

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Pendle View

15-17 Chatham Street, Nelson, BB9 7UQ

Tel: 01282690703

Date of Inspection: 16 July 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cooperating with other providers</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Pendle Residential Care Limited
Registered Manager	Mrs Catherine Elaine Connor
Overview of the service	<p>Pendle View is registered to provide care and accommodation for up to six adults with mental ill health. The home is a mid-terraced house located on the outskirts of Nelson, close to local shops. There are four single bedrooms and one shared. Town centre services are a short distance away and there are transport links nearby. There is car parking to the front of the home. Pendle View is also registered to provide personal care and support for people living in their own homes.</p>
Type of services	<p>Care home service without nursing</p> <p>Domiciliary care service</p>
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Personal care</p>

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

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### What people told us and what we found

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During this inspection we spoke with three people who used the service. We spoke with the registered manager, team leader and four care workers.

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

This is a summary of what we found:

Is the service safe?

People who used the service told us they were satisfied with the support they experienced at Pendle View. They told us, "I think we get good support" and "I am happy with the service".

People using the service told us they had no worries or concerns about their care and support. They made the following comments: "I feel safe here" and "There's no bad treatment".

There were enough care workers to make sure people got the support they needed in line with their care package.

Is the service effective?

People were involved in discussions about their care and on-going reviews. The service worked well with others and arrangements were in place to share information. However, some progress was needed to make sure all risks were appropriately communicated.

Arrangements were in place for care workers to develop their skills and receive appropriate training. Staff were being supervised and had opportunity to discuss work practices.

Is the service caring?

People spoken with told us they were satisfied with care and support they experienced at Pendle View. One person told us, "It's alright".

People told us they were happy with the care workers. They said, "I really like the staff" and "They are nice". We observed some positive interactions between people using the service and staff.

Is the service responsive?

Arrangements were in place to review people's needs and abilities. This meant their individual needs and choices were being be considered and planned for.

Care workers spoken with were aware of the emergency procedures, including contacting health care services and reporting matters to the management team as needed.

Is the service well-led?

The service had a registered manager responsible for the day to day operation of the service and a team leader. Care workers spoken with described the managers as supportive and approachable.

We found people were involved with decisions which affected them informally on a daily basis. Residents meetings were being held and people had been invited to complete satisfaction surveys for their views on the service.

There were systems in place to assess and monitor how care and support was provided, and to monitor the quality of the service. However we found the checking systems for people supported in their own homes needed further development.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

People told us they were satisfied with the care and support they received at Pendle View. Three people who used the service made the following comments: "It's alright", "I think we get good support" and "I am happy with the service".

We found care records contained information about the person's background their needs, abilities, likes and dislikes. A process was in place which measured and supported people's individual progress in working towards recovery, self-reliance and other goals. There were actions for staff to follow to respond to people's support needs, goals and preferred routines. There were monthly evaluations and on-going reviews completed by care workers.

Processes were in place to monitor and respond to people's health and general wellbeing. There were healthcare records which included: medical histories, medication charts and health action plans.

Care workers spoken with were aware of people's individual needs and preferences; they gave us examples of how they provided support. We found the service had policies and guidance for staff to underpin safe and effective care and support. Care workers confirmed they had access to this information.

Care workers told us how they involved people with day to day matters. They explained how they encouraged people to make choices and be as independent as possible. They told us people were supported with healthcare needs and appointments. Care workers were seen to be attentive and respectful in their approaches when supporting people.

It was apparent from discussion and observation, that people using the service were being supported and encouraged to develop their skills and abilities. People were being supported to pursue their individual hobbies and interests; they had individual activity planners which they were enabled to define each week. One person explained, "We go

through it together".

Risks to people's wellbeing and safety were being identified and managed, taking account of enabling their choices and their right to take risks. We found there were risk assessments and specific support plans in place to manage and positively respond to peoples' needs, chosen lifestyles, activities and behaviours.

We found processes were in place to screen and monitor people's capacity to make decisions. Appropriate action had been taken where people were not always able to make all their decisions and choices. The managers and most support workers had received training about the Mental Capacity Act and Deprivation of Liberty Safeguards, so they knew the action to take if a person was unable to make decisions for themselves. This had ensured people were appropriately supported with making best interest decisions.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health and welfare was protected when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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Arrangements were in place to assess people's needs and abilities prior to them receiving a service. Records and discussion showed assessments had been carried out. We found information had been obtained from other agencies, as appropriate, such as social services and health care professionals. People considering moving into the service had been encouraged to visit to meet with people and view the accommodation.

