

Pendle Support Limited

# Pendle Support Limited

## 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 over three days on 10, 14 and 15 August 2017. This inspection was announced to ensure that key staff would be available to talk with.

The service had a registered manager in post. 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.

Pendle Support Limited is registered to provide personal care and support to adults and children with learning disabilities and associated mental health issues. The agency is located in the town of Colne and provides a community service within the Burnley, Pendle and Rossendale area.

This was the first inspection for Pendle Support Limited as the service had become a limited company and re-registered with the Care Quality Commission on 23 July 2016. Prior to this the service was registered as Pendle Care and Support Services as a partnership and had been providing services in Burnley, Pendle and Rossendale since 2005. Our last report for the previously registered service was in February 2014 and the service was judged to be fully compliant under the previous regulations. At the time of our inspection 28 people were being supported by the agency.

Without exception people told us that they felt safe when receiving care and support from staff. Staff we spoke with knew how to recognise and report potential safeguarding issues and they received appropriate training in this area which was up to date.

There was a robust and detailed recruitment programme in place that helped to ensure people received high standards of care from a highly skilled staff team. People who used the service were given the opportunity to become involved within the recruitment process. Staffing levels were sufficient to ensure people received high standards of care that enhanced their welfare, safety and day to day living.

Thorough risk assessments were in place to protect people from risks but also enabled them to take positive risks. We saw that people and families were involved within this process to enable them to understand why they were in place. Risk assessments were person centred and up to date.

People we spoke with had no concerns with how staff helped them to take their medication. An up to date medication policy was in place that staff were aware of. Staff knew their responsibilities in this area and were trained to administer people's medicines.

Staff received an induction when they first started work at the service. Staff were trained, supervised and received an annual appraisal of their performance. Staff told us they felt supported in their role and were given the appropriate training and guidance to carry out their duties effectively.

Staff and the management demonstrated a good understanding of the principles of the MCA and DoLS and how it related to people's care needs. Up to date and detailed policies and procedures for MCA and DoLS were available to all of the staff and provided them with clear guidance.

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

Support and care plans reflected people's assessed support needs well and showed that people were encouraged to do as much for themselves as possible. Care plans also reflected the fact that people were involved in the care planning and review process. Care plans were very person centred, up to date and contained in-depth information and guidance for staff. Staff we spoke with found plans to be useful in assisting them to provide care and support for people.

People we spoke with told us they were happy with the care and support they received and that staff were caring and considerate. Nobody we spoke with raised any issues about how staff conducted themselves when providing care in their home and were very complimentary about their attitude, conduct and professionalism.

People told us their privacy and dignity were respected and promoted by the care staff.

We saw many good examples of how people were supported to remain living independently and the people and relatives we spoke with confirmed this. People with complex care and health needs were supported to live at home due to the professionalism of the service and its carers both in terms of the care and support delivered and the liaison with other professionals to make this possible.

A large amount of information and guidance was made available to people in a number of different formats. This helped people to be informed about the service and local issues as well as making them aware of local activities and events.

People knew how to raise issues or make a complaint and told us they were confident if they did that an effective response would be gained. Staff spoken with knew the agency's complaints policy and how to assist people to raise concerns if needed.

People and relatives we spoke with talked extremely positively about the management of the service, the staff and the care and support they or their loved ones received.

We saw evidence of an extremely effective auditing and monitoring system. We also saw that people were regularly asked their opinion of the service via a number of methods including annual quality surveys, phone calls and care reviews.

The service had exceptionally good links into the local community and had created a number of successful community engagement programmes when local provision was seen to be lacking. The registered manager, who was also one of the two owners, owners and management team were passionate about the care they delivered and this was evident in the feedback we received from people using the service, families and professionals.

## 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.

Thorough, person centred risk assessments were in place for people that kept them safe but also encouraged positive risk taking.

People medicines were managed safely by a well trained staff team.

Safeguarding procedures were in place that staff were aware of. Staff were knowledgeable in how to recognise and report potential safeguarding issues.

