

## Pendleton Care Limited

# High Barn

### 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 

#### Overall summary

High Barn is situated in Rochdale and is registered to provide personal care and accommodation for up to four people learning disabilities. The organisation specialises in the care of young adults with autism. The provider was given 48 hours' notice of this inspection which took place on 20 May 2015. This was to ensure that a manager from within the company would be available to assist us with the inspection. There were four people living in the service at the time of our inspection.

We last inspected this service on 1 April 2014 when we found the service to be in breach of several regulations.

We issued compliance actions that required the provider to make the necessary improvements in relation to promoting the rights of people who used the service, improving the premises and assessing and monitoring the quality of the service provided.

The service did not have a registered manager. The area manager was in charge of the home on the day of the inspection and told us that she had submitted an application to become registered with the Care Quality Commission as manager of High Barn. A registered manager is a person who has registered with the Care

# Summary of findings

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us that High Barn was a safe place to live. Staffing levels were sufficient to meet the needs of people who used the service.

Safeguarding procedures were robust and members of staff understood their role in safeguarding vulnerable people from harm.

We found that recruitment procedures were thorough and protected people from the employment of unsuitable staff.

We saw that medicines were managed correctly in order to ensure that people received their medicines as prescribed.

The home was clean and appropriate procedures were in place for the prevention and control of infection.

Members of staff told us they were supported by management and received regular training to ensure they had the skills and knowledge to provide effective care for people who used the service. The staff team had also

completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so they knew when an application should be made and how to submit one.

People who used the service helped to plan the menus. They told us the meals were good and they had a take away on a Friday. We found that people's weight and nutrition was monitored so that prompt action could be taken if any problems were identified.

People were registered with a GP and had access to a full range of other health and social care professionals.

We saw that staff were friendly and relaxed and looked after people in a caring manner.

Care plans included information about people's personal preferences which enabled staff to provide care and support that was person centred and promoted people's dignity and independence.

People who used the service were supported to pursue hobbies and leisure activities of their choice.

Members of staff told us they liked working at the home and found the area manager approachable and supportive.

We saw that systems were in place for the area manager to monitor the quality and safety of the care provided.

# 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?

The service was safe. There were systems in place for staff to protect people. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse. Staff used their local authority safeguarding procedures to follow a local protocol.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and the manager audited the system and checked staff competence.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Good



### Is the service effective?

The service was effective. This was because staff were suitably trained and supported to provide effective care.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were registered with a GP and had access to other health and social care professionals.

Good



### Is the service caring?

The service was caring. We saw that members of staff were respectful and understood the importance of promoting people's privacy and dignity.

We saw that people were involved in developing their plans of care to ensure their wishes were taken into account where possible. People were encouraged to be as independent as possible with staff support.

We observed there was a good interaction between staff and people who used the service.

Good



### Is the service responsive?

The service was responsive. People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

People who used the service were supported to pursue their own interests and hobbies within the home and the local community.

There was a suitable complaints procedure for people to voice their concerns. There had been no complaints since the last inspection.

Good



### Is the service well-led?

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other documentation were reviewed regularly to help ensure staff had up to date information.

Staff felt supported, supervised and listened to.

Good



# High Barn

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection team consisted of two inspectors and this announced inspection was conducted on the 20 May 2015. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the

service. We did not request 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 any improvements they plan to make.

We asked the local authority safeguarding and contracts departments for their views of the home. They did not have any concerns.

During the inspection we spoke with three people who used the service, two care staff members and the manager. We observed care and support in the communal areas of the home. We looked at the care records for two people who used the service and medication records for four people. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures. We also conducted a tour of the building to look at the décor, services and facilities provided for people who used the service.

# Is the service safe?

## Our findings

Three people we spoke with said they felt safe. From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The service also had a copy of the local authority safeguarding procedures to follow local protocols. The policy told staff details such as what constituted abuse and the contact details staff needed to inform the local authority safeguarding team. There was a whistle blowing policy procedure and a copy of the 'No Secrets' document available for staff to follow good practice. There had been one safeguarding alert which had been investigated by the local authority and not substantiated. The local authority safeguarding team and Rochdale Healthwatch did not have any concerns over the safety of the people accommodated at the home.

We looked at the risk assessments in the plans of care we inspected. There were risk assessments for the risk of scalding, assisting in the kitchen, going out into the community or hazards such as ingesting toxic substances. We saw the risk assessments were to keep people safe and not restrict the activities they attended.

