Canterbury Care Homes Limited

Pennine Care Centre

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 4 and 11 April 2017. The service was last inspected on 5 and 6 May 2015. At the last inspection the outcome was Requires Improvement in all five key lines of enquiry. Three breaches in regulations were identified. At this inspection the required standards had been met in all but Regulation 12 People were not protected from the risk of infection and medicines were not managed safely.

Pennine Care Centre comprises of two units, Moorland Suite and Pennine Suite. It provides nursing and personal care for up to sixty four people, some of whom are living with dementia. On the day of our first inspection visit there were 46 people living there.

There was not a registered manager in post. The service was being managed by a peripatetic manager employed by the provider. The provider was taking active steps to recruit to a new registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Effective infection controls and measures were not sufficiently robust to ensure people were kept safe from the risk of infection. Medicines were not always managed safely and signatures were missing from medication administration records (MAR) charts.

People felt safe living at Pennine Care Centre. Staff we spoke with had a good understanding of different types of abuse and understood their roles and responsibilities in recognising and reporting any potential abuse. Care plans contained information about how to minimise risk for people. There were sufficient staff to keep people safe but not enough to spend adequate one to one time with people on their hobbies and interests.

Pre-employment checks had been carried out on staff to help ensure people were kept safe. New staff participated in an induction which included shadowing an experienced member of staff.

Staff had received the required training to help keep people safe and meet their wishes and needs. Training had been undertaken in areas including safeguarding and infection control. Staff received supervision and induction to help meet people's needs.

The manager and staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. People's consent was sought before care was provided.

People had sufficient to eat and drink and special diets were catered for. People were supported to access health and social care when this was required.

Staff knew people and were aware of the importance of treating them with dignity and respect. Staff were kind and caring and people were involved in the planning of their care.

People weren't always supported to take part in daily activities and they were not always supported to follow their interests. However, the manager had introduced a scheme whereby all people living in the home were being supported to express their interests and wishes and staff were working towards meeting those.

Information regarding how to make a complaint was available and people knew how to raise concerns and complaints.

The manager and deputy manager were aware of their responsibilities and improvements that were required in the home. They were open and approachable in their work.
At this inspection we found a breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not supported in a timely manner and sometimes had to wait to be supported in their personal care needs.

Some parts of the home were not clean and there was a lack of hand washing facilities in the sluice room and toilets.

Medicines were not always managed safely.

People were protected by safe recruitment practices.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and training to carry out their caring responsibilities.

New staff undertook a period of induction.

The manager and staff understood the principles of the Mental Capacity Act 2005 (MCA), including how to support people to make their own decisions.

People had a varied diet and were supported to have sufficient to eat and drink. Specialist diets were catered for.

People had access to health and social care when this was required.

Is the service caring?

Good

The service was caring.

People were supported and cared for by staff who showed them kindness and compassion.

Staff were familiar with the way different people preferred to receive their care.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always supported to follow the activities and hobbies of their choosing.

People were involved in the planning of their care.

There was a complaints procedure available in the home and people told us they knew how to make a complaint if this was necessary.

Is the service well-led?

Requires Improvement

The service was not well-led.

People and their relatives told us the management and staff in the home were approachable.

The manager had a active presence in the home and took a flexible approach to their work to help ensure people's needs were met.

Systems and processes were in place to manage the safety and welfare of people who lived in the home but these were not always effective.

People were consulted about the running of the home.

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Pennine Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 11 April 2017 and was unannounced. The inspection team comprised of one inspector, a specialist adviser who was a nurse and an expert by experience. An expert by experience is someone who has had specific experience of working with people who live in this type of home.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted Derbyshire Healthwatch to ask if they had any information which might inform the inspection. A provider information return was not requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who lived at Pennine Care Centre and four relatives. We also spoke with the manager, deputy manager, one senior carer two carers and the activities co-ordinator. We also spoke with one health professional who was visiting the service. We reviewed a range of records about people's care and how the service was managed. This included four people's care plans, staff training records, staff recruitment records and records relating to medicines.