Robust and effective recruitment procedures were in place.

### Is the service effective?

Good ●

The service was effective.

Staff were well trained and received the support they needed from the management team including formal supervisions and appraisals.

Staff and management had an excellent understanding of the principles of MCA and how this legislation related to people's care needs.

People were supported with their nutritional and hydration and their needs were accurately reflected within their support plans.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us that staff were caring and that their attitude and dedication was exemplary.

People told us their privacy and dignity were respected and promoted and staff spoke knowledgeably in this area.

There were numerous good examples on how people with significant health and social needs were enabled to remain at home and live independently. There were several good examples seen on how people with significant health and social needs were able to remain at home and live independently.

People had access to information about the service and events and activities and other service in the local community. This was made available in a number of different formats.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care and support plans were person centred and easy to understand. They contained good information and guidance for staff.

People were involved in their care and support plan design and on-going reviews.

People and their relatives knew how to raise concerns or make a formal complaint. Staff knew how to guide people in this area.

### **Is the service well-led?**

**Good** ●

The service was well-led.

We received very positive feedback about the service, the management team and care staff.

The service had exceptionally good links into the community and had created opportunities for people when local services were not present.

There were robust quality audits and monitoring systems in place that fed back into service delivery.

# Pendle Support Limited

## 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 10, 14 and 15 August 2017. We gave the service 48 hours' notice of the inspection to ensure the registered manager and other key members of staff would be available to answer our questions.

Prior to the inspection we checked the information we held about the service. This included any information about any investigations or feedback about the service as well as statutory notifications. A notification is information about important events which the service is required to send us by law. We also looked at the Provider Information Return (PIR) we asked the provider to submit prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make

The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made phone calls to people and relatives on the 14 August to talk with them about their experience of the service. The lead inspector visited the registered office on the 10 August to look at records, which included four care plans, four staff files, quality audits, team meeting notes, medication records and other associated documents. Phone calls were made to staff on 15 August by the lead inspector for the service.

We spoke with a range of people about the service; this included three people who received a service, three family members and eight members of staff including the registered manager.

## Is the service safe?

### Our findings

Without exception everyone we spoke with who received support and care from Pendle Support Limited told us that they felt safe. One person told us, "They (carers) are kind and caring. I can trust them as they know what's going on." Another person said, "The carers recognise if I'm in danger. They will put things straight. I trust my carers one hundred per cent." Family members we spoke with were also confident that their loved ones were supported in a safe manner. One relative we spoke with told us, "The service is very, very safe. I can trust the carers and feel relaxed that my children are in safe hands. I have no concerns. They are like a family member. They treat my children like a family member." Another relative told us, "Oh yes. They treat her as a person. She is happy, chirpy and cheerful which is a tell-tale sign that she is well looked after."

There was a high level of understanding of the need to make sure people were safe. We spoke with staff about the agencies' safeguarding procedures. They were all aware of the safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow when we spoke with them. We saw staff had signed the policy to confirm it had been read and understood by them. They were also able to tell us who they would report issues to outside of the agency if they felt that appropriate action was not being taken and displayed good knowledge of local safeguarding protocols. One member of staff we spoke with told us, "I have never seen or experienced anything I was unsure of but if I did I would go straight to the manager." Another staff member told us, "I would go to the manager; it is drilled into us to report anything we think is a problem. We all get lots of training and know who to go to". All the staff we spoke with confirmed that they received training in this area and we saw evidence of this via the agency's training matrix and within individual staff files. There was a staff whistleblowing policy which staff were aware of.

The agency displayed safeguarding information on their own website which included information about the potential types of abuse and who to contact if people suspected abuse. The website also contained a link to Lancashire County Council's safeguarding webpage. There was similar detailed information within the agency's service user guide which was given to each person and family at the start of the service. Again this explained what safeguarding is, how to recognise different types of abuse and what to do and who to contact, both within and external to the agency, if abuse was suspected.

