Pendleton Care Limited

Walmersley Road

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

This inspection took place on 5 July 2016 and was unannounced. This meant the staff and provider did not know we would be visiting.

Walmersley Road was last inspected by CQC on 10 April 2013 and was compliant with the regulations in force at that time.

Walmersley Road provides care and accommodation for up to seven young people who have conditions such as Asperger's Syndrome or Autism. On the day of our inspection there were seven people using the service.

The service had 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.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and staff and described potential risks and the safeguards in place. Staff had been trained in safeguarding vulnerable adults. Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they moved into Walmersley Road and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs. People who used the service, and family members, were aware of how to make a complaint.

The service had links with local organisations. Staff felt supported by the manager and were comfortable raising any concerns. People who used the service, staff and other stakeholders were regularly consulted about the quality of the service.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People had access to their own kitchen and were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a

polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

The service had a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had links with local organisations.

Walmersley 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 inspection took place on 5 July 2016 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. No concerns were raised by any of these professionals.

During our inspection we spoke with two people who used the service and two family members. We also spoke with the registered manager and two care staff.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Walmersley Road. They told us, "Yes, they are safe" and "I couldn't see any issues".

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and bank statements. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and staff on duty. Minimum staffing levels during the day were three members of staff however this could be as many as seven staff depending on appointments and activities. The service had access to three bank staff members and did not use agency staff. A member of staff was always on call should there be any short notice staffing issues. Staff told us, "We have a good staff team. There's a low turnover" and "The staffing team is consistent". People who used the service and family members did not raise any concerns about staffing levels or consistency of staffing. This meant there were enough staff on duty with the right experience to meet the needs of the people who used the service.

The home is a detached house in its own grounds, with six bedrooms and a ground floor self-contained flat. All visitors were required to sign in. The home was spacious and suitable for the people who used the service. A full infection control audit was carried out every six months, which included an audit of toilet, bathroom and shower areas, cleaning equipment and storage, the kitchen, hand washing, waste disposal, cleaning and disinfection. Action plans were in place for identified issues, for example, some staff were not using the cleaning schedule correctly so this was addressed via staff supervision sessions.

Hand washing facilities were checked weekly and the home had two infection control champions. All the records we saw were up to date. The home was clean and we observed staff reminding people to wash their hands before preparing food in the kitchen. This meant people were protected against the risk of infection.

People had risk care plans in place. One person was at risk from using the kitchen on their own. The care plan explained that the kitchen was locked when not in use and staff were to support the person at all times when in the kitchen, giving prompts and guidance regarding safety. We saw some people were able to use the kitchen independently and had a key for the door.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments included fire, risk of falls, leaving the grounds, contact with hot surfaces and poisoning. Staff risk assessments were also in place and included lone working, storage, administration and disposal of drugs, control of substances hazardous to health (COSHH), infection control, gas and electrical safety and kitchen safety. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, the fire alarm system was regularly tested and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the provider's 'Safeguarding adults and young people' policy. A monthly review of safeguarding referrals was carried out however there had not been any safeguardings recorded at the home since October 2015. We discussed protecting vulnerable people with the registered manager and found they understood their requirements with regard to identifying and reporting safeguarding incidents. Staff received training in safeguarding vulnerable people and this was up to date.

We saw a copy of the accident and incident log. The last recorded accident or incident at the home occurred in September 2015. Records included the date of the accident, who was involved, details of the accident or incident and action taken. The registered manager told us details of all accidents and incidents were sent to the provider's health and safety committee and discussed at a quarterly meeting to identify any trends or concerns.

We looked at the management of medicines and saw a copy of the provider's medication policy and procedure. None of the people who used the service administered their own medicines. Medicines and medicine administration records (MAR) were stored in locked cabinets in people's own bedrooms. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. MARs we saw were accurate and up to date.

Medicine records described how and where people liked their medicines, medicine ordering and disposal records, guidance for staff on the ordering, administration and storage procedures, PRN, or as required medicines, protocols, and a hospital passport for each person who used the service. A hospital passport includes important information about the person should they require an admission to hospital.

One person who used the service was prescribed controlled drugs, which were stored in a locked cabinet in the office. Controlled drugs are medicines which may be at risk of misuse.

Staff received six monthly 'Training in the administration of medicines' assessments and completed medicine theory assessments, which included responsibilities, procedures, recording and homely remedies.