Not all the people living at the service were fully able to express their views about their care. We used the Short Observational Framework for Inspection (SOFI) to capture the experiences of people who may not be able to communicate their views.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found people were not protected from the risk of infection and medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act Regulations 2014 Safe care and treatment. At this inspection we found some improvements had been made, however, appropriate standards still had not been met.

People who lived in the home and their relatives told us they were confident medicines were given correctly and at the right time. Staff who were responsible for the administration of people's medicines had taken part in training. However, when we looked at medication administration records sheets (MAR's) we saw not all medicines had been signed for by a member of staff to say they had been given. MAR sheets should be completed and signed by a member of staff to say medicines had been given. In some instances they were not and there was no rationale as to why some were completed and not others. Where staff had signed these documents they were not dated. Information about where and when creams and eye drops had been applied was not always complete. This meant staff could not be sure people were receiving the correct medicine in the correct way.

Staff were unaware of how often medicine audits were undertaken and couldn't show us any evidence of them being carried out. Staff were unaware that medicines should be stored at a maximum temperature. When we looked at the records for fridge temperatures there were gaps. This meant staff could not be sure people were being given medicine that was still effective. Dressings were stored in a box on the floor which put people at risk of contamination.

When we looked in the sluice room we could see the floor was dirty with ingrained dirt. The sluice was unclean and stained and there was a malodour. There was no soap available in the room for hand washing and there was a dirty commode left in the room. We saw toilets for the use by people living in the home where there was no soap for handwashing. This put people at risk of infection from the lack of hand washing facilities. Some of the toilets were malodourous. The staff toilet did not contain paper towels for hand drying. There was a small kitchen available for the use of people and their relatives; however, there were no paper towels available for drying hands following washing. One of the bathrooms had a leak recently and there was a dark stained patch on the ceiling. Also, one shower and one bathroom were out of order. One of the bathrooms we visited had a pile of dirty towels on the floor and razors and razor blades were left out. This put people at risk from accidental cuts. We drew the attention of the manager to the risk from sharp objects and they were removed.

This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act (Regulated Activities) Regulations 2014

People told us they felt safe living at Pennine Care Centre. One person said "I'm very safe here". Another person said "I do feel safe here, it's clean, that's important. If anything went wrong someone would help". Relatives also told us they felt their family members were safe at the home. One relative said "We think it's a

good home, [person] is safe here".

Staff we spoke with had a good understanding of different types of abuse. They understood their roles and responsibilities in recognising and reporting any potential abuse. Records showed staff attended training in safeguarding people and there was a safeguarding policy and procedure available for staff to refer to. This signposted staff to relevant agencies. Staff understood the process in place for reporting any concerns about the people they provided care for. The manager said "If they [staff] thought something was amiss" they would report it straight away. One member of staff told us they felt positive they had the support of their manager if they had any concerns about a person's safety and welfare. The provider had a whistleblowing policy in place, which supported staff if they felt it necessary to report any concerns.

When we looked at care plans we could see risk assessments were in place to help minimise any risks to people. People told us they were involved in assessments of their needs. On the day of our inspection we saw people were supported in a safe and supportive way, for example staff supported people in a safe manner when they assisted them to move and transfer from lounge chairs to wheelchairs.

People and relatives told us there were not always enough staff to meet their needs in a timely manner and they sometimes had to wait for assistance. One relative said "[person] doesn't like being hoisted; she may be a bit neglected. If you say [to staff] [person] needs the toilet [person] may have to wait". The relative went on to say "The staffing level is not very good". Another relative said "They [staff] lack time to spend with residents". We discussed this with the manager who told us they used a dependency tool to help them decide how many staff were required. When we spoke with staff they told us there were enough staff to keep people safe but not enough to spend meaningful one to one time with them. This meant people lacked people's wishes were not always respected.

We reviewed staff employment records and found checks had been undertaken before new staff worked at the service. Records showed pre-employment checks had been carried out. These included obtaining references, proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS). This meant people and their relatives could be confident staff had been screened as to their suitability to care for people who received care and support in the home.

