

Four Seasons Homes No.4 Limited Pellon Care Centre

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Good 

Overall summary

We carried out an unannounced comprehensive inspection of this service on 17 February 2015. We found the provider was in breach of Regulation 9 (person centred care), Regulation 12 (safe care and treatment), Regulation 13 (safeguarding people from abuse), Regulation 17 (good governance) and Regulation 18 (staffing). After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches identified.

We undertook this focused inspection on 29 July 2015 to check that they had followed their plan and to confirm that they now met the legal requirements. This inspection was unannounced. This report only covers our findings in

relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pellon Care on our website at www.cqc.org.uk

We found the service employed sufficient staff to respond to people's needs in a timely fashion. New staff had been recruited leaving agency staff usage being lowered. People told us they had their needs met. We looked at the staffing rota and saw minimum staffing levels had been met during the previous four weeks.

People received their medicines in line with their prescription. We observed medicines being administered. Staff were patient with people and

Summary of findings

explained what they were doing. Medication Administration Records had been completed by nurses. As and when required medicines were stored separately to daily medicines. These medicines were easily checked for quantity so stock control could take place. Regular medicine audits had taken place.

The service had identified people who had been deprived of their liberty and referred them to the Deprivation of Liberty Safeguards team. We looked at the documentation and saw people had authorisations granted to lawfully deprive them of their liberty. The service had identified further people who were being deprived of their liberty and referred them for assessment. The service was acting in accordance with the Mental Capacity Act 2005.

People's care records had been reviewed within the previous two months. We saw when people's support needs changed, this was reflected in their care records.

We observed support being provided according to people's wishes and in line with their care plan. However we saw people that were supported with pressure care equipment, did not have recorded an appropriate setting in which their equipment should be set at.

The service now had a registered manager in place. 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 ensured a robust programme of quality assurance was in place. We saw the service introduced a new audit system from the provider. This system produced a report that allowed the registered manager to identify and action issues and concerns within the service at an earlier stage.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety.

Staff responded to people's needs quickly and we saw sufficient staff numbers working.

People had their medicines administered in a safe way in line with their prescription.

Good



Is the service effective?

We found that action had been taken to improve the effectiveness.

The service was acting in accordance with the Mental Capacity Act 2005.

Good



Is the service caring?

We did not inspect this domain during this inspection

Good



Is the service responsive?

We found that action had been taken to improve the responsiveness.

We found people's care records were now up to date.

People that required support with pressure sores did not have specified pressure settings for equipment.

We could not improve the rating for 'Is the service responsive?' from 'Requires Improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service well-led?

We found that action had been taken to improve how well-led the service was.

The service had a registered manager in place.

The service followed a new provider led audit system to manage the service

Good



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 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.

We undertook an unannounced focused inspection of Pellon Care Centre on 29 July 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 17 February 2015 inspection had been made. The team inspected the service against four of the five questions we

ask about services: Is the service safe? Is the service effective? Is the service responsive? Is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by an inspector, two specialist advisors and two experts by experience. One specialist advisor specialised in mental health. The second specialist advisor specialised in governance. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. Both experts by experience had experience with nursing care and diagnostic and screening services.

During our inspection we spoke with 14 people that used the service, seven visitors, 10 staff members that included care staff, senior care staff and nurses. We looked at eight people's care records.

Is the service safe?

Our findings

At the previous inspection in February 2015 we found sufficient numbers of suitably qualified and trained staff to keep people safe were not present. At this inspection we found improvements had been made. At the last inspection we also found the provider had not followed appropriate arrangements for the recording and administering of medicines. At this inspection we found improvements had been made.

Staffing in the service was calculated using the 'care home equation for safe staffing'. This was a tool created by the provider that identified staffing numbers required to meet people's needs in the service. We found the skill mix between the staff was taken into account as well as times of the day when additional support was required. We looked at the staffing rota over the previous three months and spoke with the registered manager about staffing levels. They told us target numbers had been met for shifts, and this was indicated on the electronic rota. The rotas indicated to us that significant numbers of agency staff had been used, but as recruitment had taken effect, agency staff was being used less and less. This meant people that used the service received care and support from regular faces where relationships could be built and staff could increase their knowledge of people.

