

NYMS Services Ltd

Pennine Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pennine Care Centre is a residential care home providing accommodation for people who require personal care to up to 64 people. The service is split into 2 units, Pennine and Moorland. Pennine supports older people, including those with dementia. Moorland is a male only unit and supports both older people and younger people, including those with mental health conditions. At the time of our inspection there were 45 people using the service.

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

We have made a recommendation around the reporting and recording of accidents and incidents to ensure consistency in staff practice.

The provider was working to improve the culture of the service to ensure staff were fully supported and understood and promoted their visions and values.

Improvements had been made to the overall cleanliness within the service and people were protected from the risk of infection. Overall, people received their medicines as prescribed, and the provider was working to support staff competency in recording of medicine administration. Plans were in place to improve guidance within care plans to ensure they were person specific. There were enough staff to meet the needs of people using the service safely. People's long term health conditions were suitably assessed, and staff followed guidance to support people's clinical needs. People were protected from the risk of abuse and people were supported to understand how to report concerns about safety.

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.

Governance systems were now embedded within the service and allowed the provider to maintain oversight of key risk areas. There was a focus on continuous learning and improvement and action plans were effectively used to improve people's safety and experience. Feedback was encouraged and used to make changes within the service. Staff worked collaboratively with a range of different professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 September 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to the quality-of-care people were receiving, management of accidents and incidents and leadership in the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pennine Care Centre on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation in relation to accident and incident recording. Please see the safe section of this report for full details.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pennine Care Centre

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors 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

Pennine Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pennine Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before 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 7 people who use the service and 15 relatives about the care. We spoke with 1 professional who works with the service. We spoke with 10 staff, including the nominated individual, registered manager, business manager, care managers, care workers and domestic assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Not everybody using the service could speak with us, so we carried out observations of communal areas. We reviewed a range of records. This included 12 people's care records, multiple medicine administration records and records relating to the management of the service, including 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 requires improvement. At this inspection the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider did not follow safe hygiene practices. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection, the home was not cleaned to a high standard. At this inspection, we were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and well-maintained throughout. Domestic staff were completing regular cleaning tasks around the home.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visiting and relatives, friends and advocates were encouraged to visit the home.

Learning lessons when things go wrong

- Different processes were used by staff to record accidents and incidents, which meant concerns about safety were not consistently recorded. The provider had identified this and was working to improve staff practice. This included regular reminders through daily emails, staff meetings, and additional training for staff. Staff confirmed this, one told us "We are getting a lot of support from [management] and help with recording accidents and incidents."

We recommend the provider ensures systems for recording and reporting accidents are used consistently by

staff.

- Managers reviewed and investigated accidents and incidents. They completed daily checks on the electronic system used to record care notes. This system also allowed managers to identify where records were missing and take action to ensure these were completed. For example, if a wound chart was completed without a corresponding accident or incident form to explain how an injury came about, this was flagged up and managers could initiate an investigation.
- Staff took action to mitigate immediate risks to people. For example, seeking medical intervention where people had sustained injuries. Relatives told us they were informed when people had been involved in accidents or incidents. One relative said, "If there is an incident, they let me know immediately."
- The registered manager completed a monthly trend analysis of accidents and incidents within the home. This allowed them to monitor for themes and trends and take action to improve safety. For example, following an increase in falls the registered manager identified their medication may have increased this risk and requested a medicine review by the GP.
- Lessons learned were shared with staff through regular staff meetings.

Using medicines safely

- Overall medicines were managed safely, and people received their medicines as prescribed. However, within the Moorland Unit, staff were not always following best practice guidance in relation to record keeping. Sometimes people did not take their medicines, and reasons recorded were 'other' on the medicine administration record (MAR). Staff did not always provide further information on why the person did not take their medicine. Staff could recall reasons why people did not take medicines, such as being at an appointment that day, but this was not recorded. The provider had already sourced additional training for staff to address identified training requirements.
- Staff received regular competency checks. Following our inspection, the provider requested an independent trainer carry out additional competency checks.
- Some people using the service were prescribed 'as required' medicines to help with agitation. Detailed protocols were in place and followed by staff to ensure these were administered appropriately.
- Medicines were stored safely and securely.