Good

Is the service effective?

Our findings

People told us they were supported by staff who had the skills to provide care for them. One person told us they believed staff knew what they were doing; they said "Staff know how to look after me. Another person said "The staff are very helpful; they know what they're doing".

Records showed staff had either completed training or dates had been confirmed for those who required training. For example, safeguarding adults, health and safety and infection control. Future training was also planned with the District Nurse for the management of wounds. When we spoke with staff they told us training was updated regularly. One member of staff said "It's always on, there's always something [training] on". When we looked at records we could see this was the case. We saw people were supported in a safe and effective manner.

New staff completed a period of induction, shadowing and training so they were able to effectively meet people's needs. The provider had introduced the Care Certificate as part of their induction. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. This meant the staff had the relevant skills and knowledge to help effectively support people's needs. Staff told us they received supervision on a regular basis and records confirmed this. The manager explained these had previously not been done on a regular basis but now, all but four members of staff, had up to date supervisions. Supervision is a way of supporting staff to deliver good quality care by ensuring their skills are of a high enough standard.

When required applications had been made for people to be assessed under DoLS. The provider had policies and procedures in place for staff to follow in relation to the MCA. The manager understood their responsibilities to ensure applications were made for those people whose freedom and liberty had been restricted. People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People can only be deprived of their liberty so they can receive care and treatment when this in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether conditions were being met and found they were. Staff told us they monitored people's mental capacity on a daily basis, if they noticed any changes they would report this to the manager who put in the appropriate applications. Staff demonstrated a knowledge of when they were required to discuss a person's capacity and said, "They "[people] are entitled to make a bad decision". Another member of staff explained their understanding of mental capacity and said "They [people] might have fluctuating capacity". This shows staff had an awareness of MCA and when an application for a DoLS was required.

People living at Pennine Care Centre told us they enjoyed the food. One person said "The food's superb; I've no complaints at all". Another person said "It's quite nice food, if you want anything you can ask for it". However, one person said "I miss my own cooking, some meals are good, some not, I take it how it comes". People were offered a choice of food at lunch time and were shown the different meal options on a plate so they could choose. We saw they were offered an alternative meal if they did not like what was on offer. There was a snack 'station' for people to help themselves to food and drink throughout the day. We saw people used this. However, one relative told us it was not always fully stocked with food and drink. This meant people weren't always able to help themselves to snacks when they wanted them.

Specialist diets were catered for; staff in the kitchen had information to inform them which people had special dietary requirements. For example, what type and texture of foods people required. We saw there was fresh fruit and vegetables available in the kitchen and the cupboards were well ordered with food in date. However, we did find two items of food in the fridge that had been opened with the opening date not identified. This could have put people at risk from eating food which was not safe to eat. We drew this to the attention of the kitchen staff who said they would ensure this did not happen in future.

Where people required assistance with eating and drinking this was done in a dignified and unhurried manner. Where there had been a delay in assisting someone with their meal the member of staff offered to heat up their food. We saw the member of staff speak gently and encouragingly to the person, talking to them on their own level. This maintained the person's dignity and helped them to enjoy their meal.

People told us they were confident they could see their GP if this was required. One person said "The GP comes and the optician". One relative said "When [relative] was ill they called in the GP and informed me". We could see in care plans that advice had been sought from health professionals when this was necessary. We spoke with a visiting health professional who told us staff carried out treatments that had been recommended. This meant people were supported by health and social care professionals when this was necessary.

Good

Is the service caring?

Our findings

People told us staff were kind to them. One person said "They are kind, yes I like the staff". Another person said "They're all very caring, I'd feel comfortable to report any concerns to anyone". A third person said "The girls are nice, can't do enough for you". Relatives told us staff were kind to their family members. One relative said "Staff are kind, they general know what [relative] needs, they speak kindly to [relative]".