The service had a safeguarding file which kept a track of any safeguarding issues from initial reporting through to outcome and closure. The file contained the services own safeguarding policy which had been reviewed in February 2017. The policy was comprehensive and up to date. The safeguarding lead for the service was named within the policy which was the registered manager. Links to relevant legislation were found within the policy such as; the Health and Social Care Act, Mental Health Act, Mental Capacity Act and to relevant support agencies such as mental health advocacy and the local authority. There had been 13 safeguarding referrals made from January 2017 to the time of our inspection. The majority of them had been raised by the agency in response to external concerns with health care services and with regards to family issues. We saw that there were copies of each referral on file, they were investigated appropriately, logged appropriately and submissions had been made to the Care Quality Commission in line with the services

regulatory responsibilities. The local authority safeguarding team reported no concerns with the agency when we contacted them in terms of reporting or responding to safeguarding concerns.

There was comprehensive system for dealing with any incidents or accidents. Individual records were kept within people's care plans and there was an accident and incident book kept within the registered office. The records evidenced that safe and appropriate actions were taken by the staff to protect people and prevent future risks.

The service is creative in the way it involves and works with people, respects their diverse needs and challenges discrimination. It seeks ways to continually improve and puts changes into practice and sustains them. We saw, and heard, evidence that showed a number of people with complex care and health needs were being supported to continue living independently in their own homes whilst remaining safe within their home environment. It was evident that a number of people had come into the service at a crisis point and that the support they had received from the agency had made a big difference to their lives and the lives of their family. One example was a person who was displaying challenging behaviour and had communication issues. The service recognised that this young person's environment was not conducive in keeping them calm. We saw that strategies had been agreed with the family and a specialist autism service had been brought in to assist them. This helped the family understand the young person's behaviours better and what may trigger some types of behaviour. By giving the family the knowledge to recognise particular trigger points, and then introducing coping strategies if behaviour did occur this meant that the family were able to both reduce the number of episodes of behaviour and be able to respond more effectively. This then meant the young person was much calmer which impacted their life positively.

When we spoke with the senior support worker they gave us one example of a person who had been having a number of difficulties and issues when they were first being provided with a service. They told us, "I like the fact that we make a difference to people's lives, this person was struggling and the turnaround has been a year in the making. We kept pressing social services for additional support and they now have more hours and attend two days at day care which has made a huge difference." This person had benefitted as the service had recognised the need for additional resources, and then been able to secure them by evidencing the need to commissioners. This then meant the person was not only safer within their home environment but had greater opportunities by attending day care and being able to engage with other people more regularly and take part in activities that they had previously not had the opportunity to do. This increased stimulation had meant this person's self worth had improved dramatically and as well as improving their life experiences had resulted in an improvement in their mood and behaviour.

There were a number of other examples of people who had been supported to remain at home, in line with their wishes, and were now doing so in a safe way due to the strategies put in place by the service. Whilst people were supported to remain safe the service also promoted positive risk taking if appropriate to ensure that people were still able to access the community and take part in the activities of their choice.

The service uses imaginative and innovative ways to manage risk and keep people safe while making sure they have a full and meaningful life. This included working with families, some of whom also had learning disabilities themselves and needed support. We saw that comprehensive and appropriate risk assessments were in place for all activities and that these were reviewed and up to date. Risk assessments were rated a low, medium or high impact for each person and activity or procedure. We found them to have good detail, had good actions in place to minimise risk and were very person centred. For example for one person who was blind, staff were reminded to assist them in carrying any meals or hot drinks from the kitchen. So whilst the person was encouraged to remain as independent as possible reminders were in place for staff to be vigilant with certain activities and tasks. Another person had been experiencing issues with their catheter

care and a range of actions were in place for staff to follow in order for them to remain pain free. This had been a complex issue due to the living circumstances of the person but we could see that the issues had been resolved as a result of the service working patiently with the person and their family and by putting in place effective risk assessments and measures.