We found people had 'hospital passports' in place to share information with healthcare services, on past and present medical conditions and prescribed medicines. Each person also had a transfer form which provided further relevant information and details about the person. The provider may find it useful to note, that the form did not make specific reference to any assessed risk of harm to self and others, which meant this information may not be effectively and appropriately shared.

The managers and care workers spoken with indicated there were good working relationships with health and social care professionals. Care workers had an awareness of the emergency procedures, including contacting health care services and reporting matters to the management team as needed.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People using the service told us they had no worries or concerns about the care and support they received. They made the following comments: "I feel safe here" and "There's no bad treatment". The service had an 'easy read' information guide on safeguarding for people using the service. This described types of abuse, who may abuse, where it may occur and who can help. This should help promote people's awareness of their rights to be safe from abuse.

We found staff and managers at Pendle View had access to a range of policies and procedures, to support and direct an appropriate response to the safeguarding and protection of people using the service.

Managers and staff spoken with expressed a good understanding of safeguarding and protection matters and were aware of the services safeguarding policies and procedures. They knew what to do if they had any concerns and told us they would contact the relevant agencies if required. Care workers expressed confidence in the management team responding appropriately to any allegations or incidents of abuse.

Care workers told us they had access to a 'whistle blowing' (reporting poor practice) procedure. However, the provider may find it useful to note, that the 'whistle blowing' procedure did not include contact details of the agencies staff could contact should they need to raise concerns. The manager agreed to pursue this matter.

Records and discussion showed arrangements had been made for staff to receive 'on-line' training in safeguarding, abuse and protection. This meant the staff team should have the knowledge skills and abilities to protect people from abuse and promote their safety and human rights.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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People spoken with during inspection made positive comments about the staff team at Pendle View. One person using the service described the care workers as, "Nice", another person said, "I really like the staff, we have a good team here". People told us they were getting their agreed one to one support. We observed some positive and meaningful interactions between people using the service and staff.

We found there was sufficient staff on duty and available to meet peoples' needs. Care workers spoken with considered there were enough staff at the service to provide care and support in response to peoples' individual needs and choices. People being supported in their own homes had agreed to the times of their support and had copies of the rota.

Each person's support needs were considered as part of their initial assessment and within the care planning review process. The manager explained that staff support arrangements had been tailored in response to each person's agreed care package. Staffing provision was being planned and arranged in response to peoples' known needs and preferences.

There were on-call management support systems in place within the organisation. One care worker said, "We can use the on call anytime, they are always there for back up and advice". Care workers spoken with said the management team were approachable and supportive, they considered team work at the service was good.

Systems were in place for new employees to receive initial training. This included the completion of a structured induction training programme. We spoke with a new care worker, who confirmed this training was being given.

Staff had opportunities for professional development. They were enabled to attain recognised qualifications in health and social care. Care workers spoken with told us of the training and development they had received. This meant staff had updated some of their knowledge and skills to deliver care to people effectively.

Systems were in place for staff to receive an annual appraisal and regular one to one supervisions. This meant staff were being supervised and had opportunity to discuss work practices and identify their personal training and development needs. We found various

staff meetings and discussions were being held on a regular basis.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had a system in place to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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During the inspection we observed people using the service being involved with day to day decisions which affected them. Arrangements were in place to involve people with their on-going reviews. For people living at Pendle View monthly resident's meetings were being held, one person told us, "We have meetings, we get involved things".

We found people using the service had been invited to complete satisfaction surveys, we noted these included positive responses. Where people had made comments and suggestions, where possible, they had been acted upon. A staff survey and stakeholder consultation process had also been carried out via the organisation's head office. The manager said the results of the consultation were currently being evaluated and responded to. This meant people's views of the service had been sought and they had been given opportunities to influence developments in the services provided.

Regular weekly and monthly audits were being carried out which included checks on various systems and practices, including, medication management, finances, health and safety, records and infection control. There were quality assurance visits with records kept, completed by the manager and area manager. Processes had also been introduced for 'service reviews' to be carried out by the senior management team. We found there were arrangements in place to review and update policies and procedures on an annual basis. Staff spoken with confirmed that they and the managers carried out regularly checks and audits. This meant quality monitoring systems were in place to help identify any areas for improvement and potential risks of non-compliance with the regulations.

We found 'spot checks' on the support people received in their own homes had recently been introduced. We discussed this process with the manager, including ways of ensuring a more effective and accountable approach, to monitoring and evaluating the support delivered. The manager agreed to take action in respect of this matter.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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