People were cared for by staff who showed them kindness and compassion. During the day of our inspection visit we saw some good examples of staff talking with kindness and compassion to people who lived in the home. We saw staff sitting and chatting with people. One member of staff explained how they got to know people when they first came to live in the home. They said "We get to know residents at their pace". Staff could tell us about the likes and dislikes of people and how they liked to be supported. One member of staff said "Over time you get to know someone". They recognised when people were low in mood and one member of staff said "Someone might be really lonely". They went on to explain how they would offer them a quiet place to talk with the member of staff. We heard positive encouragement from staff when people were being assisted with their daily living. We saw one person became agitated and upset/anxious and a member of staff supported them competently and appropriately, with some cheerful banter. This showed staff were aware of people's changing needs and acted accordingly.

People were involved in the planning of their care. When we talked to one member of staff about this they explained how they involved people living in the home with the decisions that were made. They said "Let's ask [person]", they also said they "Got families involved". Another member of staff said it was important to "Involve them [people] in every aspect" of their care and to "Give choices". The manager said "This is a partnership of care between the person, relative and the home". This meant people were being involved in making decisions about their care.

People were treated with dignity and respect. One person told us all the staff treated them with respect and no-one was ever "Nasty or anything, I get on with them alright, male and female". Staff spoke about the importance of caring for people in a courteous and respectful manner. We saw staff talked to people in a sensitive way and knocked on doors before the entered someone's room. One staff member told us it was important to ask what people/ each person wanted help with and not to "Just assume". However, we heard one member of staff use language with a person which could have been considered discourteous, though it was said in an affectionate way. We discussed this with the manager who said they would talk to all staff about communicating with people appropriately and in a way that maintained their dignity.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we found people did not receive care and support that was personal to them and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activity) Regulations 2014 Person-centred Care. At this inspection we found sufficient improvements had been made to meet the appropriate standards.

People told us about their hobbies and interests. One person told us they had the freedom to come and go as they pleased, they said "I can come and go as and when". They told us how they spent their time, they said "I read a lot, I go out to the local [club] and go and play snooker". Another person told us they went to the local community centre each week and could "Do what I want. I do activities, bingo and sometimes they do drawing in that little room". This person told us "We asked for more activities and we've got them". A third person told us they could "Get up and go to bed when I want".

However, one person said "I do nothing, I read the paper", this person went on to tell us they didn't join in activities as they felt they weren't suited to them. Another person told us the staff were trying to get them some specialist equipment so they were better able to join in the activities. We also spoke with a relative who told us their family member was not generally able to join in with activities but said the activity co-ordinator "Does try to include [person] in activities and [person] likes that". When we drew the attention of one person to the fact there was an activity being undertaken in another part of the home they told us they didn't know it wasn't happening. They said "You just have to hope somebody tells you". They went on to tell us there was a particular programme they enjoyed on television but they had to remind staff when it was on so they could watch it. This demonstrated not all people in the home of aware of activities and more organised planning needed to take place to ensure all people were included.

Staff told us 'rummage' boxes were available for people to use but we didn't see any of these on the day of our inspection. Rummage boxes are a way of helping people with sensory impairment to use their senses by feeling different objects.

There was a rota of activities on display for people to take part in on the day of the inspection, however, we did not see these taking place. We discussed this with the manager who said individuals were receiving one to one support from the activities co-ordinator so it was not possible for them to undertake group activities. This meant on the day of our inspection visit some people were receiving one to one support but a large proportion of people living in the home were not given the opportunity to undertake group activities.

Staff told us about a new system had been introduced into the home it was called "Resident of the Day". Every day one person living in the home had a meeting with the manager and a meeting with the activities co-ordinator so they could talk about their likes and dislikes. On this day the maintenance staff checked the person's room to ensure everything was in good working order. Also, domestic staff undertook a deep clean of the person's room. The key worker checked with the person they have adequate toiletries and their clothes were in good repair or needed replacing. The person also met with a senior member of staff to discuss and review their care plan. One member of staff said "Everybody's routine is different, it's for

individuals. In this way each person living in the home was receiving focussed professional support and interaction one day a month to help ensure their care plans reflected the way they wanted to be supported.

