

Pendle Residential Care Limited

Pendle View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Pendle View is a residential care home which provides accommodation and personal care to up to six people with mental health support needs. At the time of the inspection, four people were living at the home.

People's experience of using this service:

People were happy with the care and support provided by the service. However, we found some areas needed to be improved.

Some areas of the home were not clean and people were not protected from the risks associated with poor infection control practices. The provider followed safe processes when recruiting new staff. The service managed people's medicines and risks to people's health and wellbeing in a safe way. People were happy with staffing levels at the home.

Staff supported people in a way which met their needs. Staff were happy with the induction and training provided by the service. The service supported people in line with the Mental Capacity Act 2005 and applied to the local authority for authorisation when people needed to be deprived of their liberty to keep them safe. Staff supported people to meet their dietary and healthcare needs and referred people to community professionals when they needed extra support.

People liked the staff who supported them. Staff considered people's diversity and respected their right to privacy and dignity. They encouraged people to be independent when it was safe to do so. Staff encouraged people to make decisions about their support and their everyday lives. People had access to advocacy services.

Staff supported people in a way which reflected their needs, risks and preferences. Staff supported people to follow their interests and take part in a variety of activities inside and outside the home. Complaints had been managed in line with the complaints policy and people felt able to raise concerns with staff or management..

There was a lack of effective oversight of the service by the provider. Audits and checks of the home were not always accurate and improvements identified as necessary, were not always made in a timely way. There was not always a senior member of staff on duty to ensure people were supported as they should be. The service worked in partnership with a variety of community agencies. Staff sought people's views about their support and took action in response to many of their comments.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated good (published 7 December 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

During this inspection we identified a breach of the regulations relating to the cleanliness of the premises and the lack of effective oversight of the service by the provider.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements, working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Pendle View

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced. We gave the registered manager one day's notice, as this is a small service and we wanted to be sure that the registered manager and people living at the home would be available to speak with us.

What we did

Before the inspection we reviewed information we had received about the service from the provider since the last inspection, such as details of safeguarding concerns and complaints. We sought feedback from the local authority and Healthwatch Lancashire about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all

of this information to plan our inspection.

During the inspection we spoke with two people who lived at the home, two care staff and the registered manager.

We reviewed a range of records. This included one person's care records and two people's medicines records. We looked at a variety of records relating to the management of the service and a selection of the provider's policies and procedures.

After the inspection we contacted five community professionals, including one person's advocate, for their feedback about the service. We also contacted one person's relative for their comments. We made a referral to the local authority infection prevention and control team, who would assess the service's infection control practices, provide advice and guidance about any necessary improvements and provide us with a report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The provider needed to improve infection control practices at the home. We found some areas of the home had a strong, offensive odour, including one person's room and a communal toilet. Most of the home smelled stale and unclean. A staff member was completing cleaning shortly after our arrival but we found the home still to be unclean. Fabric hand towels were being used in the communal bathroom and toilet rather than paper towels, which poses a risk of cross infection. People had hand basins in their rooms but towels were not available. The hand basin and furniture in one person's room was not clean. Staff told us the home was not always as clean as it should be and not all staff completed cleaning tasks as they should.

The provider's failure to ensure people were protected from the risks associated with poor infection prevention and control, placed people at risk of harm. This is a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns about levels of hygiene at the home with the registered manager, who acknowledged that the home smelled stale and unclean in places. She told us there were some issues with staff not always completing tasks as they should. She arranged for the areas with the odours to be cleaned during our inspection, which made some improvement. However, the ground floor toilet still smelled unclean. She told us the flooring was due to be replaced in these areas and we asked for this to be completed as a priority. We will monitor this after the inspection. The registered manager provided an explanation for why paper towels were not being used in the bathrooms and toilet. She agreed to ensure that each person had their own fabric hand towel which was changed regularly, and that staff used paper towels when using the communal bathroom and toilets. This would help to ensure that people were protected from the risks associated with poor infection control practices.

