

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?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pellon Care Centre is a residential care home providing personal and nursing care in two separate units, each of which have separate adapted facilities. Brackenbed unit provides nursing intermediate care for up to 33 people and has two places for people requiring long term nursing care. At the time of the inspection there were 33 people receiving intermediate care and one person receiving long term care. Pellon Manor provides personal care for up to 35 people. At the time of the inspection there were 32 people in residence on this unit. A third unit within the complex, Birkshall Mews, is closed.

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

A new manager had been appointed at the service since the last inspection. The manager followed the provider's systems for audit of quality and safety within the service. However, these systems continued to lack the robust approach needed to identify issues that would affect the quality of service people received.

Some improvements had been made to the way medicines were managed. However, better audit of medicine management on Pellon Manor was needed to make sure safe systems were maintained.

On Pellon Manor, people were not always supported in a way which met their dignity needs.

Risks to people's health and safety were assessed but, on Pellon Manor, actions needed to minimise the risk, as identified by the assessment, were not always followed. Accidents and incidents were monitored, and lessons were learned when things went wrong. The premises were well maintained and clean.

Recruitment practices were safe; all the required checks were done before new staff started work. Staff followed a programme of training and updates. Staff supporting people living with dementia would benefit from further training in this area. We have made a recommendation about this.

Staff told us they felt supported in their roles.

Staff on Pellon Manor were not always available to support people in the way they needed.

People living in Pellon Manor did not always receive personalised support and activities were not always planned in a person centred way.

People in Brackenbed View praised the support they received from staff.

Care records lacked evidence of people consenting to or being supported to make decisions about their care and support. People on Brackenbed View told us they were able to make choices about their daily routine.

The service worked with other agencies to ensure people's health care needs were met. Staff on Pellon

Manor were not always alert to people's minor healthcare needs.

People were not complimentary about the food or the provision of drinks and snacks. Records of food intake for people nutritionally at risk were not always robust.

The manager had used issues that occurred in the service as learning opportunities to improve quality and safety in the service. Two days after the inspection the manager provided CQC with an action plan to address issues identified during the inspection.

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 21 February 2019). The service remains rated requires improvement.

At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 12 (Safe care and treatment). However, the provider was still in breach of Regulation 17 (Good governance)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We identified a breach in relation to dignity and respect and a continued breach of 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Pellon 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 Care Act 2014.

Inspection team

The inspection was completed by two inspectors, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service in Brackenbed View and one relative. In Pellon Manor we spoke with two relatives. People we met in Pellon Manor were not able to tell us about their experience of using the service, but we spent time interacting with them and observing care and support. We spoke with

eight members of staff including the manager, care staff, activities staff and the chef.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed some information sent to us by the manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to make sure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) 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. However, further improvements were needed to make sure medicines were managed safely.

- On Pellon Manor, medicines were not always managed well. One person did not have any of one of their prescribed medicines available. Records showed the person had a stock of 22 of one tablet on 24 January and there were 25 signatures of administration since that time. This meant the tablet had been signed for but could not have been given on three of the 25 occasions. We were assured a new supply of the medicine would be obtained that day.
- Protocols for medicines prescribed on an 'as required' (PRN) basis were not always in place on Pellon Manor and systems for recording balances of medicines available were not followed consistently.
- Medicines delivered to Pellon Manor two days prior to our visit had not been booked in and were in bags on the floor of the medicines room.
- On Brackenbed View medicines were stored and managed safely. People on this unit said they received their medicines on time.

The manager took immediate action to address the issues on Pellon Manor and the staff practice which had led to them. However, some of the issues contributed to a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Referrals to the safeguarding team had been made. However, the safeguarding team informed CQC that, over the past eight months, two thirds of the referrals received in relation to people on Brackenbed View had been made by other parties such as healthcare professionals rather than the provider's own staff. This meant staff may not have always recognised issues in need of reporting.
- Staff understood how different forms of abuse can affect people and said they would always report their concerns.

- All the people and family members we spoke with told us they, or their relative, felt safe.

Assessing risk, safety monitoring and management

- Actions necessary to minimise risks identified through assessment were not always completed. For example, people at risk of weight loss and poor nutrition were not always weighed as frequently as their risk assessment indicated was needed.
- One person had pressure relieving equipment which records indicated had been supplied due to the person having a pressure sore. The person's skin integrity risk assessment did not include information about a pressure sore and there was no care plan in place.
- Care records showed staff were acting appropriately to safeguard one person from a known risk. However, there was no formal protocol in place to capture the steps staff were taking.

Staffing and recruitment

- Recruitment practices remained safe. These included checking employment references and making checks with relevant bodies to ensure staff were not barred from working with vulnerable people.
- Staff were not always available to support people in a timely way in Pellon Manor. We saw people waiting to be supported with meals and people, some displaying distressed behaviour, spending long periods of time alone in their rooms.
- All the people and family members we spoke with told us they thought there were enough staff.