As well as person centred risk assessment being in place across a range of areas people had health action plans in place. This contained details about any medical professionals people were engaged with and explained who they saw and why. It also contained an up to date record of the medication people were taking and why they took it. This included any 'as needed' medication, e.g. for pain relief. Staff signed to evidence they had seen this document. In addition to a health plan people had a Hospital Passport in place in the event they were admitted to hospital or had to attend a medical appointment. The passport contained pertinent information about people under the heading 'Things you must know about me'. We found some good information about people within this document including their medical history, medication regime and personalised preferences. For example one person could become very anxious within a medical setting and there was guidance on how to recognise this and how to prevent their anxiety. There was further guidance on what to do in the event of the person displaying anxiety. This was very important in keeping people safe who may have displayed behaviour that challenged services.

People's homes were risk assessed appropriately including how staff were to access each property. Clear instructions were in place to show staff how to access and isolate water, electric and gas supplies in the event of an emergency. Fire and smoke alarms were checked routinely to ensure they were in good working order.

We saw the agency had robust systems in place to ensure that medicines were administered safely. All staff that had a responsibility for administering medicines had attended training. We saw evidence of this from the staff training matrix, via certificates within staff files and by speaking with staff. We saw that staff were competency checked, which always happened following any medication errors. This was also followed by a supervision with their line manager. Risk assessments were also reviewed following any medication errors.

Medicines administration records (MARS) were reviewed as part of each three monthly home visit and MARS records were also spot checked when returned to the office at the end of each month. The service had designed their own MARS sheets so there was a consistent approach to avoid recording errors which we found to be a pro-active approach in reducing errors. For example if medicines were not given by the agency then the date was crossed through that date or time. The owners told us this had been successful in reducing the number of recording errors. The service did not handle any controlled drugs at the time of our inspection. There had been five medicines errors in the 12 month period prior to our inspection of which the majority had been recording errors. No one had suffered any adverse effects due to the errors and the appropriate expert health advice had been sought as necessary.

We looked at staffing levels within the service to ensure that there were enough staff employed to provide the assessed care people required. No people or relatives we spoke with raised concerns regarding staffing levels, whether this was the consistency of care staff coming to their home or their timeliness. We were told by the registered manager that recruitment was an on-going issue but that staff turnover was consistent to the care sector average. Staff we spoke with told us that staff did leave but that this was usually for personal reasons or career advancement. Staff told us they had had enough time during visits and they were given enough time to travel between visits. No agency staff were used by the service and shifts were covered within the existing staff team or by the management team. The agency had a team of bank staff available all who had worked for the service previously.

Rotas were sent out to people and staff two weekly in advance. Any changes to rotas had to be approved via completion of a rota change form so the office were aware of any changes and to make sure they were compatible with the needs of people. The IT system used to produce rotas showed if people had been introduced to staff previously and if there were any compatibility issues which was another measure to ensure that people did not have staff arrive to their home who they had not met previously.

We reviewed four staff recruitment files, including newly appointed staff. We found that robust recruitment procedures had been followed including Disclosure and Barring Services (DBS) checks, application forms being completed, candidates attending an interview and suitable references being sought. There were no unexplained gaps in people's employment history. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people who use care and support services. We found staff recruitment files to be well organised and easy to navigate with a checklist at the front of each file. Training and supervision documentation was kept separately.

We asked staff if they had access to the appropriate personal protective equipment (PPE). Staff confirmed that they did and that they could pick up additional supplies from the office. There was a suitable policy and procedure in place related to infection control measures. People and relatives we spoke with raised no concerns with regard to the appearance of staff or their practice in this area.

## Is the service effective?

### Our findings

People using the agency made positive comments about the staff who visited them. We were told by one person, "I am quite happy with the support. It is the way the carers perform, the way they go about their tasks. I am supported by nice staff." Another person said, "The carers are OK. If I've got problems they listen. I get on with them." We asked this person if they felt carers had the right skills and experience and they confirmed to us that they thought they did.

