

Four Seasons Homes No.4 Limited

Pellon 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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Our inspection took place on 8 and 10 January 2019 and was unannounced.

At our last inspection in January 2018 we rated the service as 'Requires Improvement' but did not identify any breaches of regulation.

Pellon Care Centre is a care home. People living in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Pellon Care Centre accommodates up to 100 people across three separate units, each of which have separate adapted facilities. Brackenbed unit provides nursing intermediate care for up to 35 people and Pellon Manor provides personal care for up to 35 people. A third unit, Birkshall Mews, which accommodated up to 30 people has closed. There were 65 people using the service when we inspected.

The 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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager at the service.

Staff did not always recognise safeguarding issues and did not always display behaviour to demonstrate they understood professional boundaries. The registered manager took immediate action to address these issues and make sure people were safe at the time of the inspection.

Accidents and incidents were analysed monthly by the registered manager and lessons learnt were shared with staff.

Staffing levels needed to be kept under review on Pellon Manor to make sure there were always sufficient staff to meet people's needs.

Safe recruitment processes were in place to ensure staff were suitable to work in the care service.

Staff received the training and support they needed to carry out their roles and to meet people's needs effectively.

People told us staff were caring and described them as 'lovely.' However, people's dignity needs were not always met.

Medicines were managed safely in Brackenbed View. People in Pellon Manor did not always have access to

their prescribed medicines.

Risks were generally well managed, although risk assessments on Pellon Manor did not always accurately reflect the level of risk.

There were effective infection control systems in place. The home was clean and nicely presented.

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

Staff supported people to access healthcare services. People were involved in planning their care and support which was delivered to meet their needs and preferences.

Complaints were managed well with thorough investigations and timely responses.

People told us they enjoyed the food, however, we saw people were not always supported effectively to make choices. Food and fluid charts were not always completed appropriately.

The activities organiser was enthusiastic about their role and we saw activities were organised both in the home and local community.

The registered manager demonstrated commitment to continuous improvement of the service. They, and senior members of the management team responded quickly and efficiently to issues identified during the inspection. However, these issues had not been identified through the systems in place at the service for auditing quality and safety which meant the systems were not effective.

We identified two breaches in regulations. These related to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of this 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?

The service was not consistently safe.

People told us they felt safe.

Staff did not always recognise safeguarding issues or work within professional boundaries.

Recruitment of staff was safe, staffing levels needed to be monitored to make sure they were sufficient to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received the induction, training and support they required to fulfil their roles and meet people's needs.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People enjoyed the food and their nutritional needs were met.

Good ●

Is the service caring?

The service was not consistently caring.

People told us staff were caring.

People's privacy and dignity needs were not always met.

Requires Improvement ●

Is the service responsive?

The service was responsive

Care was planned with a person-centred approach.

People told us they enjoyed the activities at the home.

Systems were in place to manage complaints and concerns.

Good ●

Is the service well-led?

The service was not consistently well led.

Systems were in place to monitor safety and quality at the service but these were not always effective.

Opinions of people involved with the service were sought as part of the quality improvement process.

The registered manager demonstrated commitment to continuous improvement of the service.

Requires Improvement 

Pellon 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 checked 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.

The inspection took place on 8 and 10 January 2019 and was unannounced. The inspection team consisted of three adult social care inspectors on the first day and one adult social care inspector on the second day.

Before the inspection we reviewed all the information we held about the service. This included past inspection reports and information notified to the Care Quality Commission by the provider. We also contacted other bodies including the local authority commissioning and safeguarding teams, the fire and rescue service and Healthwatch. Healthwatch is an independent body which represents the views of people who use health and social care services in England. We did not receive any information of concern.

Before our inspection we sent a provider information return (PIR). 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. The provider returned it to us in October 2018.

