

Pendle Support Limited

Pendle Support Limited

Inspection report

63 Albert Road
Colne
Lancashire
BB8 0BP

Tel: 01282504504

Website: www.pendlesupport.co.uk

Date of inspection visit:

07 November 2023

08 November 2023

Date of publication:

20 December 2023

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 Support Limited is registered to provide both supported living services and domiciliary care services to people who require personal care. The service provides support to younger adults and older people with a physical disability, sensory impairment, learning disability or autistic spectrum disorder. At the time of our inspection there were 126 people using this service, including 38 people who were receiving personal care. The service supported people in their own homes and across 3 supported living sites.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support

Lessons learnt took place following on from an incident. However, the records were not always updated to reflect this. The registered manager was looking into implementing a more robust system. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Views on staffing levels were mixed and the provider was in the process of recruiting more staff. Recruitment processes were managed safely, and we were assured IPC practices were safe. Staff supported people to eat and drink in line with their preferences and to enjoy meaningful activities. Staff treated people with dignity and respect.

Right Care

Medicines were not always being managed safely. People's needs were assessed prior to them starting to use the service and care plans included people's goals and ambitions for the future. People were treated well, and their individuality was respected. Training completion rates were high. No one at this service was receiving end of life care. However, staff had not had training in this area. This was rectified during the inspection process.

Right Culture

Governance systems were not always effective at improving the quality and safety of the service. Audits were either not in place or did not identify concerns found during the inspection process. Staff did not always attend regular meetings and supervision and felt there was a lack of communication between themselves

and the office. We made a recommendation about this. There was a complaints procedure in place and people felt comfortable raising concerns. The registered manager was described as approachable. Staff were aware of their safeguarding responsibilities and felt comfortable raising concerns. People's communication needs were considered.

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

Rating at last inspection

The last rating for this service was good (published 8 December 2017)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to medicines and good governance. We made recommendations in relation staff engagement with the service and management team.

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 work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Support Limited

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. We checked 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in 3 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of our inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who use the service and 8 relatives about their experience of the care provided. We spoke with 9 staff including the registered manager, care coordinator and care workers. We visited 1 of the supported living services to observe how staff provided support for people and better understand their experiences of the care they received.

We reviewed a range of records including records relating to medicines, staff recruitment, support plans, risk assessments, accidents and incidents and safeguarding logs. We also looked at a variety of records relating to the management of the service including audits and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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.

Using medicines safely

- Medicines were not always managed safely. The stock of the medicines was not always accurately recorded. Therefore, we could not be assured the correct amount of medicine was in stock.
- Records to support staff to apply topical creams were not in place and there was no body map to identify where the cream should be applied.
- Guides to help staff when to administer 'when required' medicines were either not in place or not kept with the medicine records.
- Liquid medication was not always dated when opened. This meant people could be receiving medicines which had been opened past the recommended guidelines.
- The provider's systems for auditing medicines at the service were not effective as the audits completed had not identified some issues found during the inspection.

The provider had failed to ensure systems and processes were in place and being followed to ensure medicines were managed safely. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to these concerns during the inspection and implemented a more robust auditing system for medicines.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Lessons learnt took place following on from an incident. However, the records were not always updated to reflect this. The registered manager was looking into implementing a more robust system.
- Detailed risk assessments had identified hazards and guided staff on how to minimise the risk to people and themselves. For example, risks around accessing the community. Other potential risks included the environment where people lived. These assessments were person centred and appropriate for specific activities.

Staffing and recruitment

- Views on staffing levels were mixed. One staff member said, "The staffing is like a roundabout, with sickness and moving staff around. If staff are off sick, they take staff from somewhere else. This can cause stress to service users as they think one person is coming and it is another person. Even if they get told it is changing, it still causes anxiety."
- People and their relatives also had mixed views on the staffing levels. However, the concerns raised did not indicate that any harm was caused due to staffing levels.

- The registered manager was in the process of recruiting staff to ensure sickness and holidays were covered.
- Recruitment processes were safe. All required checks had been undertaken prior to people commencing employment. This included Disclosure and Barring Services (DBS) checks which provide information including details about convictions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- Staff had a good awareness of safeguarding, could identify the different types of abuse and knew what to do should they have any concerns about people's safety.
- Information related to safeguarding and what steps should be followed if people witnessed or suspected abuse was available to staff.
- People and their relatives felt safe using this service. One relative said, "I have a good trusting relationship with them [staff]. They are very caring. [Staff] get to know [person using the service] and her ways. We have the same people come in that know her."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection and control practices.
- There were plentiful supplies of PPE and people were given the option of how staff wore PPE. One relative said, "They [staff] all wear gloves, some wear masks, they have asked me what I want once the rules were relaxed. We opted for no masks as he doesn't cope well with his learning disability."

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received the induction, training and support they needed to carry out their role. However, staff told us they would prefer more face-to-face courses. The provider was in the process of moving to a bigger office space to enable them to provide more face-to-face courses.
- Training records evidenced high completion rates for training courses and staff received specialised training relevant to their roles.
- People and their relatives told us staff were experienced. One relative said of the staff, "They seem to know what they're doing. [Person who uses the service] has a lot of different physical issues. They take a lot of care when moving and handling. They seem to know how to operate all of the different equipment such as hoist and wheelchair."

