example letters, were scanned into the care files. Records identified people's needs and the support required to meet their needs. They included details about the person's interests and hobbies and their life history. People all had a living will document.

A monthly key worker report was written for each person and this reviewed every aspect of the person's support including any medical visits, accidents or incidents, use of 'as required' medicines, review of the support plans, and review of how the one to one staff support time had been used. A full review was carried out annually.

The provider had robust policies and procedures for dealing with complaints and people who used the service were encouraged to raise any complaints or concerns they had in various ways. They could speak with their key worker, raise issues at tenants' meetings, or speak with their advocate or family. No complaints had been recorded.

Is the service well-led?

Our findings

The service is one of a range of services provided by the Wirral-based company Potensial. It had a registered manager, who also had the role of area manager for Pendleton Care residential services in the Greater Manchester area. 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.

The manager told us that she usually visited the supported living service weekly and other senior members of staff shared responsibility for supporting the staff team.

Annual satisfaction questionnaires were sent to people who used the service, staff, and other stakeholders. People who used the service had recently completed their surveys and were positive about their tenancy and the support they received from staff. They had scored 100% for activity and safety and 97% for staff support. Monthly service user meetings were held and included discussions about what people would like to do, what activities they would like to attend, what food they would like, and any complaints or concerns.

The manager told us how the quality of the service was monitored and showed us records of the checks that were carried out. Staff were responsible for daily, weekly and monthly health and safety checks including medication, fire equipment and hand-washing facilities. There were also weekly audits of service users' money and care plans. The manager carried out monthly checks that included training, health and safety, complaints, safeguarding and notifications.