We looked at staffing levels in the service on all shifts and found changes had been made to the number of staff on duty and the skill mix to take account of people's needs. The registered manager had also placed several senior care staff on programmes to enable them to become care home assistant practitioners at the care home allowing them to take on higher responsibility in the service.

We asked people about staffing levels in the service. One person said, "There's a lot of them now, they don't keep changing too much, most of them have been here quite a while I think." A relative told us, "Yes numbers are okay; there is the odd occurrence when the beepers are going and they are busy but I've never felt there weren't enough." One relative told us they had previously had concerns regarding care of their family member at night but said, "I know now that night staff are good and looking after them. They are not swapped around as much; they get to know residents and what they want." A member of staff told us, "There's no agency staff on during the day, sometimes at

night but not often." Another member of staff said, "It's fine, three up and three down" and added, "Staff numbers on rotas are fine and they get staff to cover any sicknesses fairly quickly"

We observed care being provided in the service and saw people had their needs met. We observed people requesting support from staff and they received it. Some staff said they would return shortly, and we saw they did return to the person in a short period of time. People were supported in line with their care records. This showed us sufficient staff were present to support people to meet their needs in a safe way.

We looked at management of medicines across the three units. We spent time observing nurses administering medicines to people. Medicines were administered to one person at a time and people were not rushed to take their medicines. People were offered support and a drink with their medicines. We observed one person asked the nurse not to 'hover' over them while they were taking their medicines. The nurse left the room and observed from the door before checking their medicines had been taken. All the medicines we saw administered were done so in line with the time frame on their prescription.

We looked at the Medication Administration Records (MARs) for people. We saw MARs had no gaps of signatures. This meant a nurse had signed to indicate every time someone received their medicines. Medicines could then be tracked to see if people received the correct medicine in the correct dosage at the correct time. The description of the medicine to be administered and the method in which it should be taken was indicated on the MAR. This was in line with the pharmaceutical company's guidance. We did not see people that had received their medicines covertly. We looked at the 'when required' medicine record, and saw how many tablets had been administered and the reasons for administering. Staff told us they asked people if they required pain relief and explained what they would be giving. We saw the reason for administering was recorded in people's daily notes.

Medicines were stored in medicine trolleys that were taken around the service and locked in between each person's administration. These trolleys were stored in locked rooms when not being used. We found medicines were stored in line with their guidelines and temperatures of rooms were monitored. We looked at the controlled drugs stored and administered by the service. We found the prescription for

Is the service safe?

one person's medicines indicated a dose of 10mg tablets to be administered, but the Printed MAR from the pharmacist indicated 5mg. The service had been administering 5mg tablets in line with the MAR, however after confirming the dosage with the GP, the correct dosage should have been 10mg for each administration. This was being investigated

by the pharmacist; however this had not been picked by a medication audit completed by the service. This person had been administered the incorrect dosage for a medicine meaning the impact of the medicine was not having the effect requested by the prescriber.

Is the service effective?

Our findings

At the previous inspection in February 2015 people were not lawfully being deprived of their liberty due to the provider not making applications for Deprivation of Liberty Safeguards authorisations. At this inspection we found improvements had been made.

During the inspection we found people were being deprived of their liberty. We looked at the documentation to see if people had been deprived of their liberty lawfully. We checked 13 people's documentation. We saw six of these people had all documentation present in their files with the Deprivation of Liberty Safeguards (DoLS)

authorisations granted. A further seven people had been referred and were waiting to be assessed. This showed us where people were deprived of their liberty this was done so lawfully.

Staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA). Staff told us they assumed people had mental capacity to make their own decisions unless proven otherwise. We saw five people's care records that had capacity assessments in place. These capacity assessments indicated these five people did not have the capacity to make important decisions for themselves. For example, we saw best interest meeting minutes where people had discussed medicines and finances and made decisions based on that person's best interest. We found the service was working in accordance with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Our findings

This domain was not inspected at this inspection.

Is the service responsive?