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

- People's needs were assessed prior to them starting to use the service, this ensured the service was able to meet their needs.
- The assessments of need were used to develop person centred risk assessments and support plans. These were sufficiently detailed to guide staff on the care and support people required and how they wanted their support providing.
- Care records detailed people's preferences and staff used these records to care for people. Staff told us, "We can access support plans at people's houses and online. I have time to read them."

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

- Staff supported people to eat and drink in line with their preferences and people were supported to get involved with their food shopping and the preparation of meals.
- Relatives told us people were involved in their meal planning. One relative said, "They [staff] work out a menu together. Then they take [person using the service] shopping."

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

- Staff encouraged people to ensure they were supported with their healthcare needs.
- The service worked with a variety of healthcare professionals including specialist learning disability nurses, social workers, speech and language team and advocates. This meant people experienced good health and wellbeing outcomes.
- Support plans included information in relation to people's health and care needs, which helped staff

provide appropriate support.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was meeting the requirements of the MCA. We reviewed people's records and there was evidence that people's capacity had been assessed and consent gained, where required. Where people lacked the capacity to consent, the provider had ensured consent was gained from a person acting on their behalf.
- Staff had knowledge of the MCA and told us they always gain consent from people before carrying out any personal care tasks.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant 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

- People were treated well and their individuality was respected. Staff knew people well.
- Staff spoke positively about their role and supporting people. One staff member said, "People are treated really well, it is a very caring place."
- People made positive comments about the care they received. One person said, "They [the staff] are very kind. They do my personal care."

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

- Staff provided people with choice and control in the way care was delivered.
- People were supported to make their own decisions where possible and staff encouraged independence. One staff member said, "We promote independence by encouraging people to do things for themselves such as washing up and bringing laundry downstairs. This makes people feel they have a purpose."
- Care records indicated how people communicated and gave prompts to staff to encourage people's voice. One relative confirmed staff communicated effectively with their family member.

Respecting and promoting people's privacy, dignity and independence

- We witnessed positive interactions between staff and people. Staff spoke to people with compassion and humour and it was evident they knew them well and people felt comfortable around the staff.
- People's privacy, dignity and independence was respected. One staff member said, "People are treated with dignity and respect, they are treated well."
- Relatives told us their family members were treated well. One relative described the staff as "Very caring, very considerate towards [person using the service] and they have his best interest at heart."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- Nobody using this service was receiving end of life care and there were no advanced decisions in place.
- Staff had not had training in this area. This meant if a person's health deteriorated, staff may not be trained to accommodate this.

The provider responded to this during the inspection process and enrolled all staff onto end of life care training.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care that took into account their needs, wishes and preferences.
- There was on going work to ensure all care plans were up to date and relevant to people's current needs and preferences. Care plans included people's religious beliefs and interests as well as goals and ambitions for the future.
- Care plans were reviewed alongside people and their relatives to ensure they were happy with the contents. One relative said, "There is a care plan in the folder. Someone comes out and has a chat about [person using the service] needs every so often."
- Staff supported people to enjoy activities. For example, care staff supported people to go shopping, to social events and on holidays. The provider had purchased a caravan for staff to support people on regular holidays.
- Staff spoke positively about the activities available for people. One staff member said, "[People using the service] have a better social life than me. They go out everywhere, wherever they like to go."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- Care plans were available in different formats for people who had different communication needs. Staff had also had additional training to enable them to communicate effectively with people.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of the care. The provider had a system for logging and responding to complaints.
- Staff, people using the service and their relatives felt comfortable raising concerns if they needed to.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance processes were not always effective at improving the quality and safety of the service.
- Auditing tools were not always in place. Where audits were in place, they had not identified the concerns found during the inspection process. Therefore, there was limited evidence of continuous learning or action taken to minimise risks.
- A range of policies were in place. However, they were not always being followed.

The provider had failed to operate effective systems to assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Regular meetings were not taking place between the staff and the management team. Staff spoke of the lack of regular contact and the need for more communication between the staff and the office.
- Some staff told us they had not received a supervision in some time. Where staff had received a supervision, this was over the phone rather than face to face. Staff did not find this beneficial.

We recommended the provider engages with all staff to ensure they feel involved with the service and the management team.

- People and their relatives told us they had completed feedback forms relating to the care they receive and felt listened to by the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager worked well with the local community to promote people's wellbeing. An event had been arranged involving the people who use this service and the wider community to get together.
- The registered manager worked well with other healthcare professionals such as the speech and language team who provided training for staff.
- People and their relatives spoke positively about the registered manager. One relative said, "She is approachable, understanding and supportive."

- People were empowered to maintain their independence and were encouraged to be involved in their care planning. One person said, "I decide what I want to do, and the staff listen to me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Records confirmed the registered manager and the provider understood and acted on the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people that use it. The provider had notified CQC as required.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt 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 |
|--------------------|---|
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure systems and processes were in place and being followed to ensure medicines were managed safely.</p> <p>Regulation 12 (2) (f)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems to assess, monitor and improve the quality of the service.</p> <p>Regulation 17 (1) (2) (b)</p> |