Relatives were also happy with the staff who supported their loved ones. One relative told us, "[Name] enjoys having the carers because they are so brilliant. They have a brilliant day out and the carers help them to be independent. They are happy with all the carers." Another relative said, "I am very happy with the support. I am happy with the continuity and the consistency of the carers. They are supersensitive to [Name]. They treat [Name] as a person. There are four main carers. They are all as good as each other."

We saw evidence to show that staff received a thorough induction prior to them working independently. Staff induction consisted of a four day office induction, regardless of a person's previous background or experience. This was followed by a programme of shadowing an experienced member of the care team. The length of shadowing was dependent on their confidence, the complexity of people's care and staff's past experience. All the staff we spoke with told us they had received an induction which they felt was appropriate and sufficiently detailed for their role. They also told us that if they needed further help, guidance or additional shadowing then they felt this would be provided by the service. However none of the staff we spoke with had felt this was necessary following their induction period.

In addition to a robust induction period staff were supported to undertake a good range of training to assist them in their role. We were sent a training matrix that showed the majority of training was up to date, this included key areas such as safeguarding adults, safeguarding children, medication, Infection control, moving and handling and positive behaviour training. In addition to mandatory training staff were able to undertake bespoke training to help them support people they visited. We saw a number of examples including; autism awareness, epilepsy, sexual health awareness and catheter care. Staff spoke positively about the training they received. One member of staff told us, "I've completed all my first round of training. I've never worked in care before but I have definitely got all the support I have needed from the team. There is always someone to help." Another member of staff told us, "I'm doing the care certificate and have done lots of training. You do a lot on the first week's induction which was quite intensive. You get well supported."

We saw that staff received formal supervision sessions with their line manager. This happened every three months if not more regularly. Staff told us they were able to go into the office or ring the office or on call if they had any issues and there was always someone available to help or assist with any issues or concerns. Staff also received an annual appraisal to review their work over the previous 12 month period.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. We checked whether the service was working within the principles of the MCA.

Staff and the management demonstrated a good understanding of the principles of the MCA and how it related to people's care needs. Up to date and detailed policies and procedures for MCA were available to all of the staff and provided them with clear guidance and legislation that supported them in decisions that protected people from unlawful restrictions and increase the quality of the care they received. Training records identified staff had undertaken the relevant training that equipped them with the relevant knowledge and skills. Care records confirmed detailed capacity assessments had been completed for people and consent was gained appropriately across a range of areas including medication management, care and use of photographs.

We asked people who were supported with their nutritional and hydration needs if they were happy with this aspect of their care. No issues were cited within this area. Care plans we reviewed reflected people's assessed support needs well and showed that people were encouraged to do as much for themselves as possible.

## Is the service caring?

### Our findings

People we spoke with, and their relatives, were very happy with the care being provided and told us that staff were caring. When asked about the approach of staff we received positive responses such as, "They go out of their way to treat [Name] as they would want to be treated, or like one of their own. They are passionate about caring." One person told us, "They are much better than the carers I used to have (from another provider). They know exactly what's going on. I would rate them as ten out of ten as they know exactly what to do." A relative told us, "Pendle Support is a very nice agency. I am so happy. The carers are so nice. From the bottom of my heart the service is fabulous. I don't know where I'd be without them. It is like winning the lottery. It makes me proud to have carers like that coming into the house. I am so lucky to have carers like them."

People told us their privacy and dignity were respected and promoted by the care staff. Staff we spoke with talked us through how they delivered personal care to people and were very knowledgeable in how to do this which included speaking to people and considering the persons environment and privacy.

We saw several good examples of how people were supported to remain living independently. People's support plans were written in a way that met people's needs but also reminded care staff to enable people to do things for themselves where possible. For example one person's care plan stated that at lunchtime staff were to, 'Help prepare meals but [Name] also helps to maintain their independence.' The level of detail within support plans was of a very high standard. One person's care plan, who had issues with their vision, provided detail for staff on how to position their kettle so they could make hot drinks safely. This type of information was seen in all the care and support plans we reviewed to assist people to remain as independent as possible for as long as possible.