Assessing risk, safety monitoring and management

- The provider ensured staff managed risks to people's safety appropriately. Staff completed and regularly reviewed people's risk assessments, including those relating to physical health, mental health, self-care, behaviour that posed a risk to themselves or others, going on trips out and living skills. The assessments provided information for staff about people's risks and how best to support the person to reduce the risk.
- We reviewed the service's incident and accident records. Records were detailed and we found staff had taken appropriate action when incidents had taken place.
- Staff completed regular safety checks of equipment and the home environment, which included fire safety. Water samples were checked for legionella bacteria, which can cause Legionnaires disease, a severe form of pneumonia. However, the provider had not arranged for a legionella risk assessment to be completed. We discussed this with the registered manager, who told us shortly after the inspection that the

provider was arranging this.

Using medicines safely

- Staff managed people's medicines safely and administered people's medicines as and when prescribed. Staff who administered medicines had completed the relevant training and their competence to administer medicines safely had been assessed.
- People told us staff gave them their medicines when they should.

Staffing and recruitment

- People told us there were always enough staff available to support them. One person commented, "There's always staff around. There's always three or four of them here."
- Staff were recruited safely. We reviewed one staff recruitment file and found the provider had completed appropriate checks to ensure the staff member was suitable to support adults at risk.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. Staff understood how to protect people from abuse and knew the action to take if they had any concerns. All except one staff member had completed safeguarding training and the registered manager told us she would arrange for them to complete it shortly. The provider had a safeguarding policy for staff to refer to.
- One safeguarding concern had been raised about the service in the previous 12 months. The provider had taken appropriate action and notified CQC when they should. The service had a whistle blowing (reporting poor practice) policy which staff were aware of and told us they would use if they had any concerns.
- People told us they felt safe living at the home. One person commented, "Yes, I feel safe here. I have no worries about anything."

Learning lessons when things go wrong

- The provider had systems to analyse accidents and incidents and make improvements when things went wrong. Records showed that where staff were found to be at fault, the registered manager took appropriate action, such as arranging additional staff training. She told us whenever the service was found to be at fault, she would ensure she shared any lessons learned with staff to avoid similar errors happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff provided people with care that reflected their needs and helped them achieve positive outcomes. The service completed an initial assessment of people's needs before they came to live at the home, to ensure they could meet the person's needs. Staff used the initial assessments to create care plans, which contained detailed information about people's care needs, what they were able to do for themselves and how staff should support them.
- People were happy with the care provided by the service. One person told us, "I'm happy here."
- One person's social worker told us staff supported the person very well and the person had made significant progress since coming to live at the home.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Where there were concerns about people's capacity to consent to, and make decisions about their care, staff had completed capacity assessments and made best interests decisions in consultation with people's relatives or advocates. When staff needed to deprive people of their liberty to keep them safe, the service had applied to the local authority for authorisation to do this. The service had submitted two DoLS applications, but no authorisations had been received.
- People told us staff asked for their consent before supporting them, for example when administering their medicines.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff recorded information in people's care plans and risk assessments about their nutritional needs and risks and made referrals to community professionals where concerns were identified. Staff encouraged

people to eat healthily, but this was balanced with ensuring they had choice. Staff were aware of people's special dietary requirements and people's diet reflected their cultural and religious beliefs and preferences.

- People were happy with the meals provided at the home and told us they were given a choice. One person commented, "I like the food. I can choose whatever I want to eat." Food was discussed during regular meetings, when people were encouraged to share their views about the meals provided and any changes they would like to see.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to meet their healthcare needs and referred people to a variety of community healthcare professionals to ensure they received the support they needed. These included GPs, dietitians and community mental health services. The service held a variety of health workshops to improve people's awareness of how to look after their health.

- One person's social worker told us staff had supported the person well to improve their physical and mental health, when they had previously been reluctant.

- People's support plans included a health action plan, which contained information about their healthcare needs, medical history, medicines, allergies and any healthcare professionals involved in their care.

- Staff shared people's medicines administration record and a summary of their needs and risks with paramedics and hospital staff when people attended hospital. This helped to ensure appropriate information was shared when people moved between services.