Our findings

At the previous inspection in February 2015 we found people were not protected against the risks of unsafe care because care records did not reflect their current needs. At this inspection we found improvements had been made and Pellon Care Centre was no longer in breach of regulation 9, however further improvements were to be made.

We saw four people had pressure relieving mattresses on their beds. We saw the mattresses were set at different settings. We asked the staff what the settings should be. Staff were unable to tell us the correct setting for each person and said they were in the process finding out the correct settings for each person. We asked to see the pressure relief care records for each of these people and found no mention of settings on pressure relieving equipment. This was mentioned to the registered manager who acknowledged the error and asked the deputy manager to action immediately during our feedback. Staff told us people with risk of pressure sores were closely monitored until such time as they could find out the correct setting. We saw people were in receipt of regular positional changes that had been recorded. The registered manager told us no people that used the service were being treated for a grade two pressure sore or worse.

We looked at eight people's care records. All the care records we saw had been reviewed and updated within the past two months. We saw no one being supported in a way other than that indicated in their care record. This showed us records were up to date and reflected people's current

needs. We found one person required support with treating their skin, however although the nurses were aware of this, no support plan had been put in place. The registered manager told us the new care record documentation was being introduced which would make people's care records more effective for staff to use.

We spoke with relatives about people's care records. One relative told us they had been involved in creating the new style care records for their family member. One relative told us, "They spent hours talking to me and family members about [person's name] before they even came here." They added, "I've been involved in that care plan a lot, helped do it and read it." Another relative told us, "Yes they have a care plan and I know I can read it but I don't remember when I last did."

We found all three units had access to weighing scales so people's weight could be monitored in line with their care records. Weight charts for people were kept in a separate file and monitored for changes in people's weight. All those who required regular weight checks now received them in line with their care record.

We found communal areas and corridors were still used to store some equipment that was used regularly. However, this equipment was placed in wider areas of the building so there was plenty of space for people to pass. Staff told us they returned equipment to the same areas so people are familiar with where it is. Although equipment was still stored in communal areas and corridors, there was visually less equipment overall. We saw sufficient seats for people and visitors and staff to sit down.

Is the service well-led?

Our findings

At the previous inspection in February 2015 we found a number of breaches of regulation that had not been identified through good governance. At this inspection we found improvements had been made.

The service had a registered manager in place since May 2015.

We spoke with the registered manager who told us the home had put in place quality of life project care documentation and TRACA planner. This system was electronic that required access via the computer to use and evidence audits, governance and quality analysis. The registered manager explained and demonstrated how the system worked and how it could be used to add further areas requiring regular auditing to maintain safety and compliance to suit the requirements of each individual care facility.

Registered nurses and senior staff had been delegated daily, weekly, monthly, quarterly and annual audits to complete on the specific areas they worked in. These audits included person centred care plans that ensured all care risks, needs and relevant information was recorded in them.

We saw audits completed since April 2015 using the new electronic system included medications, quality dining, weight loss, health and safety, infection control, human resources, residents care and new staff files. The system

worked where staff identified concerns and recorded them onto the system electronically or handed them to the manager to input into the programme. When outstanding concerns had been actioned this was also placed onto the system. Concerns not actioned were flagged up on the system. The registered manager and the Area Manager checked the system each week for the outstanding actions which could then be rectified. We asked the Area Manager to show us the actions that were currently outstanding at the home. We saw there were 60 actions outstanding; however we saw that half of these were noted to be in the process of being actioned. The registered manager explained they did a daily walk around of the service and identified any concerns and then logged them onto the system ready for actions.

We saw evidence that lifting operations and lifting equipment regulations 1998 tests had been completed and we saw the certificates for slings, hoists and specialised baths had been completed. We also saw evidence of recent checks for portable appliance testing, water/legionella testing, fire extinguishers and fire call points.

The provider employed a care quality facilitator that worked across all their locations. They told us they identified problems and worked with the service to improve and rectify the problems. They explained that they would visit the service every six weeks or when required. They told us that they identified where repairs, redecorating, renewals were required and worked with the registered manager to rectify this.