This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who lived at Walmersley Road received effective care and support from well trained and well supported staff. People who used the service told us they were well looked after and liked living at Walmersley Road. One person told us they were, "Very happy" with the staff. Family members told us, "The staff are very good with [Name]", "They've done really well with [Name]" and "I have no issues with the staff".

Staff received mandatory training in safeguarding vulnerable adults, medicines, moving and handling, first aid, fire awareness, food hygiene, infection control, COSHH and health and safety. Mandatory training is training that the provider thinks is necessary to support people safely. The registered manager provided us with a copy of the provider's training matrix, which showed when staff had completed their training and when an update was due. Staff we spoke with told us they received sufficient training for their role and their training was up to date.

New staff completed an induction to the service, which included a company induction day, an introduction to the home and the people who lived there, health and safety and fire safety, complaints policy and procedure, and mandatory training. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care. 'New staff competency shadow shifts checklists' were completed for all new staff to assess the staff member's competency in the role during their probationary period.

Staff had supervision contracts in place, which described the frequency and content of supervisions. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Supervision records we saw were up to date and staff also received an annual appraisal. This meant staff were fully supported in their role.

People had care plans in place for nutrition. We saw one person's biography sheet said, "Prompt me when eating as I will eat too fast and can also put too much food in my mouth at once." The person's care plan stated the person was at risk of choking as they ate quickly and didn't chew their food properly. This person had an associated risk plan in place and was calculated to be at high risk. We also saw a referral had been made to the speech and language therapy (SALT) team for this person and guidance obtained, which was documented in the care records.

People had malnutrition universal scoring tools (MUST) in place. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. These were up to date and we saw records that showed people were weighed weekly.

We saw a meal planner on the lounge wall, which had been written with the people who used the service. Staff told us people contributed their own choices and preferences. People who used the service told us they could have what they wanted to eat.

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 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 saw records of DoLS applications and authorisations, and notifications of the authorisations had been submitted to CQC. This meant the provider was following the requirements in the DoLS.

The registered manager and staff we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA. People they supported had varying capacity to make decisions and where they did not, action had been taken to ensure relevant parties were involved in making best interest decisions.

Care records included consent forms for finances, photography and videos, medicines, administering treatment, staff entering people's bedrooms, advanced decisions, sharing information with relevant professionals, and emergency first aid and medical treatment. The consent forms we saw were in an easy to read format and all were signed by the person who used the service.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and to external specialists including GP, hospital and learning disability team.

Good

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the standard of care at Walmersley Road. Family members told us, "They all care, they are all interested."

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity, often laughing and joking with them. We saw staff knocking and asking if they could go in before entering people's rooms.

Care plans described how people wanted to have their privacy respected by staff. For example, one person's care plan stated, "I like to relax in my bedroom listening to music and like to have my privacy. Please knock and wait until I answer the door before entering." Another person's care plan stated, "I sometimes like to spend time alone rather than join in with a group. Respect my wishes when I don't want to be involved in group activities."

People had morning and evening routine records in place and these described people's preferences. For example, "Staff are to knock on the door and say 'Good morning, are you ready for your shower'" and "After about five minutes of [Name] being in the shower, staff to knock on the door and go in to ensure [Name] is washing all their body correctly". This meant staff treated people with dignity and respect.

We observed staff supporting people to be independent. For example, staff prompted people to hang their clothes and towels on the clothes drier. Care plans described how people wanted to remain independent. For example, one person's care plan stated, "I would like to maintain my independence at bath times as much as possible, with some assistance when needed."

People had activity planners in place that set goals for people to achieve, some of which promoted independence. For example, one person had a goal to put dirty laundry in the baskets provided with verbal prompts. Staff were instructed to explain the reasons to the person and provide the laundry baskets. The target set for this goal was six months.

We observed staff asking people what they were making for their lunch and saw staff accompany people in the kitchen to support them when required. A family member told us, "[Name] has got more independence." This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and social occasions in people's bedrooms.

Some of the people who used the service had advocates in place. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that people's needs were assessed before they moved into Walmersley Road and that care records were regularly reviewed and evaluated.

The service had a communication book for each person who used the service. These were used to record appointments, communication and any reminders for staff. They also recorded any refusals by the person, for example, if the person had refused to go out or take part in healthy activities.