Assessing risk, safety monitoring and management

- People's risks were identified and assessed. Some people's care plans needed further information to ensure they were fully supported safely. For example, one person's care plan described how they may present when distressed but lacked specific guidance for staff on how best to support them in these situations. The provider had already identified this and had an action plan in place to ensure care plans were more person specific.
- People with long term health conditions were managed safely. Clinical risks were assessed, and staff had clear information on signs and symptoms of health deterioration. For example, a diabetes care plan for one person described signs and symptoms of high and low blood sugar for staff to be aware of.
- Staff were observed to follow guidance within people's care records to keep people safe. This included safe moving and handling, and regular pressure relief for those assessed as high risk of skin breakdown.
- Health and safety checks on the environment were completed.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff. The registered manager completed regular assessments of people's dependency needs which was then used to calculate the number of care hours required. Rotas and staff levels during our inspection matched up with this assessment.
- Staff were visible around the home. People's requests for support were responded to swiftly and communal areas were supervised. Those who needed one to one support were observed to receive this.
- Generally, people and relatives felt there were enough staff. A relative told us, "There are adequate staff, it would be nice to have 1 or 2 more, sometimes they seem slightly overwhelmed." Others said, "When I have been in, there are always staff about", "There are loads of staff around" and, "There's enough staff, they know [person]."
- The provider had recently introduced a new role within the home following feedback from staff. A 'unit support worker' was available to provide extra support where needed in the home, such as for care tasks or activities. This staff member was visible around the home, and we received positive feedback regarding this role. One staff said, "Staffing levels feel OK, but if we find it hard, we have the unit support worker."
- Staff were recruited safely. This included obtaining references and completing Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions 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 protected from the risk of abuse. The provider had an up-to-date safeguarding policy in place. Staff demonstrated an understanding of this policy and told us they knew how to report safeguarding concerns.
- Information was accessible and visible around the home to help people understand the provider's safeguarding policy and what to do if they needed to raise concerns about safety. People and relatives confirmed they felt safe using the service. One relative told us, "[Person] is absolutely safe, they inform me if there are any hiccups or concerns."
- Managers took allegations of potential abuse seriously and completed investigations to ensure safety. They worked in partnership with the local authority safeguarding team and feedback from professionals that work with the service confirmed this.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection the provider failed to ensure that systems and processes were in place to drive quality and improvements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection, systems to drive improvements were not embedded. At this inspection we found the provider had governance systems in place which provided effective oversight of key risk areas within the service, and these were now fully embedded.
- Since our last inspection, the provider had made changes to the management structure. The registered manager reflected positively on these changes, explaining they felt well supported in their role. The registered manager had a clear understanding of their role and responsibilities.
- A range of audits and checks were routinely completed by managers. Where areas for improvement were identified these were quickly addressed, such as through daily governance emails to staff to ensure actions were completed, or focused meetings with staff. These audits had identified areas for improvement we found during our inspection, the provider had implemented an action plan and was working to address them.
- The provider demonstrated a commitment to continuous learning. Since our last inspection, comprehensive action plans were created with actions identified from our last inspection, other stakeholders, feedback from people and staff and from their own checks on the service.
- Managers met daily to go through the progress of actions, and any new action required. The business manager told us, "We are identifying where we can be proactive rather than reactive."
- The provider had implemented an independent trainer to observe staff practice and offer training and guidance where improvements could be made.
- Relatives reflected on improvements since our last inspection. One told us, "It has seriously improved, big improvements, I have no issues." Another said, "I am seriously impressed" and "We are happy to see the change over the past year."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The provider's visions and values included creating an atmosphere in the home which people experienced as open, positive and inclusive. Some staff did not always promote this in their practice; however, the provider had identified this and was working to improve the culture within the service. This included upskilling of staff and improving confidence.
- Improvements had been made to the environment and the provider was continuing to work on a personalisation action plan, to help create a more homely atmosphere. One relative told us, "The staff are more polite and friendlier, there's this new thing, personalising their bedroom ... the atmosphere is lovely, it is much lighter and not oppressive, I don't dread going in, all the residents talk more, and staff seem happier."

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

- Not all staff felt engaged with the service. We received mixed feedback from staff, one told us "You can't always get into the office to tell [management] something." Another staff said, "Managers come on the floor and work with us to find solutions and they're very supportive." The provider told us they had recently recruited a new unit manager which would provide additional management support to staff.
- The provider encouraged people to feedback. They considered people's equality characteristics and made adjustments to ensure everyone had a voice. For example, a resident's forum had been created and a person using the service assigned as the chair.
- Relatives had opportunities to be involved in the service. This included monthly meetings and regular surveys. Relatives confirmed they felt listened to, one told us "I know [registered manager] and they are approachable, anything you say they will listen." Another relative told us, "Managers send me emails and there is a newsletter once a week."
- Staff had regular supervisions and meetings. Staff told us this helped them keep up to date with key changes within the service.

Working in partnership with others

- The provider worked in partnership with a range of external stakeholders. Managers were proactive in finding ways to improve collaborative working with other professionals. For example, requesting a meeting with the GP practice.

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

- The provider understood their responsibility to be open and honest when things went wrong.
- People and relatives told us the registered manager was transparent. One told us, "[Registered manager] is open and honest, they are now better at replying to emails, they didn't before. I only have to ask a question and it is answered."