During the inspection we looked at records relating to the provision of personal care and the running of the service. These included seven care plans, medicines records, three staff files and other evidence which showed how the service was managed. We spoke with the registered manager, regional manager, housekeeper, two unit managers, the activities co-ordinator and four members of care staff. We spoke with seven people who used the service, and one visiting relative. Not all the people we spoke with were able to tell us about their experience of the service so we spent time observing care practice and staff interaction to help us to understand people's experiences. We also spent time making observations around the service, including communal areas, some bathrooms and some people's rooms.

Is the service safe?

Our findings

We looked at systems for the management of medicines on both units of the home on the first day of our inspection. We found systems in Brackenbed view were safe and robust. The unit manager told us about systems they had in place to make sure people who came from hospital had all the medicines they needed available to them when they arrived at the home. As the unit provided short term care, systems were also in place to make an adequate supply of medicines were obtained for people returning to their own homes. Medicines were stored safely and medication administration record sheets (MARs) showed appropriate administration.

Systems were not as robust in Pellon Manor. We saw protocols were in place for medicines prescribed to be administered on an 'as required' (PRN) basis. Protocols gave good detail of the medicine, what it was used for and what the desired outcome was for the person. However, although protocols were in place, we found, in five of the six records we checked, the medicine detailed as prescribed was not included on the MAR and was not available in the home. A senior care assistant told us that PRN medicines were 'ordered as needed.' This meant that if the person needed their prescribed medicine, for example, for pain relief they would not be able to have it until a prescription had been obtained which could have meant a delay of over 24 hours.

For medicines in tablet form we saw a system was in place for staff to record the number of tablets remaining in stock after each administration. Although we found stocks of medicines were correct, we saw record keeping was not always robust because staff did not always record tablet counts correctly.

Medicine trolleys were kept in a clinical room and we saw the temperature of the room was recorded daily to make sure medicines were stored in accordance with manufacturer's instructions. We found one medicine trolley unlocked. In another trolley we found a pot containing medicine prepared for administration. When we asked a senior care assistant about this they told us the person had refused the medicine, however, the same staff member had recorded that the person had taken it.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drugs were safely stored and accurate records maintained on both units.

Systems were in place for auditing medicines but we found these were not robust or effective in Pellon Manor.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe care and treatment)

On the second day of our inspection the registered manager told us they would be completing daily audits of medicine management.

We saw staff had received training in safeguarding people and staff we spoke with told us they report any

concerns they had to the registered manager.

People on the Brackenbed View unit told us they felt safe because there were always staff around to help them if they needed it.

However, on Pellon Manor unit we had some concerns about staff's understanding of safeguarding. On the first day of our inspection we saw from one person's care records several entries relating to them kissing, inappropriately touching and putting their hand up the skirt of another person. Records showed the two people involved did not have capacity but had formed a friendship. We saw staff had contacted the local safeguarding team to discuss the situation but the record in relation to this stated 'no sexual contact has been made.' Other records showed this was not the case, which meant it had not been possible to adequately protect the people from potential abuse.

We spoke with the registered manager about this who confirmed staff had not informed them of the situation or of their contact with the safeguarding team. The registered manager made a safeguarding referral immediately after we reported our findings to them. When we returned for the second day the registered manager told us they had conducted a full investigation and had contacted the safeguarding team and had arranged for them to come to the home to deliver training to staff a few days after our inspection.

Staff on Pellon Manor did not always understand professional boundaries. On the first day of our inspection we observed a female member of staff kiss a male service user on the lips. When we brought it to their attention the registered manager made an appropriate safeguarding referral. On the second day of inspection we saw the registered manager and regional manager had begun supervisions with staff on Pellon Manor to discuss issues raised on the first day of inspection. However, whilst observing the lunchtime meal on Pellon Manor we observed a female member of ancillary staff kiss a female service user on the lips. Our discussions with care staff on both occasions demonstrated a lack of understanding of professional boundaries.

