

Four Seasons (GJP) Limited Pennine Lodge

Inspection report

Pennine Way
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inspected but not rated

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Pennine Lodge is a care home providing personal and nursing care for up to 70 people. At the time of our inspection there were 63 people using the service.

Pennine Lodge has four separate units providing nursing and personal care for people with physical or dementia-related care needs.

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

People's nutritional well-being was not always well-monitored and it was not always clear what actions were taken to support improved nutritional health. The provider's systems for monitoring potential risk had not always been followed and identified improvements had not always been sustained.

People and relatives were positive about the caring nature of regular staff and had good relationships with them. There was a friendly culture in the home.

Staff contacted health professionals when people's health needs changed. Staff followed good infection control practices and the home was clean and well maintained.

Staff said the management team were open, approachable and supportive. Staff received a range of training that was relevant to their role.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

The provider used a number of ways to gain people's views and was committed to improvement of the service. Staff were reintroducing activities and contacts with the local community for the benefit of people who lived at the home.

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

Rating at last inspection

The last rating for this service was good (published 1 January 2022).

Why we inspected

We received concerns in relation to people's nutritional health. As a result, we undertook a focused inspection to review the key questions of Effective and Well-led only. We have found evidence that the provider needs to make improvements.

We also 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 from good to requires improvement 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 Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance at this inspection.

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

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?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pennine Lodge

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

The inspection was carried out by an inspector, a specialist nutritional advisor 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 Lodge 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 Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

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 care professionals who work with the service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with four people and spoke with 12 relatives for their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager, regional manager, catering and care staff. We contacted 10 other staff for their views.

We reviewed a range of records including 17 people's care records relating to nutritional health. A variety of records relating to the management of the service were reviewed, including staff training records, 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 this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.
- The service had facilitated visiting by relatives in a safe way and in line with government guidance.

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 has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider's systems to support people's nutritional needs were not always being followed which meant risks to people's well-being were not being managed. Records of some people's weights were missing, despite them having previous weight loss. Staff were not always calculating weight loss over a period of time or were calculating this incorrectly so were not alerted to increased risks for those people.
- Communication between care and catering staff did not always support a collaborative approach to nutritional needs. Catering staff were not routinely provided with information about people's weight changes so could not make sure they could manage this in a planned way. At the time of the first visit, catering staff were unable to attend daily 'flash' meetings due to the time of meetings, so they might miss important information about people's nutritional risk.
- Food and fluid records did not identify if or when people had been supported with fortified foods. This made it unclear what proactive steps the service was taking to support people, other than prescribed build-up drinks.
- Following our feedback, senior managers reviewed and updated all nutrition records and some in-house training was to be arranged for staff in applying the nutritional scoring tool. However, these actions needed to be shared across the full staff team and sustained so that all staff could consistently identify, report and act on weight loss or other nutritional changes.

The provider's systems for monitoring, reporting and acting on changes in people's nutritional health had not always been effective. This contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relative were complimentary about the quality of standard meals but had mixed views about the provision for specialist dietary needs. One relative was not sure other special diets that were outside the usual menu were well supported.

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

- The service supported people to access health services, when necessary.
- Relatives were complimentary about the access to health care services. Their comments included, "They keep me up to date on everything, always let me know if the doctor has been."
- There were records of contact with health professionals which indicated referrals to and resulting visits by health services. However, it was not always evident their advice or actions were followed up by staff.

Feedback from some care professionals indicated that guidance and care plans they had provided were not always put into place.

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

- Each person's needs were assessed before they came to the service. The service used a multi-agency approach to make sure people's needs were kept under review.
- Information about people's abilities, preferences and needs was used to develop individual plans of care.
- A care support manager was providing training and guidance to staff in relation to person-centred care records.

Staff support: induction, training, skills and experience

- The provider had training systems in place to make sure staff received essential training in health and safety. Staff also received relevant training to support them in their roles, including care and clinical competencies.

Their comments included, "You have to complete a lot of training before you even start and its continued throughout your employment."

- Staff said they were well-supported by the management team. They received individual and group supervisions to support them in their role.

Adapting service, design, decoration to meet people's needs

- The home had adaptations, including bathing equipment and mobility equipment, to support people's physical needs.
- The home was a bright, modern building that had been designed and decorated to support people with dementia-related conditions. The provider was introducing a new dementia strategy.

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

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

- The service followed the principles of MCA. People were involved in decisions about their care where they had capacity to do so. People who lacked capacity were supported by relevant representatives and decisions were made in their best interests.
- The service verified and recorded whether relatives had Lasting Power of Attorney (LPA) status. This made it clear who would have the legal right to make decisions in the future on behalf of people.

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.

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

- The provider used a range of audits and an incident reporting system to monitor the quality and safety of the service. Staff had not always followed the provider's reporting system so a significant risk to a person's nutritional health was missed. Although this matter had been investigated, we found continuing issues with nutrition records during this visit.
- During this visit, we saw several people had gone back late in the morning to lie on their beds but there was no bed linen so they were lying on bare mattresses. The provider had recently dealt with a complaint about a person's lack of bed linen, but this was still widely happening so lessons learnt were not always put into practice.
- Care professionals said there were "inconsistent standards across the different units." The provider had started to address this by appointing a new lead on some units.
- Relatives said the continuing changes to management made it difficult to progress individual improvements. For example, they told us, "There's been many changes of management. They keep saying they will do things but don't do them" and "Several times I have been told by managers something will happen but nothing happens and nothing changed."

The provider's governance system had not always been followed and actions were not always reviewed to ensure sustained improvement. This contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The staff promoted a friendly, welcoming culture.
- Relatives said the regular staff had a "good relationship with people" and "seem happy in their work." One relative also commented, "The care is good but is not consistent (due to the changes in staff)."
- Staff said there was an open, supportive culture in the home. Staff told us, "The best thing about the service is that each resident is treated as an individual" and "I would like to think that Pennine Lodge feels like a home to them."

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

- The provider had a system for gaining people's views about the service, including an annual survey. Small group discussions were also held with people about activities and their dining experience. Regular staff

meetings were held which included information about organisational expectations.

- Overall, relatives felt there was good communication with the home about their family member. One relative told us, "There is a Pennine Facebook site, a closed group, and they post photographs for friends and family – its lovely to see them doing things."
- Staff said they felt involved in discussions about the service. Their comments included, "The manager and deputy manager are very supportive and approachable in any situation" and "You can go to the management team any time or day and they listen and give you feedback."

Continuous learning and improving care; 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 management team were committed to improving the service. Staff commented that the home was "improving" and had a good culture.
- The provider was aware of the duty of candour and their legal responsibility to be open and honest.

Working in partnership with others

- The service worked alongside other health and social care professionals who were involved in people's care.
- Staff were starting to reintroduce links with the local community which had been paused during the pandemic. These included contacts with the local schools and art sessions with a local artist.
- Residents enjoyed weekly coffee and cake sessions with players from the local football team, Carlisle United.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes in place to monitor the quality and safety of the service were not always effective and did not lead to sustained improvement. Records did not always accurately reflect people's nutritional well-being. Regulation 17(1)(2)(a)(b)(c)(f)