

Mrs Janet Barlow

120 Pontefract Road

Inspection report

120 Pontefract Road
Hoyle Mill
Barnsley
South Yorkshire
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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

120 Pontefract Road is registered to provide various levels of support which promote independent living. The service provides a rehabilitation and recovery service for people living in their own homes who may need support with their mental health.

At the time of this inspection 120 Pontefract Road was supporting 16 people whose support included the provision of the regulated activity 'personal care'.

There was a registered manager in place. 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.

The registered manager was on annual leave during the week of our inspection. We therefore agreed to meet with the providers operations manager who knew the service well.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection, we found the service remained Good.

Why the service is rated Good.

People receiving support and their relatives told us they were confident they or their family member was safe.

Staff were clear about their reporting responsibilities in relation to any safeguarding or and the poor practice of colleagues.

Staff had been safely recruited. There were enough staff to meet people's assessed support needs in a reliable, consistent and flexible way.

Systems were in place to help ensure the safe handling of medicines and to reduce the risk of cross infection in the service.

Policies and procedures for the safe administration of medicines were in place.

Staff were provided with relevant training, supervision and appraisal so they had the skills they needed to

undertake their role.

People receiving support and their relatives felt staff had the right skills to do their job. They said staff were respectful and caring in their approach.

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.

People's support plans contained relevant person centred information to inform staff. The support plans had been reviewed to ensure they were up to date.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

There were quality assurance and audit processes in place to make sure the service was running well.

The service had a full range of policies and procedures available to staff.

People told us that they got on with their support workers and were well matched. Staff spoken with knew people well.

People told us their independence and social inclusion was promoted.

We received positive feedback from the staff we spoke with about the registered manager and the management team who were said to be approachable and supportive. Staff said they thought that 120 Pontefract Road was a supportive organisation with clear values.

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 remains 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.

120 Pontefract 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 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.'

This comprehensive inspection took place on 24 April 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure someone would be available.

The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the service including notifications the provider had sent to us. We also requested the views of professionals who may have visited the home or received information they could share with us, this included Healthwatch Barnsley. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They raised no concerns about the care and support people received from the service.

We had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us by the service.

During this inspection, we spoke with three people who were receiving support to obtain their views about the service. We also spoke on the telephone with three relatives of people using the service to obtain their views.

We spoke with the registered provider, the operational manager and three care staff. During our visit to the office, we reviewed records for three people using the service and checked records relating to staff recruitment, support and training and the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff who visited them.

One person receiving support from the service said, "I am so lucky to have them [care staff] I definitely would be in the gutter if it wasn't for them."

Staff told us they felt safe and comfortable working alone with people.

Relatives we spoke to told us, "The service is brilliant, I have peace of mind now I know [relative] will be looked after. It's a weight off my mind."

We saw the service had safeguarding vulnerable adult's policy and procedure. We spoke with staff about their responsibilities for safeguarding vulnerable adults.

Staff told us that they had received training in their responsibilities for safeguarding adults and knew what action to take if they witnessed poor practice by colleagues under whistleblowing procedures. They knew they must report any concerns to their line manager. They were confident the management team would listen to concerns they raised and take any required action.

The staff training records checked verified staff had been provided with relevant safeguarding training.

We looked at three people's support plans in detail and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk.

The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs, for example, accessing the community. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We checked to see that staff had been safely recruited. Staff told us that recruitment checks had been carried out by the service before they started working unsupervised with people. They confirmed that they had been interviewed to check they had the right qualities and understood the role before they started working with people

We reviewed three staff personnel files and saw that each file contained an application form with a full employment history with explanation for gaps, two references and confirmation of the person's identity.

Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service.

We checked to see if enough staff were provided. People told us regular staff supported them. No outside agency staff were being used. We looked at the last four weeks rotas and this confirmed there were enough staff. These showed appropriate levels of staff were provided to keep people safe.

Staff told us they had enough time available to them to carry out visits. People's length of time allocated for support varied dependent on their individual support needs.

Staff told us they could ring the office for advice and support between nine to five. They also told us they was an on call manager available to contact out of office hours. Staff said they felt well supported by the managers.

We saw that a number of risk assessments were carried out, for example, a health and safety, an assessment of each person's property, which included fire safety, medicines management and moving and handling.

Staff told us that they had received training in the administration of medicines. The service had a medicines policy and procedure that was used to guide staff in the administration of medicines.

We saw that when the service administered or prompted people to take their medicines a risk assessment was carried out to check the person was able to manage medicines safely. We saw that there was information available on people's support plans and what support people required was identified. We saw evidence that staff completed people's medicines administration records appropriately.

We found policies for infection control were in place so that important information was provided to staff. Staff told us there were systems were in place to reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) where necessary.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. We checked three finance records .Receipts were retained and provided and we saw that financial transaction records had been completed in line with the registered provider's policy.

The operational manager confirmed that they monitored records of accidents and incidents so that any trends or patterns could be identified and acted upon and action plans were put in place to reduce the risk of them happening again.

Is the service effective?

Our findings

People receiving support told us they liked the staff and thought they were "Great."

Relatives of people receiving support spoke highly of the staff. They told us the service delivered care in a way that met their family member's individual needs. They said support workers knew what support was needed and they had the skills to do their jobs effectively. Comments included, "The staff are brilliant, in fact I have become friends with some of the carers I have known them that long" and "The service is brilliant."

We found the service had policies on induction and training to inform practice.

We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. This meant all staff had appropriate skills and knowledge to support people.

We found the service had policies on supervision and appraisal to inform practice. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

We checked the supervision and appraisal matrix. This showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role.