One example we saw was with regard to a married couple who both received a service from Pendle Support. This service had been in place for a number of years and the levels of support had needed to be increased. Both husband and wife had significant health and social care needs but had been able to stay living together at home due to the support offered by the service. Assistance had been given to move into more suitable premises so the couple could manage and at the time of our inspection Pendle Support were looking at further suitable accommodation with the couple as they needed further equipment to help them remain living together independently at home. As well as providing help and support for the couple to live safely and independently support plans also detailed aspirations going forward for each person, such as trips out together, starting to take swimming lessons and to remain together at home.

We could see that people were involved in decisions about their day to day life and that people's involvement was in line with their wishes. As stated above people's wishes for the future were discussed in terms of plans and aspirations but also simple day to day matters were discussed such as preference of male or female support worker, what help people needed at home to remain independent and if people needed help managing their finances or going into the community. People we spoke with confirmed that they were spoken with about all aspects of their life and how they wished their support to develop in any given area.

The service has a strong, visible person-centred culture and is exceptional at helping people to express their views so they understand things from their points of view. Staff and management were fully committed to this approach and found innovative ways to make it a reality for each person using the service. They use creative ways to make sure that people have accessible, tailored and inclusive methods of communication.

This included helping people to access advocacy services if people needed this type of assistance. An advocate is an independent person, who will act on behalf of those needing support to make decisions. There was no-one requiring formal advocacy support at the time of our inspection as people had family or friends to represent them if needed. However we did see within one person's support plan that advocacy services were being considered. The service had good links with local advocacy groups and held meetings at the registered office for 'Self Advocacy in Lancashire' (SAIL). Some of the people receiving a registered service from Pendle Support had attended these meetings so were aware of what advocacy support was and how they could access it if needed. If needed the service assisted with introducing people to this group. An explanation of what advocacy support is and how to access it were contained within the service user guide given to everyone when they started to receive a service from Pendle Support Limited.

People had a communication passport which detailed preferences and dislikes in a number of areas, for example it detailed people's favourite food and drink and what they did not enjoy. The passport also laid out what made people upset and what was needed to make them feel better. Picture symbols were used so people who could not read the written word were able to understand the document.

The service user guide given to people contained a good level of information for people. As well as the advocacy example mentioned above there was information about Pendle Support and the services it offered and the aims of the company. The guide contained information on how to access advice and support from the agency including 24 hour emergency assistance. The services quality policy was fully explained and as well as how quality was measured the guide explained how people would be involved in this process through service reviews, quality surveys and service user meetings. People's rights were fully explained and there was a section on staff and the qualification they held. Safeguarding processes were fully explained as were the processes available to raise concerns or complaints. We found all the information to be up to date and easy to follow. Information was available for people in an easy read format if needed.

In addition to the service users guide Pendle Support Limited have a professional and up to date website that contained a lot of information and guidance for people and families. For example there was information and guidance for people with regards to individual budgets and broker support and information on the 'Driving up Quality Code' that is a national member organisation that represents the majority of learning disability services. Lots of the information within the service user's guide is also present on the website. There were picture galleries on the website of recent events and information showing how the service links into the community. Pendle Support also had its own twitter feed that was kept up to date with relevant news stories, local events and updates for the service.

The service promoted equality and diversity. Care and support plans contained sections on religious beliefs and relationship and sexuality. For each area care plans posed such questions as 'What's important to you for your future' and 'what aspirations do you have going forward'.

## Is the service responsive?

### Our findings

People and relatives we spoke with told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed. One person we spoke with told us, "I raised one complaint about something in particular. There was also a few other bits and pieces I wasn't happy about. I spoke to one of the Managers. She said she would sort things out and they did." One relative we spoke with said, "Oh yes I know how to raise issues. As well as the quality of the care being good, they listen to the clients. They listen to us and take it seriously and get back to us."