The manager told us every department in the home were involved in The Resident of the Day review. This helped to ensure people were fully involved in all the aspects of planning of their future care. The manager told us they had begun to complete a more person centred approach to people's care and the service they received; although this had not been completed we saw it was underway.
The general consensus from people living at the home was they were happy and content. People and their relatives told us they felt able to tell a member of staff if they weren't happy with anything. They also told us they thought staff would help them resolve problems. None of the people we spoke with told us they had made a complaint but they were confident they would be listened to if the occasion arose.

We could see there was a complaints procedure available for people if they wanted to view this. We could also see there was one complaint being investigated currently and this was being done within the guidelines within the policy.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found systems and processes were not in place to ensure people's health, safety and welfare were monitored and responded to in a timely way. This was a breach of Regulation 17 of the Health and Social Care Act (RA) Regulations Good Governance. At this inspection we found improvements had been made to meet this requirement.

The registered manager had recently left their employment in the home and there was a peripatetic manager and a deputy manager running the home. A peripatetic manager is a manager who has been brought into the home on a short term basis until a permanent registered manager can be recruited to. The management team were familiar with the processes and responsibilities required in relation to notifications. They knew written notifications, which they are required by law to tell us about, needed to be submitted at the earliest opportunity. For example, notifications of a person's death or an event which may affect the effective running of the service. We saw arrangements were in place for the day to day management and running of the service.

People who lived in the home and their relatives told us they thought management and staff were approachable. One person said "I know the boss's name; [manager] came and introduced themselves to me". Another person told us the manager was good, they said "If there was a problem I'd go to the manager, she's good, very good". They went on to tell us when they asked for something they [people] got it, for example, they had asked for more activities and this happened, they said "We asked for more activities and we've got more activities". A third person said they knew who the manager was and said "I would be listened to by the manager". A relative said "The new manager seems very good, a lot of changes have happened since [manager] came here".

Staff told us the manager was approachable and regularly seen. One member of staff said "We see [manager] a lot, or [manager] will 'phone the unit to make sure everything is alright". The manager told us they had an 'open door' policy for people and staff. People and staff confirmed this.

The manager told us they wanted to "Share the vision, growing in knowledge, confidence and skills" across the care home. They also told us they worked in a flexible manner to ensure the needs of people and staff were met. Staff told us they felt comfortable talking to the new manager and things had improved in many ways since they had commenced their employment. One member of staff said "You can go to them with any concerns, you know they will be followed up". The manager told us they were well supported and received visits weekly from their line manager. This helped to ensure staff support was consistent

Staff were aware of the whistleblowing and complaints procedures and felt confident in speaking up and reporting if they had any worries or concerns. One member of staff said "Yes, management are really supportive". Staff told us they enjoyed working at the home and they felt the new management team worked together to improve the care and support. One member of staff told us "Since [manager] has been here I'm really enjoying the job".

Systems were in place to recognise, reduce and manage risks to the safety and welfare of people who lived in the home. We reviewed a sample of records which related to the monitoring of the quality and safety of the home, including 'senior check lists'. These had been introduced by the new manager to help ensure clear and concise staff handovers from one staff shift to the next. This meant the information staff worked with was as up to date as possible. Other records we looked at were auditing of hygiene in the kitchen, medicines issues, activities, care plan updates and accident and incident records. These were analysed and monitored so the manager could put measures in place to help prevent future accidents and incidents. However, these audits were not always successful in identifying where medicines had not been managed efficiently or to ensure a clean environment for people to live. By carrying out these detailed audits the manager was helping to ensure a safe and secure environment for people who lived at Pennine Care Centre.

We saw meetings with people who lived in the home had taken place and action plans were drawn up to carry out their views on changes in the home. Staff meetings were taking place weekly as the new manager wanted to be supportive and transparent about changes they were planning to make. We saw minutes of these. This showed the manager was involving staff and people in developments in the home.

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 12 HSCA RA Regulations 2014 Safe care and treatment Safe infection control not maintained. Dirty floor in sluice and toilets used by service users contained either soap or paper towels, not both. Medicines management, signatures not always recorded on MAR charts.