

***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: 25 September 2013

Date of Publication: October 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ 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, there are transport links nearby. There is car parking to the front of the home. Pendle View is also registered to provide provide personal care for people in their own homes. At the time of this inspection this service was not being provided.</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>

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safety and suitability of premises	10
Supporting workers	11
Complaints	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 September 2013, 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 and talked with staff.

What people told us and what we found

People using the service told us they were satisfied with the care and support they received at Pendle View. We spoke with two people, one said, "Everything is okay".

People were being involved as far as possible in making decisions about matters which affected them. They were supported to make choices and develop independent living skills.

People were supported to access resources and activities within the community and keep in touch with others.

People were getting support with healthcare needs and they had access to on-going support from health care professionals.

People were provided with safe, comfortable and pleasant accommodation.

We found the staff training and development was sufficient in ensuring people received effective care and support.

There were systems in place to help support people to make complaints and raise concerns. However, we found procedures needed updating to make sure people had the correct information.

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

More information about the provider

Please see our website 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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People using the service had opportunities to express their views and opinions about their care and support. This included being involved in making decisions about their individual support needs and group choices and decisions.

We looked at care records which showed people were being consulted with individually. There were records of people's background histories, likes, dislikes, needs and abilities. There were care plans in place which responded to people's individual needs, abilities and preferences. We found people had been encouraged to sign to indicate agreement with their care plans.

Residents meetings were being held on a regular basis which gave people the opportunity to be involved and consulted about daily living matters, including menus, activities and room cleaning.

During the inspection visit we observed positive and respectful interactions between people using the service and staff. Staff spoken with explained how they supported people to be independent and said how they involved people in making their own choices and decisions.

There was information on display in the home for people using the service. This included details of the local advocacy service and the complaints procedures. There was a written guide to Pendle View, which provided people with information about the services, facilities and support practices available. This information helped to promote their rights and choices.

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 appropriate care that meets their needs and supports their rights

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.

Reasons for our judgement

People we spoke with indicated they were satisfied with the care and support they received at Pendle View. One person told us, "Everything is okay, I'm fine".

Arrangements were in place to assess people's needs and preferences before they moved into the home. The manager explained people were usually visited in their own environment. Arrangements were in place to gather information as appropriate from other sources, including social services and Care Coordinators in community mental health teams.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We found care plan records were sensitively written in a person centred way; they identified people's needs, abilities and choices. 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.

We spoke with one person who indicated they were able to do things for themselves and gave us examples of the various activities they were involved with. People were being supported to pursue their individual hobbies and interests, so they could to develop their experiences, skills and abilities.

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.

During the inspection, we observed staff sensitively supporting people with their chosen activities and daily routines. We discussed with managers ways of involving people more constructively with day to day matters, including staff recruitment, which could further develop their skills and rehabilitation.

Records and discussion showed people's healthcare and emotional wellbeing was being

monitored and responded to. Staff told us they were aware of people's individual needs and the information in their care records. They confirmed people's healthcare needs were monitored and that they were getting appropriate attention from medical professionals. Systems were in place to formally review people's care and support needs.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

People spoken with during inspection visit told us they were happy with the accommodation provided at Pendle View. We looked around the home and found most areas were clean and in good order. The design and layout were suitable for the needs of the people accommodated. The décor, furnishings and furniture were good quality, and domestic in style.

We found regular audits and quality checks were being carried out on the accommodation, including infection control and health and safety assessments. Arrangements were in place to ensure the general maintenance and upkeep of the home was effectively managed, for the wellbeing and safety of people using the service. There were records available which showed on-going servicing of equipment and fittings.

There were fire safety procedures displayed in various locations around the home. People also had individual personal emergency evacuation plans in their care records. We found fire safety risk assessments were in place and records showed regular fire drills and equipment tests were being carried out.

Staff spoken with told us they had no concerns about the facilities and equipment available at the home. They said they reported any maintenance matters which were usually dealt with quickly. They confirmed fire tests and drills were regularly carried out.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People using the service were generally satisfied with the staff team at Pendle View. One person told us, "The staff are alright". During the inspection, we observed some positive and meaningful interactions between people using the service and staff.

We found staff received appropriate professional development. Processes were in place for new employees to undergo a structured induction training programme. We looked at records of staff induction training and discussed the programme with staff; this confirmed these arrangements were in place.

Records and discussion showed training in various relevant topics was provided as part of a learning and development programme. Records were kept of the training completed and further training which had been arranged. Staff and managers were supported to obtain nationally recognised qualifications in health and social care. Staff spoken with explained training and development was on-going at Pendle View.

Arrangements were in place for staff to receive regular one to one supervision sessions and an annual performance review. We discussed with the manager, ways of using this process to include a more structured approach to monitoring and evaluating staff competence.

Staff spoken with considered there was good team work and communication within the service. They said staff meetings were held on a regular basis, where they were listened to and encouraged to voice their opinions. We found there were on-call management support systems in place within the organisation. Staff considered the management team were supportive and approachable.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was a complaints system available, comments and complaints people made were responded to appropriately.

Reasons for our judgement

People using the service, were supported to raise and discuss any concerns, during day to day living and within residents meetings and their care reviews. People spoken with during the inspection had no complaints about the services being provided. They indicated an awareness of the complaints systems and how to raise concerns.

We found there was a 'user friendly' leaflet on display, offering guidance on the complaints processes. This showed the action people could take if they were not happy about things, with an indication of the support available for raising concerns. There were also complaints forms people could complete should they wish to put their dissatisfaction in writing.

We found a more structured complaints procedure was included in the guide to the service. The provider may find it useful to note, the procedure did not include contact details of the area manager, or all the current contact details of other agencies who may provide support with complaints, including the Care Quality Commission. The manager agreed to rectify this matter.

Staff spoken with were aware of the services' complaints systems; they told us how they would respond if people using the service, or their representative were to make an informal or formal complaint.

There had not been any recent formal complaints at the service. However we discussed the processes with the manager, including ways of ensuring any complaints were investigated objectively and effectively. We found there were systems in place for recording and managing formal complaints and informal concerns. We noted policies and procedures were available to support and guide the complaints processes.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