The service had a complaints file in place at the registered office. This contained an up to date and relevant comments, suggestions and complaints policy that sign-posted people to the local authority, Local Government Ombudsman (LGO), Care Quality Commission and local advocacy service. The agency's own complaints handling process was also clear with set timescales in place for acknowledgement, investigation and response. The service had received three formal complaints in the 12 month period prior to our inspection. We could see that all these complaints had been dealt with following the correct process, were resolved and closed. Letters sent to complainants clearly responded to concerns raised and gave clear evidence and clear expectations going forward. Any investigations as a result of complaints were clearly documented and thorough.

We found people's care and support plans to be person centred. Plans contained lots of information about people's preferences, likes and dislikes across a range of different areas and it was evident that people and/or their families were involved in the design and review of the information within them.. People we spoke with were aware of their care plan and told us that they had been involved in its design at the outset of their care and support. The also told us that they were involved in regular reviews of their care and support.

The service matched people to staff during the assessment process. People were shown staff's one page profiles during the initial assessment process and they were introduced to staff prior to their support starting. Some people had been involved in staff recruitment and this was usually done by people coming up with questions to be asked at staff interviews. As the service employs a rota coordinator this enables the service to adapt support people received consistently.

Each person receives a three monthly home visit to review the support they received. This was evidenced when looking at people's care and support plans. All the care plans we reviewed were up to date and contained detailed information about each person, their needs and specific guidance for staff on how best to support people. Staff we spoke with found care plans to be useful, reflect the person's needs correctly and provide them with the information they needed to assist them in carrying out their role effectively. One member of staff we spoke with told us, "Care plans are absolutely fine. They have the right amount of information within them and are good to refer to, especially if you are covering for someone."

There were a number of examples of how people were encouraged to access the community to avoid social

isolation. The service had good links with a range of local services as well as developing its own, for example the day care facility within the registered premises. A number of people receiving support were formally referred to the day centre. When reviewing people's care and support plans, and from our discussion with them we were presented with evidence of people having trips out, eating out, shopping and attending clubs.

## Is the service well-led?

### Our findings

People and relatives we spoke with talked positively about the management of the service, the staff and the care and support they or their loved ones received. We asked people what the best thing was about the care they or their family member received. One person told us, "The carers. They take me out. They take me shopping and take me to the dentist and doctors because they talk too fast (doctors and dentists). They take me to the hospital." A relative we spoke with said, "I would most definitely recommend them without any shadow of a doubt. I would give them nine out of ten. They give consistency, they are good at providing good quality care and they put the clients at the centre of it. They have fought our corner and have gone out of their way to help us."

We found lots of evidence to show that the service was efficiently run with numerous systems in place to show the management team had good oversight into the day to day running of the service. The management team met every Monday morning to discuss any issues over the weekend period and to plan the week ahead. This included any new information received with regard to people using the service and any staffing issues.

This weekly meeting was predominantly focused on a system of white boards in the office. One white board was for new referrals into the service. Initial assessments were planned for any new referrals if there was capacity within the workforce. All initial assessments were carried out either by the registered manager or support manager to attain consistency of approach. A second board was in place for new starters. This held information about the completion of people's support plans, risk assessments, welcome visit shortly prior to the service starting and a six week review visit following any service starting. This meant that the initial weeks of any new person into the service were closely monitored to ensure that the service was meeting the assessed needs of each person and any issues could be picked up early. The six week review had in the past been carried out remotely but now consisted of a physical visit to people which gave a more personal approach for people.

The service had created a number of successful community engagement programmes and had links in to the local and wider community. The registered location also held a day care centre on the ground floor which local people with learning disabilities were referred to. A number of people who received a regulated activity from Pendle Support Limited also attended the day care facility. The day care facility had been opened by Steven Burke, Olympic cyclist and Tom Hamer, Paralympic swimmer. Steven Burke lives locally to the service and Tom Hamer is a sports ambassador for the UK sports association and part of that role is to encourage children with learning disabilities into sport, therefore his link into the service was a particularly important one. This had been instigated by the service and their hope is that will hopefully inspire people using the service to get into sport.