The registered manager confirmed to us following our visit that safeguarding training would cover this issue and, because of our feedback, would be rolled to all staff and agency staff working in the home. The registered manager also showed us how they had improved daily handover reports which were given to them daily. They told us how they had instructed staff to make sure all events that could put people at risk were reported on handover reports so that they would be aware of them without delay. Safeguarding had been added as an agenda item at weekly head of department meetings.

The registered manager had taken robust action to address safeguarding in the home and on the second day of our inspection we were satisfied appropriate action had been taken to ensure people's safety.

We saw risk assessments were in place to inform staff how to manage risks to people's health and welfare. We saw several assessment tools were used to assess risks in areas including nutrition, mobility, skin condition and behaviour. Overall, we found risk assessments to be effective. However, we found a behavioural risk assessment for one person rated the risk as low despite records demonstrating the risk to be high.

We saw 'Safety huddles' took place daily on Brackenbed View. We observed one of these and found it to be an effective way for the multi-disciplinary team to discuss the safety and welfare of people on that unit.

Personal Emergency Evacuation Plans (PEEPs) were completed which showed the support each person

required from staff if they needed to vacate the home in an emergency. We discussed with the registered manager the need to make sure PEEPs were updated in relation to people's changing needs.

We saw people did not always have access to a nurse call bell. We spoke with one person in Pellon Manor who told us they had to shout for staff attention. The regional manager addressed this immediately and assured us checks would be made to make sure people had access to call bells.

Accidents and incidents were recorded and analysed monthly by the registered manager for any themes or trends for which action could be taken to reduce the risk of reoccurrence. We found the analysis was thorough and any lessons learnt were shared with staff.

Staff were recruited safely. Our review of staff records showed the recruitment process was safe ensuring all checks, including a criminal record check, were completed before people started work at the service.

There were effective infection control systems in place. The home was clean and there were no noticeable odours. We spoke with the housekeeper who told us infection control audits were carried out regularly.

Staff on Brackenbed View unit were supported throughout the day by an NHS multi-disciplinary team including nurses and physiotherapists. People on this unit told us there were always plenty of staff around.

Staff on Pellon Manor expressed some concerns about staffing. One told us people were getting "basic" care but staff did not have time to meet people's emotional needs by spending time with them. Other staff felt staffing levels were sometimes appropriate but agreed there were times when they struggled to meet people's needs effectively. We discussed this with the registered manager who confirmed they would monitor staffing and dependency levels on Pellon Manor closely.

Is the service effective?

Our findings

People's needs were assessed before they moved into the home. For people receiving intermediate care on Brackenbed View this involved the unit manager meeting them, usually in hospital, to make sure their needs could be met. On admission to Brackenbed View people's needs were further assessed by the multidisciplinary team.

The unit manager of Pellon Manor completed assessments of people's needs prior to offering the person accommodation at the service. The registered manager told us they had complete confidence in the unit managers to complete these assessments and would offer support as needed

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had received training about MCA and DoLS and demonstrated a good understanding of the requirements and their responsibilities. Staff knew which people had DoLS in place and knew if there were any conditions attached and how they had to be met. We saw the best interest process had been followed for people who did not have the capacity to make specific decisions. The registered manager maintained an overview of DoLS authorisation dates and compliance with conditions.

Staff new to the service followed induction programmes in relation to their job role. All new care staff completed the Care Certificate. The Care Certificate is a set of standards to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.

The registered manager told us staff received training through e-learning and face to face. They told us training schedules were stored electronically with automatic alerts generated for when staff required updates. Staff we spoke with confirmed they had regular training and felt it was sufficient to support them in their roles. We saw staff working in Brackenbed View had, over the past year, completed a twelve-week training programme in relation to the Intermediate Care Framework with the accreditation being achieved in August 2018. Staff on Pellon Manor had completed an eighteen-week programme of training and experiences in relation to the Dementia Care Framework which led to accreditation in February 2018.

Staff received planned supervision at least four times each year and an annual appraisal. Supervisions were

also completed to help staff reflect on practice where issues had been identified.