The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included GPs, consultants and specialists at hospitals. The care records checked held clear details of people's health needs and how these were supported. This showed that people's health was looked after and promoted.

We found people were supported to enjoy a balanced diet in line with their preferences. People were supported to plan, shop and prepare the food and drinks they liked and people told us they were happy with this. Each person was supported to make choices, which meant they could eat foods that were to their specific tastes and which met their cultural needs. Staff had a good awareness of peoples varying needs.

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.

For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We did not observe any restrictions or restraints in place for people using this service

We saw staff had received training about the MCA. Care staff we spoke with understood the importance of the MCA in protecting people and the importance of involving people in making decisions.

All of the care records we looked at contained signed consent to care and treatment records to evidence people had been consulted and had agreed to their support plan. This showed people had been involved in making choices and decisions about the care and support they received.

People told us they felt consulted and staff always asked for consent. The support plans we checked all held signed agreements to evidence their consent. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

The support workers spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

Is the service caring?

Our findings

One person receiving support told us, "The staff are superbly fantastic, If I need support they are straight out whether it is day or night. They work around me. I have never known anything like it."

Relatives of people receiving support told us the support workers were caring and understood people's preferences and needs.

Everyone asked said the support workers were respectful and kind. Comments included, "The staff are so respectful, they are so kind and patient."

We spoke with support workers about people's preferences and needs. They were able to tell us about the people they were supporting, and could describe their involvement with people in relation to the support needed.

Staff also described good relationships with the people they supported. They were aware of people's history, interests and what was important to them. This showed support staff knew the people they supported well.

Staff we spoke with could describe how they promoted dignity and respect. People's relatives told us support workers respected privacy and they had never heard support workers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

Staff told us training in equality and diversity was provided as part of induction to ensure staff had appropriate awareness, skills and knowledge to carry out their role and meet people's diverse needs.

Every staff member spoken with said they would be happy for a family member or friend to receive support from 120 Pontefract Road.

The support plans seen contained information about the person's identified needs, preferred name, their history, hobbies, preferences and how people would like their care and support to be delivered.

People receiving support and their relatives said that they had been involved and consulted in writing the support plan. They explained that the operational manager had visited them to discuss this. This showed people had been involved in discussions about support and important information was available so staff could act on this.

Is the service responsive?

Our findings

People receiving support told us they got the help they needed. Comments included, "I am in charge, if I want to go shopping or to a pet shop they [care staff] take me. If it's a summer's day and I fancy we will just jump on a bus and go out for the day" and "They sit and talk to me to find out when I want my support hours."

Relatives of people receiving support told us the support provided by the service was personalised to their family member's needs. They said support was provided in the way people wanted and staff knew what support was needed. Comments included, "I couldn't ask for a better service, they are flexible and caring" and "We couldn't manage without them."

Support plans were all specific to the individual and person centred. All contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified need, interests, hobbies, likes and dislikes so that these could be respected.

The plans detailed what was important to the person, personal outcomes and how these would be achieved. The plans gave clear details of the actions required of staff to make sure people's needs were met. This showed important information was recorded in people's plans so staff were aware and could act on this.

The support workers spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported.

Staff told us that plans were reviewed and were confident that people's plans contained accurate and up to date information.

We saw that a system was in place to respond to complaints. There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service user guide.

The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices.

All of the people spoken with said they could speak to staff if they had any worries and staff would listen to them.

The registered manager informed us that all people that were being supported by the service had the opportunity to make an advanced statement.

An advance statement is a written statement that sets down your preferences, wishes, beliefs and values regarding your future care. Advance statements are a good way of ensuring that people with mental health problems are listened to, even when they are unwell.

Is the service well-led?

Our findings

People's relatives and representatives told us they, and the person receiving support, had met the registered manager. People told us they had found the registered manager approachable.

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager. Staff told us there was always a good atmosphere at the service. They told us they enjoyed their jobs and the registered manager was approachable and supportive. Comments included, " I feel comfortable speaking to the managers and speaking out, we [staff team] all do. " "We are all clear about our roles and what's expected of us, we are all encouraged to give our views and to be open and things are always followed up on. It's like a family."

We saw an inclusive culture at the service. Staff spoken with were fully aware of the roles and responsibilities of manager's and the lines of accountability. All staff said they were part of a good team and could contribute and felt listened to.

All of the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. Staff told us they enjoyed their jobs and all of the staff spoken with, irrespective of their role, displayed a commitment to and pride in their work.

Discussions with staff and review of records showed that representatives from a variety of health and social care professionals were actively involved in supporting people. For example, consultant psychologists, community mental health nurses and social workers. This showed partnership working was promoted by the service.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made. We found that systems were in place to measure service delivery and make sure the service continually improved. We saw that checks and audits had also been made by the registered manager. These included support plans, supervisions and training. This showed that effective systems were in place to monitor the quality and safety of the home.

We found spot checks were undertaken to observe staff practice so that the registered manager could assure themselves that the service was being delivered appropriately. Spot checks are visits, which are carried out by senior staff to observe care staff carrying out their duties to monitor the quality of their practice and to ensure the safety of the people who are being supported.

As part of the services quality assurance procedures, surveys had been sent to people using the service and their relatives. The results of the 2017 surveys had been audited and a report compiled from this so that information could be shared with interested parties.

Reflective learning and the outcomes of the surveys were discussed with the registered manager. Where any issues specific to an individual had been brought to their attention, these were responded to on an individual and private basis. This showed that the service used feedback from people using the service to improve service delivery.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.