Staff support: induction, training, skills and experience

- The provider ensured staff were given the induction and training they needed to support people well. Staff told us they were happy with the induction and training they received. They observed experienced staff and completed the provider's initial training before they supported people on their own.

- Two staff members' infection control training was overdue according to the provider's timescales. The registered manager told us she would arrange for staff to complete this as a priority and, in light of the concerns found during the inspection, she would arrange for all staff to refresh their infection control training.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people well and respected their diversity. People liked the staff at the home. Comments included, "They're nice people" and "I like all of them, they're all nice. [Staff name] is my keyworker and I like her."
- We observed staff communicating with people in a friendly and respectful way and found they were patient when supporting people. They reassured people when they were upset or confused.
- Staff considered and respected people's diversity. Care documentation included information about people's religion, ethnic origin, first language and marital status. This meant staff had an awareness of people's diversity and what was important to them. Staff provided support which respected people's cultural and religious preferences.

Supporting people to express their views and be involved in making decisions about their care

- Staff asked people for their views and involved people in decisions about their care. They gave people choices and encouraged them to make decisions when they could. During the inspection we observed staff encouraging people to make every day decisions about their care, such as what they had to eat and where they went on trips out.
- People told us their care needs had been discussed with them. They told us staff had spoken to them about how they wanted to be supported when they first came to live at the home and discussed their needs with them regularly.
- Information about local advocacy services was displayed. These services can be used to support people when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family. This helped to ensure that people could get support to express their views if they needed to. One person was being supported by an advocate at the time of our inspection. They did not express any concerns about the support provided at the home.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity. People told us they could spend time in their room when they wanted to without being disturbed. We saw staff speaking to people respectfully, using their preferred name and knocking on people's doors before entering their room.
- Staff respected people's wish to remain as independent as possible. One person told us, "I go out with staff, but I can do some things myself, like my washing and sorting my room out." Staff encouraged people to do what they could and develop life skills, such as preparing meals, shopping and laundry.
- Staff respected people's right to confidentiality. They told us confidentiality was addressed during their induction and they did not discuss people's personal information with others unless it was necessary. The provider had a confidentiality policy for staff to refer to. The provider ensured people's care records and staff

members' personal information were stored securely and were only accessible to authorised staff.

- People and staff told us visitors were welcome at any time. People had regular contact with relatives in person and by telephone and some people when out regularly with family. This helped people to maintain relationships that were important to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were familiar with people's needs, risks and preferences, and how to support them effectively.
- Staff supported people to follow their interests and take part in activities. Each week staff supported people to plan their activities and outings for the following week. Regular activities included local walks, playing pool, board games, shopping, going out for meals, watching television, domestic tasks and life skills. The range of activities available was quite limited. However, the people we spoke with were happy with the activities available. One person's social worker told us staff had supported the person to make significant progress with going out and following their interests, when they had previously been reluctant.
- People felt staff knew their needs and preferences well. They told us staff gave them choices and encouraged them to make everyday decisions about their care. One person commented, "Yes, I get choices. I can choose what I eat, if I want to go out, where I go or if I want to stay in my room."
- Staff assessed people's communication needs as part of the initial assessment. They documented in people's care plans any support they needed with their communication and how staff should provide it.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints and concerns. People told us they would feel able to speak to staff if they were unhappy or concerned about anything. Staff told us they would raise any concerns or complaints with management to ensure they were dealt with properly.
- One complaint had been received by the service in the previous 12 months and we found evidence it had been investigated appropriately. The complaint had been unsubstantiated. The registered manager told us if any complaints were received that were substantiated, any lessons learned would be shared with staff to avoid a similar situation arising.
- A complaints policy was available for people and staff to refer. A pictorial version was also available to ensure it was accessible to everyone. A suggestions box was located in the entrance area, providing the opportunity for people living at the home and anyone visiting to comment on the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We reviewed some infection control audits and found they were not accurate, as they did not reflect practices at the home. They did not include checks of people's bedrooms. Cleaning records for May 2019, showed staff had only completed a weekly clean of some communal areas and two people's bedrooms once that month. There was no record that the registered manager or provider reviewed these records. As a result of our concerns, the registered manager put additional daily cleaning checks in place, to be completed by staff at different times of each day. After the inspection the registered manager sent us some of the completed records and there were still gaps in staff signatures, which made it difficult to know if the necessary cleaning was being completed.
- We reviewed a variety of other audits and checks being completed, including those relating to the home environment, medicines and care documentation. Many were completed by care staff, which meant that staff were often auditing their own practice. We discussed this with the registered manager who agreed to ensure that audits were completed by management at least quarterly. A daily walk around was completed but did not include the cleanliness of the bathroom, toilet or people's bedrooms and was completed by care staff. We reviewed three monthly audits completed by the area manager and noted that a number of the issues were raised repeatedly each month, as they had not been completed, including necessary repairs and redecoration.
- The registered manager and deputy manager were not based at the service and were also responsible for two of the provider's other services. The service had a senior support worker. However, the registered manager told us there had been some issues with staff respecting this staff member's authority. Staff rotas for three weeks, including the week of the inspection, showed that the registered manager and deputy manager were not at the service for the majority of each week. There were occasions when there was no senior support worker or manager available to oversee staff and ensure people were being supported appropriately.