We looked at two staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff member's address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

There were three staff members on duty on the day of the inspection. We saw that people were not kept waiting when they required assistance with care needs or support with activities. The area manager explained that a senior manager within the company was always on call and could easily be contacted in an emergency. This information was included in the staff duty rota.

We saw that medicines were stored securely which reduced the risk of mishandling. We looked at the policy and procedure for medicines administration. There was a suitable system for the ordering, accounting for, administration and disposal of medicines.

Staff had been trained to administer medicines and the manager checked staff competencies. Records for medicines given when required, such as for headaches gave a clear reason why the medicine was given and how often they could be given.

Staff had a copy of the British National Formulary. This enabled staff to check for any possible side effects or reasons why a drug should not be given to a specific person.

There was a staff signature list for staff to be accountable for their practice should an error be detected. The temperature of the storage area for medicines and the fridge where medicines were stored were checked and recorded daily to ensure drugs were stored within the manufacturer's guidelines. We looked at all the medicines administration records and found no errors or omissions.

There were policies and procedures for the prevention and control of infection. The training matrix showed us most staff had undertaken training in infection control topics. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The manager conducted regular audits of the building, including infection control checks. Staff had access to protective equipment such as gloves and aprons to reduce the risk of cross contamination. The water system was serviced by a suitable company to prevent Legionella.

The laundry was sited away from food preparation areas and contained sufficient equipment

The electrical installation system was next due to be examined by professionals in 2016. All other equipment checks, such as the gas equipment, portable electrical appliances, the fire alarm and extinguishers and emergency lighting had been serviced to help keep the environment safe.

People had an emergency evacuation plan (PEEP) and there was a business continuity plan for unforeseeable incidents such as a fire.

# Is the service effective?

## Our findings

Three people we spoke with were satisfied with their care and the staff who looked after them.

We inspected two plans of care during the inspection. The plans of care had been developed with people who used the service who had signed their agreement to the plans where possible. One person could not sign the plan and staff had signed to say they had read the document to him. The plans were individual to each person because staff had taken people's wishes and choices into account. One section of the plan provided staff with details of what people liked or disliked. The plans were reviewed regularly to keep staff up to date with people's needs.

Staff wrote a daily report to show what people had done, where they had been or if they had seen a professional. There was a record of any appointments and each person had their own GP. We saw that people who used the service had access to a wide range of professionals and one person told us he had just been to the dentist. People were supported to have their mental and physical health needs met.

People who used the service were encouraged to help in the kitchen or set the table for meals. On the day of the inspection the kitchen was clean and tidy. We saw that people were given drinks regularly during the day and when they asked for one. People who used the service helped to plan the menus. Members of staff were also aware of people's dietary preferences. People who used the service told us the meals were good and they had a take away on a Friday.

People were weighed regularly and were referred to their doctor or a dietician if required. We saw that one person in particular had his weight monitored and staff also recorded the amount of food he ate.

We saw there was a good selection of fresh, frozen, dried and canned foods. The dining room provided sufficient space to enable meal times to be a pleasant social occasion.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards

(DoLS) and to report on what we find. Members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). This legislation 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. At the time of our inspection an authorisation for DoLS was in place for one person who used the service. The manager said that following the latest review the DoLS would not need to be renewed.

New members of staff were required to complete a structured induction programme prior to working with people who used the service. One care worker told us that she had also shadowed a more experienced member of staff until people who used the service had got to know her and she understood their individual likes and dislikes.

We looked at two staff files and the training matrix for the care home. The documents showed staff had undertaken training in topics such as health and safety, first aid, food hygiene, diabetes and nutrition, moving and handling, infection control, the mental capacity act and deprivation of liberties, how to safely deescalate difficult situations and other topics appropriate for the care the service provided. Members of staff were encouraged to complete a recognised qualification in health and social care such as a diploma or NVQ.

We saw from the two staff files we inspected that staff received supervision regularly to support their practice and improve their understanding of people with a learning disability including autism. Staff told us they were able to talk to the manager about any issues or training they had during supervision sessions.

We conducted a tour of the building during the inspection. The building was warm, fresh smelling and in good decorative order. There had been some redecoration since our last visit. During the tour we noted that window restrictors were in place to prevent people from falling out of them and radiators and hot water outlets were safe so people could not be scalded.

# Is the service caring?

## Our findings

One person who used the service told us, “I came from another place but this home is much better. The staff really care for me.”