Care records included biography sheets, which provided important information about the person, details of family and friends and who or what was important to the person. For example, one person's biography sheet stated, "It is important that everyone understands me for who I am and that I remain an individual and motivate me in my day to day life with support and structure." People also had one page summary sheets in place, which described what made the person happy or upset, what the person enjoyed doing and how the person wanted to be supported.

Care plans were in place for people and included administration of medicines, behaviour, communication skills, daily life, death and dying, finance, medical, mobility, nutrition and hydration, personal care, risk, sleeping and weight. Each care plan described the current situation, expected outcome and actions for staff to take.

Where necessary, care plans were supported by risk plans. These included bathing unattended, going out alone, cooking, diet and food issues, housework and laundry, personal hygiene, road safety and vehicle support. One person's risk plan described how the person was unable to go out alone as they had little understanding of road safety. Staff were instructed to support the person by explaining the dangers and following the risk assessments.

One person's daily life care plan described a list of activities the person enjoyed such as walking, abseiling, wall climbing and roller coasters. The expected outcome was, "I want to continue doing activities and hobbies that I enjoy" and staff were to provide the support to enable the person to access those activities. Another person was identified as being at risk of lack of activities due to them being, "Withdrawn from most parts of their daily living." An action plan was in place, which stated, "Staff to offer activities every day and record response. Staff are not to pressure [Name] as [Name] may feel overwhelmed. Staff are to try to build [Name]'s activities and interactions up slowly and at a pace [Name] is comfortable with."

Each person who used the service had a weekly planner. This was a timetable of events and activities that each person was taking part in during the week and was agreed with the person. These included cleaning the person's bedroom, laundry, activities of choice and personal shopping. On the morning of our visit, we observed staff asking people what they wanted to do that morning. Some people chose to go swimming and others wanted to go out for a walk. Staff accommodated people's requests.

One person who used the service volunteered at a charity shop and a local organisation, supporting people

with disabilities. The person was able to independently travel around the local area and was able to manage their own finances while out in the community. This meant the provider protected people from social isolation.

The provider had a 'Compliments and complaints' policy in place. This provided information on how to make a complaint, recording a complaint and the procedure to follow for local resolution, verbal complaints and written complaints. There had only been one formal complaint received in the previous 12 months. People, and their family members, we spoke with did not have any complaints but knew who to contact if they did have a complaint. This showed the provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The service had a positive culture that was person-centred, open and inclusive. Family members, told us, "There is good communication between us" and "I speak with staff and [registered manager] on a regular basis".

Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. They told us, "It's the best place I've worked for support", "I have a good relationship with [registered manager]. [Registered manager] has an understanding of your home life", "If you have any issues, [registered manager] will work with you" and "[registered manager] is very supportive".

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place regularly and included discussions on the people who used the service, policies, cleaning, key workers and holidays.

Walmersley Road was accredited with the National Autistic Society and the accreditation had recently been renewed for a further three years. The service had links with local groups and organisations such as a group for people with physical and learning disabilities, an organisation that helps people find job opportunities, day centres and the Prince's Trust.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw records of the provider's monthly quality audit. This included looking at records, talking to people who used the service and staff, talking to any visitors to the home and a check of the environment.

Any visitor to the home was asked to complete a 'Service feedback form', which asked the visitor's opinions on the cleanliness and tidiness of internal and external areas, whether the door was answered promptly, whether identification was checked and the visitor was asked to sign in, whether people looked happy and well cared for and the quality of support and interaction.

People's care records were regularly audited and included checks of care plans, risk assessments, accident forms and one to one records. The audit recorded whether a review was required and whether there were any actions or other comments.

House meetings took place approximately once per month and were attended by people who used the service and staff. These discussed the premises, any improvements people wanted, menus and activities. Records were also kept of when staff and people who used the service had sat down together to discuss and share ideas for meals.

Annual quality assurance surveys were carried out and included surveys for people who used the service,

staff and stakeholders. We looked at the results of the survey in 2015, which had asked questions on the quality of the service, activities, staff support, diet and nutrition, receiving visitors, safety and security, external support and participation. Six members of staff, four people who used the service and four stakeholders had completed the survey. The majority of the responses were positive with some areas, such as staff support, receiving visitors, and safety and security receiving 100% from responses provided by people who used the service. Actions identified were the decorating of the premises and a search for new activities. These were being actioned.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.