The day care facility was opened as part of the 'Enable U' campaign to offer affordable and meaningful activities for people with learning disabilities in the area although the facility is also open to other people and was started up due to limited local opportunities for people in the community. It is a 'Community Interest Company' set up by the service and run as a separate entity so as many people as possible could

benefit from it. This means that people using the service have ready access to a number of different facilities and activities as people could use the day care centre as a drop in facility. Within this area of the building there was a 'chill out' room which had a quiet area but also had a television and DVD player as well as table football and table tennis. There was a separate function room with a pool table, air hockey table and dining table. There was also a separate arts and crafts room with lots of examples of different activities such as themed decorations, cards and ornaments.

The registered premises also offered shower and toilet facilities via a wet room as part of the 'changing place scheme'. Changing places is a consortium scheme that began in 2006 and is in place to enable people to access the community more easily knowing there are suitable facilities for them as they who would not be able to use standard accessible toilets. This includes people with profound and multiple learning disabilities, motor neurone disease, multiple sclerosis, cerebral palsy, as well as older people. The registered owner told us that the facility had been used on a few occasions since it had opened and was another way of promoting independence for people and engaging with the local community so they could see the other services and facilities available within the building. It also showed how the service was looking to improve the opportunities for people beyond the scope of the service itself by encouraging people with disabilities to use the local community by giving them the peace of mind that appropriate facilities were available for them if needed. Pendle Support Limited contributed over £10,000 for this community facility.

There were numerous other examples of community links such as leading a scheme entitled 'Safety in Town'. The scheme encouraged local businesses to display a sticker in their window so people with learning disabilities knew they could approach the shop for assistance in the event of them needing help or feeling unsure of their surroundings. The service had links with Nelson and Colne College and had joined forces with them to run a cookery course for people with learning disabilities. The service hosted Self Advocacy network meetings in conjunction with the Local Authority and also had good links into the local premier league football team, Burnley FC. There were many examples of the service being involved with and running fairs, information days and other events to promote the service and engage with the wider community.

We saw an extensive range of quality auditing and monitoring during our inspection. The service used the 'Driving up Quality' self- assessment tool which was introduced to assist learning disability services improve the quality of their services following the Winterbourne View case. The self-assessment tool was based on a code of practice that looks at a person centred approach, organisational culture and sound management oversight. Pendle Support had carried out their latest self-assessment using the tool in April 2017 and it gave several examples against each of the five areas to show how it was providing a quality, meaningful service that went beyond the minimum standards expected. For example within the 'Support is focused on the person section' it evidenced that some people were involved in the staff interview process and that training was coproduced with people receiving support and their families. There was also a 'What we need to do' section at the end of each area.

The service sent out an annual questionnaire to all the people using the service. The latest survey results were for the period January 2016 to January 2017 and were positive. From 72 surveys sent out 28 were returned which equated to approximately a 40% return rate. The survey contained 11 questions and was rated 1-5 for each question, with 1 being poor and 5 being excellent. People were also able to leave comments and return the survey confidentially if they wished to. Results were broken down for each question and accompanied with a pie chart representation. A summary and areas identified for improvement were also produced. 18 of the 28 respondents rated the service as 5 out of 5. The lowest rating received as 3 out of 5.

There was a comprehensive and regular programme of audit and monitoring taking place. These included

medication, care planning and staff training. It was evident that auditing and monitoring fed back into improving service delivery and quality. The service sent in notifications to the CQC in line with their regulatory responsibilities as needed.

Staff spoke highly of the management team at the registered office. They told us they felt supported and that there was always someone available to offer advice or guidance. One member of staff told us, "I think it is amazingly well run. Staff are taken care of. I have worked previously in care before and its not been as well run. It's all very flexible." Another member of staff we spoke with told us that their own child care arrangements were taken into consideration and they felt their own wellbeing was important to the service. We were told of other examples of how the service supported staff with their personal circumstances as well as with work related issues. No permanent staff worked on a zero hour contract so they were guaranteed a minimum income each week. A pension scheme was offered in line with new legislation and some staff had taken up this benefit. Exit interviews took place with those staff willing to take part in them.