The provider failed to have effective oversight of the service. They failed to ensure people were living in a safe environment and staff carried out their responsibilities as they should. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the

service is required to send us by law. The rating from the previous inspection was on display.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service did not always provide people with high quality care. The issues we found with the cleanliness of the home environment, meant that people were not always protected from avoidable harm and may not have been living in a safe environment.
- People were happy with the management of the service. One person told us, "There are no problems with the managers. You can speak to any of them."
- There are some specific requirements that providers must follow when things go wrong with care and treatment. The provider understood their duty of candour and information about their responsibilities was included in their incidents and accidents policy. No incidents had occurred that we were aware of, which required duty of candour action.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had processes to gain people's views about their care. The service issued satisfaction surveys yearly to gain people's feedback about the support they received. The 2018 surveys showed that people had provided mixed feedback about the home, with the highest scoring areas relating to staff being friendly and polite, the accessibility of information and their involvement in their care and support. The lowest scoring areas related to the overall appearance of the home and their room, and satisfaction with the food provided.
- Staff asked people for their feedback during regular service user meetings. We reviewed the notes of the last three meetings, where the issues discussed included infection control, meals and activities. People were encouraged to raise concerns and make suggestions, and action was taken in response to their comments, for example changes to the menus.
- Staff found the registered manager and deputy manager approachable and felt able to raise concerns. They attended regular staff meetings, where they could raise concerns and make suggestions.
- The service had issued satisfaction surveys to staff in 2018. Staff had expressed a high level of satisfaction with most aspects of the service, including staffing levels, people's needs being met, food, their ideas being listened to, training and feedback about their performance. The lowest scoring areas related to the overall appearance of the service and the standard of the accommodation provided. An action plan was in place to address the improvements needed to the home environment. However, the feedback from the surveys and the audits we reviewed, suggested that improvements had been needed for some time.

Continuous learning and improving care

- The registered manager told us the provider had plans to improve the service. These mainly related to improving the home environment, which included new flooring in communal areas, new furniture and the redecoration of some areas of the home. The registered manager provided us with the property audit for 2019-2020, which listed the work which needed to be completed. Timescales were not provided for many of the improvements.
- The provider ensured staff had appropriate policies and procedures to refer to. We had reviewed a number of policies at the previous inspection and found they were updated regularly and included appropriate guidance. We reviewed a small number of policies during this inspection and did not identify any concerns.

Working in partnership with others

- The service worked in partnership with people's relatives, advocates and community health and social

care agencies, to ensure people received any support they needed. These included social workers, GPs, the local community mental health team and hospital staff.

- We received feedback from one community professional which is included in other parts of this report. None of the other community professionals we contacted expressed any concerns about the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider's failure to ensure people were protected from the risks associated with poor infection prevention and control, placed people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have effective oversight of the service. They failed to ensure people were living in a safe environment and staff carried out their responsibilities as they should.