We observed staff interacting with people who used the service and joining in with activities. Staff were friendly and relaxed and looked after people in a caring manner. Any personal care was given privately to protect people’s dignity.

Discussion with two members of staff confirmed that they had a good understanding of the care and support needs of each person who used the service.

The care plans we looked at contained detailed information about people’s individual likes and dislikes and their life history. This enabled staff to provide care which was person centred and promoted people’s dignity and independence.

Where possible information about each person’s wishes regarding end of life care had been discussed and documented in their individual care plan. This informed staff what people wanted to happen at the end of their life.

Arrangements were in place for the manager or a senior member of staff to visit and assess people’s personal and health care needs and abilities when a referral was made to the service. Information was also obtained from other health and social care professionals such as the person’s social worker and community mental health team. People were then invited to visit the home several times to meet the people living there. This process helped to ensure that people would get on well together and the new person’s needs could be met at High Barn.

# Is the service responsive?

## Our findings

We saw that people were offered activities suitable to their age, gender and abilities. Throughout the day we saw staff sat with people doing various activities which included games, painting and going out walking. The garden had been improved for one person who liked to spend time outside with sensory equipment, a table and areas to sit. One person was also interested in gardening and had been provided with a small plastic greenhouse to grow some vegetables.

People were also encouraged and supported to access activities in the community including a day care centre. People were accompanied by staff to visit the local shops and pubs. One person said, "I go out for walks, to the shops and out for meals." Another person said, "I like to go to the pub for lunch and a drink."

People were supported to visit their relatives and visitors were welcomed into the home at any time. The area manager also made courtesy telephone calls to the relatives of people who used the service to give them the opportunity to discuss any issues or express any concerns.

We saw that staff supported people who used the service to retain some independence by helping with a variety of household tasks. People who used the service were encouraged to help prepare meals and keep their rooms clean and tidy the way they liked them. We saw that people's bedrooms were homely and personalised to suit the individual needs and preferences of each person. The area manager explained that people were supported to choose the décor and soft furnishings such as bedding and curtains for their own rooms.

We saw that people's care records were kept under review and were updated when necessary to reflect people's changing needs and any recurring difficulties. Care plans were read to people who used the service by their key worker. This process enabled people to be involved in planning their care and support needs. The detailed information contained in people's care plans helped the staff team to provide care and support that was responsive to people's needs.

The views for people using the service were considered on a daily basis. People were supported by staff to make choices about their care and support needs and leisure activities.

The manager told us that regular meetings were held with people who used the service. These meetings gave people the opportunity to raise any issues related to the care and facilities provided at the home.

Each person had a 'hospital passport' and missing persons file. This meant staff could quickly provide other organisations with people's personal details in an emergency.

A copy of the complaints procedure which was also available in a pictorial format was displayed so that people who used the service knew how to voice their concerns. The area manager told us and records confirmed there had not been any complaints since the last inspection. We had not received any concerns about this service since the last inspection or from the local authority and Rochdale Healthwatch. One person who used the service told us that he would tell a member of staff if he was unhappy about something.



# Is the service well-led?

## Our findings

The home did not have a registered manager in post. The area manager was in charge of the home on the day of the inspection and told us that she had submitted an application to become registered with the Care Quality Commission as manager of High Barn. 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.

Information received from the local authority commissioning team and Rochdale Healthwatch prior to this inspection confirmed that there were no concerns about how the home was being managed.

Members of staff told us they liked working at the home and the registered manager was approachable and supportive. One care worker said, "We're a good team and we all work well together." Another care worker told us the staff team was well organised with good communication and team spirit and said, "The manager complements the whole team. You can always go and see the manager; she has an open door policy."

We saw that policies and procedures for the effective management of the home were in place. These included management of medicines, whistle blowing, safeguarding

vulnerable adults, health and safety, confidentiality and infection control. The policies were reviewed yearly to ensure they were up to date and provided staff with the correct information.

The area manager conducted regular audits of the care and facilities they provided at the home. These included management of medicines, infection control, care planning, health and safety and the environment.

The registered manager explained that people who used the service and their representatives were given the opportunity to complete feedback forms annually. Comments from the forms completed in February 2015 included, 'Friendly people', and 'Very helpful staff team'.

Staff meetings were held every month. One care worker told us that at these meetings issues related to the operation of the service including the support needs of people who used the service and leisure activities were discussed.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care

There was a recognised management system which staff understood and meant there was always someone senior to take charge. The staff we spoke to were aware that there was always someone they could rely upon