We saw people were supported to access health and social care professionals when this was needed. This included GP's, district nurses, opticians, dentists, specialist mental health teams and falls teams.

People told us they generally enjoyed the food provided at the home. One person in Brackenbed View told us "I've enjoyed the food, you get a choice the day before." In Pellon Manor we saw staff did not always support people to make choices. For example, when we asked if people who were having soup had chosen that, a member of staff told us, "I always give them soup." Staff on Pellon Manor did not routinely provide people with visual choices and we saw condiments were not made available on the table.

People's dietary needs were catered for. For example, we saw soft form sandwiches had been made for people who enjoyed sandwiches but needed a soft diet.

Food and fluid charts were in place for people who needed their intake monitoring. Although staff recorded what people ate and drank, there was no mechanism in place to calculate intake and compare it to an effective daily total for the person.

Is the service caring?

Our findings

One person in Brackenbed View told us "It's fine here, the staff are lovely, nothing is too much trouble." A person in Pellon Manor said, "All ladies are lovely here."

Staff clearly knew people well and we saw some kind, appropriately affectionate and caring interactions. A relative we spoke with said staff always made them feel welcome.

We were concerned that staff on Pellon Manor did not always consider people's dignity needs. For example, ladies' hair did not appear to have been attended to and we saw one lady walking about the corridor wearing a crumpled and revealing t-shirt and had nothing on their feet. We also noticed some people had long and dirty fingernails. We also observed staff to speak to and about people in a way which did not always demonstrate respect. For example, in the dining room a member of staff said very loudly to a person, "Would you like something to eat instead of eating that knife?" This meant that all people in the room knew that the person was confused in their behaviour. Staff were also speaking to each other loudly about people in the room.

On Pellon Manor we noticed some toilet and bathroom doors did not have locks on, we also noticed a hole in one person's bedroom door where a lock had been removed. This meant people were not always being afforded privacy. The regional manager addressed these issues with maintenance staff immediately.

When we returned for the second day of inspection the registered manager showed us a 'Dignity in Care' audit which they were implementing in response to some of the concerns we had identified.

We saw people were supported to retain their independence as far as possible. Care plans included detail of people's abilities and preferences and we saw people being offered choices about what they wanted to do. On Brackenbed View we saw staff worked with people to be independent in preparation for their return home. An example of this was a person who was at risk of pressure damage. The unit manager told us about how rather than use positional change charts, which the person would not have at home, staff were working with them to be able to maintain healthy skin independently.

Some people have specific needs or preferences arising from the seven protected characteristics of the Equality Act 2010. These are age, disability, gender, marital status, race, religion and sexual orientation. We saw examples of how supported people to practice their religion and to have private visits with people important to them. People living with dementia were supported with orientation with such as memory boxes outside their room to help them identify their room and a 'Pimp my Zimmer' activity where people decorated their walking aids to help them identify their own.

We saw staff on Pellon Manor had been awarded two Recognition of Care and Kindness (ROCK) awards. This is a scheme run by the provider where people visiting the home can nominate staff for their care through the electronic feedback system or on-line.

Is the service responsive?

Our findings

Care records had been developed with a person-centred approach. On Pellon Manor we saw people had 'Me and my care' booklets which staff completed with people and their representatives. The booklets included details of the person's life before moving into the care home, people who were important to them, how they liked to be supported and what a good or bad day would be for them. A visitor we spoke with told us they had been involved in the development of their relative's care plan. People had journals in place which relatives and visitors were welcomed to add information to.

On Brackenbed View we saw "Getting to know you" assessments which included details of people's preferred daily routines, things they liked to do and dietary preferences.