Preventing and controlling infection

- Staff followed appropriate infection control procedures such as wearing gloves and aprons.
- People told us they were happy with the standards of cleanliness within the home.

Learning lessons when things go wrong

- The manager told us how they learned from issues experienced in the home. Examples included recognising and acting on gaps in staff knowledge and putting systems in place to make sure discharges from hospital were managed safely.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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

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

- Most care plans in Pellon Manor contained an assessment of people's care and support needs carried out before they used the service. The information was sometimes limited in scope, however. For example, one person's pre-admission assessment was only a few handwritten notes giving scant details of the person's preferences and behaviours.
- Assessments for people moving to Brackenbed View for intermediate care were completed by the crisis team in hospital. The manager described these as 'a trusted assessment'.
- Assessments covering various areas of people's needs were completed and reviewed. However, changes to people's care needs determined by the review were not always being followed. For example, when a review of a person's nutritional needs had identified weight loss, the instructions within the assessment to weigh weekly had not been followed.

Staff support: induction, training, skills and experience

- Staff felt supported by the manager and records showed staff received regular one to one supervision, appraisals, training and updates.
- Staff completed an induction programme following appointment to their role and went on to follow a programme of training and updates. The manager said much of the staff training was online.
- Staff did not always appear to have an appropriate level of understanding of people living with dementia and may benefit from further training in this area.

We recommend the provider consider sourcing and delivering appropriate and effective training for staff in supporting people living with dementia.

- People and family members thought staff were well trained. One person said, "The staff know what they are doing, and they respond well. I've never seen anything here that shouldn't happen".

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

- People's nutritional needs were documented in their care plans. Information staff needed to know, for example if a person needed an adapted diet, was included. The chef told us they were given information about people's needs and provided suitable meals and drinks for them.
- Not all people assessed as nutritionally at risk had food intake charts in place. Where intake charts were in

place, they lacked detail of the food consumed and did not include targets for the person's nutritional or fluid intake.

- In Pellon Manor, not all people were offered mid -morning drinks and some who did receive a drink were not offered any choice. Similarly, people were not always offered choice at mealtimes and staff did not always tell people what they were being served. People on Brackenbed View said they were not usually offered drinks and snacks between meals but could request a drink.
- People did not always enjoy the food. One person described it as, "Edible" and another said, "The sandwiches are edible. They need to have more choice of dishes and healthy ones too". We sampled some of the food served at mealtimes and were not able to identify some components of the meal. We raised concerns about the quality of this with the manager.

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

- Staff on Pellon Manor did not always appear to be alert to people's minor healthcare needs. For example, we saw one person with very dry flaking skin which did not appear to have been treated and another person had a sore, bleeding area to their leg which had not been treated. The manager addressed this on the day of the inspection.
- People receiving intermediate care were supported by a team of health care professionals including physiotherapists and nurses in addition to the providers' own staff team.
- Care plans contained information which showed when health professionals had been consulted for advice, for example if people fell or were unwell. There were clear records of the outcomes of any consultation, and health and social care professionals also added their own notes when visiting people.

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

- There were limited adaptations to support people living with dementia, particularly in relation to Pellon Manor. Toilet doors were painted a distinct colour, however there was a lack of directional signage to help people locate these, and a lack of clear signage on doors.
- The manager said a programme of refurbishment of rooms in Brackenbed View was due to start.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make specific decisions was assessed, and there were appropriate processes in place to make a best interests decision if the person lacked capacity to decide. Records showed who had been involved in the best interests decision, for example family members, social workers or independent

advocates, however there were no records of what their views were.

- There was a lack of documentation in care plans to show how the provider had obtained consent for people's care and support.
- The provider was applying for DoLS when these were needed. There were care plans and best interests decisions in place relating to this, and copies of correspondence. Where conditions had been placed on the authorisation of DoLS these were recorded in the care plan and there was evidence to show how the provider was complying with them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's dignity needs were not always met.
- People on Brackenbed View reported good levels of support in maintaining their dignity and promoting their independence. However, this was not our observation on Pellon Manor.
- Several people on Pellon Manor were not wearing slippers or shoes, ladies were not wearing hosiery and did not appear to have been supported with hair care, appropriate clothing or application of cosmetics. One person was wearing torn and stained clothing and other people had remnants of food on their clothing and faces. We saw the issue of lack of footwear had been raised at a recent staff meeting.
- At lunchtime on Pellon Manor a person being served cordial said to the member of staff, "I don't like this it's too strong." The member of staff replied, "You do" and did not change the drink. This meant staff were not supporting the person's dignity, choice or independence.
- Staff supporting people to eat on Pellon Manor did not clean up spills of food on people's clothing or faces during the meal. One family member told us their relatives nails were often "Filthy" when they visited.
- Activity provision on Pellon Manor was not always age appropriate and did not always support people's dignity.

This was breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring people are well treated and supported; respecting equality and diversity

- People did not always receive the support appropriate to their needs. For example, some people on Pellon Manor received long periods of attention from staff whilst others, particularly those in their rooms, received little interaction and attention.
- On Pellon Manor staff did not always demonstrate an understanding approach to the needs of people living with dementia. For example, one staff member said of a person, "(Person) just shouts you know. (They) will say (they) need help but not say what for."
- People were complimentary of the care they received on Brackenbed View. Comments included, "I would recommend here because the staff are lovely, and help is there immediately.", "The staff are great and anything I want they get it for me." and "I would recommend here. Coming here has made such a difference to me."
- There was limited information about people's preferences, likes and dislikes. For example, whether people preferred male or female staff to support them or things they preferred to eat. Some areas, for example, how

people expressed their sexuality, were not always well explored.

- People were supported to meet their spiritual needs.

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

- Care plans lacked evidence to show how people were consulted and able to contribute to writing or reviewing the information.
- People's responses about their involvement in making decisions about their care varied. Some people felt they had been involved whilst others said they had not and had not seen their care plan.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People or their representatives were not asked to sign care plans, and care plans lacked evidence to show how people had been supported to have choice about the care they received.
- Information in records was not always person-centred. For example, daily notes were brief and lacked information about the quality of people's daily lives. Information about people's life histories, their interests and how staff could support them to have a good day was kept in a separate file, however the documentation was not always complete and was not always used in the care plans.
- People on Brackenbed View told us they were able to choose how they spent their time and make choices about their daily routines.
- A key worker system was in place, but this did not appear to be effective. One member of staff we spoke with on Pellon Manor knew little about a person they were key worker for and said the role was to check people had the toiletries they needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager told us information could be provided to people in a variety of formats if this helped them access it independently. We did not see any examples of this adaptation in people's care plans, however.
- There were no pictorial menus and we did not see staff showing people plated meals to help them make choices.
- On Pellon Manor staff did not always recognise people's non-verbal communication. For example, a person reaching out to try to engage in an activity involving a member of staff and two people was ignored by the member of staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We observed poor activity provision on Pellon Manor during the inspection. Activities did not always show empathy with the potential experiences of people living with dementia, were often imposed on people without discussion, and were not always inclusive.
- Care plans or programmes of activity had not been developed in relation to people's individual interests

and hobbies.

- People were supported to attend some activities outside the home and links had been developed with a local primary school for children to come into the home.
- People on Brackenbed View said they were informed about activities and took part as they chose.
- People and family members said visitors were welcomed to visit when they liked.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they had any complaints or concerns.
- Records showed complaints had been fully responded to and there was evidence of full and fair investigation. The complaints document included a section headed 'Lessons learned', however, this had not been completed on any of the documents seen.
- The manager analysed the cause for complaints to look for any themes which could be addressed to improve quality of service.

End of life care and support

- On Brackenbed View, staff understood the need for plans of care to be in place to meet people's physical needs, such as pain control, at the end of their lives.
- There was a lack of information in care plans to show how staff had gained an understanding of how they could meet people's spiritual and personal needs for this aspect of their care.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to make sure systems for auditing the safety and quality of the service were effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place for people, relatives and visitors to give their feedback about their experience of using the service. An electronic 'Quality of life' system was in place with 'feedback stations' in both units. However, we did not see any recent analysis of feedback or any results of satisfaction surveys. Only one of the people we spoke with said they had been asked for their opinions of the service.
- There was a system of auditing quality and safety in the service with audits completed by staff of all levels and overseen by the manager. At the last inspection we found this system was not effective because staff were auditing their own work, for example care planning and record keeping, management of medicines and ensuring dignity, and therefore failed to recognise where improvements were needed. The issues we identified during this inspection indicated the system continued to lack the robust approach needed to identify issues and drive improvement.

This evidence represents a continued 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; 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.

- There had been a change of manager since our last inspection of the service. The manager had been in post for a few months and had submitted their application to CQC for registered manager status.
- None of the people we spoke with knew who the manager was. One relative said they had met with the manager a few times and described them as "Good and approachable".

- Care planning and delivery was not always person-centred. For example, information about people's interests and hobbies was not used to plan activities to support people to maintain these.
- The manager was open and honest with us and said they were aware that improvements were needed in some areas. They said they were "Disappointed" with some of the issues we identified, particularly in relation to providing dignified and personal care.

Continuous learning and improving care

- The manager reviewed accidents, incidents and complaints and completed full and fair investigations in order to identify what could be done to mitigate the risk of reoccurrence.
- When issues had arisen with unsafe hospital discharges and care staff failing to recognise the symptoms of serious illness, the manager had used these as learning opportunities to make sure staff knew what to do to make sure people were safe.

Working in partnership with others

- The manager worked closely with other health and social care professionals.

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 10 HSCA RA Regulations 2014 Dignity and respect People were not always supported in a way that met their dignity needs.
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 for auditing the safety and quality of the service were not always effective.