The unit manager for Brackenbed View told us about changes they had made in relation to the care planning process. They told us each person had four mandatory care plans developed in relation to medication, skin care, mobility and nutrition. Other care plans for such as continence, sexuality, psychological needs and behaviour were developed where needs were identified during assessment. The unit manager told us, "We like the new care plans, they are more focused on people". They told us people were fully involved in the development of their care plans and members of the multi-disciplinary team had input where needed. We found the care plans to be concise and informative. Clinical care plans for such as wound management were also in place.

We saw some evidence of people's wishes for the end of their life had been discussed but care plans had not always been developed in this regard.

The registered manager told us they were due to deliver care planning training to all staff.

We saw people were asked how they would like to be addressed by staff. On Pellon Manor we saw some people had chosen not to have their name on their bedroom door but had chosen instead either the name they wished to be known by or, in one case, how they would like to be affectionately thought of.

People on Brackenbed View told us they had plenty to do to fill their time. One person said, "There's been lots of things to do, I do like a game of bingo." We heard a member of staff asking people what activities they would like to do and engaging with one person in a meaningful and person focused manner about their interest in sewing and how an activity could be organised around this.

On Pellon Manor we saw photographs of activities and outings people had enjoyed. We spoke with the activities organiser who told how they supported people to go out for meals and local places of interest as well as engaging people in games and activities such as reminiscence within the unit. They told us how they had researched activities for people living with dementia and how they did one to one activities with people being cared for in their rooms. They said they had contacted local schools about children coming to sing at the home and booked outside entertainers to help celebrate occasions such as Valentine's day.

The service had a complaints procedure and we saw the registered manager had followed the procedure when responding to issues raised. Complaints had been thoroughly investigated and lessons learnt were shared with staff. Following one complaint, the registered manager had acted responsively in reviewing the admission assessment process to make sure the issue did not happen again.

We saw many compliments had been received by the service. These were shared with staff involved.

Is the service well-led?

Our findings

The home had a 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by other members of the provider's management team.

Some staff told us they felt supported by the registered manager and the senior management team but others told us they did not feel valued, particularly by higher management.

We found the registered manager to be visible within the service and was clearly familiar with people, their families and staff.

We saw there were systems and processes for monitoring the quality and safety of the services provided and we found the registered manager completed several audits, for example, accidents, complaints, weight loss, and wound analysis. However, not all auditing systems were operated effectively. We found the audit systems included staff on the units being responsible for auditing areas such as medicine management and care documentation the results of which were used by the registered manager to inform their own auditing. We were concerned that people conducting the audits were, in some instances, auditing their own systems and processes and therefore had not recognised or identified shortfalls. These are detailed within the report and related to the safe management of medicines, safeguarding issues, and privacy and dignity. Issues within the auditing system had resulted in the registered manager being unaware of the shortfalls we identified during the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The regional manager told us about an initiative which was being introduced where registered managers from the providers' services were buddied to provide support to each other and to support each other with auditing.

We found the registered manager and management team to be very responsive to our findings and, where possible, took immediate action to address issues raised. Further work had been completed in the day between our inspection visits to make sure people were safe, had access to prescribed medicines and to address issues relating to staff. The registered manager told us that, in response to issues identified during the inspection, February would be 'Dignity month' at the service and the policy of the month would be 'Diversity and dignity'. 'Policy of the month' was an initiative put in place by the registered manager to help staff in their understanding and awareness of the home's policies. We saw recent policies of the month included fortified diets and social media.

Systems were in place to obtain the views of people using the service, relatives and visitors to the service. We saw an electronic 'Quality of life' system was in place with 'feedback stations' were in place in both units. These were easy to use and provided people with the opportunity to leave feedback about their experience of using or visiting the service in a confidential and timely manner. We saw the results were analysed quarterly and a 'You said, we did' poster was developed and placed next to the feedback stations so that people could see how their comments had been addressed.

Regular staff meetings were held to share information, discuss lessons learnt and to provide staff with the opportunity to make suggestions and discuss any issues.

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 People did not always have access to their prescribed medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for auditing the safety and quality of the service were not always effective.