

Four Seasons (GJP) Limited

Pennine Lodge

Inspection report

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23 February 2018

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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?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 22 February 2018 and was unannounced. This meant that the provider and staff did not know we would be visiting. We carried out a further announced visit to the home on 23 February 2018 to complete the inspection.

Pennine Lodge 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. Pennine Lodge provides nursing and personal care to 70 older people. The home has two floors, the upper floor accommodates people who have a dementia related condition and people who have general nursing and personal care needs lived on the ground floor. There were 60 people living at the home at the time of the inspection.

At our previous inspection in September 2017, we found three breaches of the Health and Social Care Act 2008. These related to safe care and treatment, staffing and good governance. We issued a warning notice in relation to good governance and told the provider they needed to take action to improve.

Following the inspection, the provider formulated an action plan and sent us regular updates in response to the breaches and concerns we had identified.

We carried out this inspection to check whether the provider had met the breaches which were identified at our last inspection.

At this inspection, we found that the provider was taking action to address the previous concerns we had raised. Further improvements however, were still required.

There was no registered manager in post. The previous registered manager had left and an interim manager was in place at the time of the inspection. Following the inspection, the interim manager left to manage another of the provider's homes. The regional manager wrote to us and stated that a new manager had been appointed. A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run.

Prior to our inspection, several relatives contacted us regarding safeguarding concerns. We passed this information to the local authority and used the information we received to plan our inspection.

We found that a system to monitor safeguarding concerns and ensure these were notified to CQC was not fully in place. In addition, there were no details of the outcome of all safeguarding allegations and any lessons learned.

Staffing levels had increased; however, they were not always deployed appropriately to ensure people's

needs could be attended to in a timely way. We have made a recommendation about this.

The service was clean and well maintained. Safe infection control procedures were now followed. Attention had been paid to the 'dementia friendly' design of the premises especially on the first floor where most people with a dementia related condition lived.

We checked equipment at the service. There had been a delay in obtaining suitable equipment for one person. In addition, there was a lack of evidence to demonstrate that specialist medicines equipment had been serviced in line with the manufacturer's guidance.

The management of medicines had improved, however we found shortfalls and omissions with regards to the recording of topical and 'when required' medicines. We have made a recommendation about this.

Since our last inspection, further training had been carried out and more training was being undertaken. There were still gaps identified on the training matrix which the interim manager told us was being updated as training was being completed. This meant it was not always clear which training had been undertaken. Evidence of staff competencies was not available and the clinical skills of agency staff were still not always known.

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 place supported this practice.

We received mixed feedback about the meals at the service. Some people and relatives felt meals could be improved. We found that people's nutritional needs were met. There was the option of fruit and vegetables at every meal.

Health care professionals and stakeholders told us that an effective system was not fully in place to ensure successful communication between staff and health and social care professionals. We spoke with the interim manager about the introduction of a more proactive and effective system to ensure the early detection of any health deterioration and to make sure that the advice and guidance of health care professionals was actioned in a timely manner.

We observed positive interactions between staff and people. Staff displayed warmth when interacting with people. They were very tactile in a well-controlled and non-threatening manner. However, due to the concerns identified during the inspection, we could not be assured that people received a high quality compassionate service.

Care plans were in place which aimed to inform staff how people's physical, emotional, social and spiritual needs should be met. However, there were some omissions and shortfalls in certain care records.

We found continuing shortfalls with the management of complaints. Not all complaints were recorded on the home's computerised management system. This meant that it was not clear what action had been taken in response to concerns and complaints.

Audits and checks were carried out. However, these had not always identified the issues raised during this inspection. The interim manager wrote to us following our inspection visits and stated that all issues we had raised had been addressed.

The overall rating for this service is 'requires improvement.' However, we are placing the service in 'special

measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. We have rated the well led key question as inadequate at our previous inspection and at this inspection.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We found three breaches of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. These related to safe care and treatment, good governance and receiving and acting on complaints. You can see what action we told the provider to take at the back of the full version of the report.

We also identified one breach of the Care Quality Commission Registration Regulations 2009. This related to the failure to notify us of other events and incidents which had occurred at the service which the provider is legally required to inform us of. This is being followed up and we will report on any action when it is complete.

Due to the breaches of the regulations and the continued rating of requires improvement; we have organised a meeting with the provider to discuss our concerns and the improvements required for this service to become compliant with the regulations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

A system to manage and monitor safeguarding concerns and ensure these were notified to CQC was not fully in place.

There were sufficient staff available to meet people's needs. However, they were not always deployed appropriately to ensure people's needs could be attended to in a timely way.

There had been a delay in obtaining suitable equipment for one individual. In addition, there was a lack of evidence to demonstrate that specialist medicines equipment had been serviced in line with the manufacturer's guidance.

Medicines management had improved, although there were still shortfalls identified with the management of topical and 'when required' medicines.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

There were gaps in the provision of training. Evidence of the clinical skills and competencies of staff including agency staff were not always available.

We discussed with the interim manager about the introduction of a more proactive and effective system to ensure the early detection of any health deterioration and to make sure that the advice and guidance of health care professionals was actioned in a timely manner.

Meals had improved at the service. New initiatives had been introduced to fortify people's diets.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Due to the concerns identified during the inspection, we could not be assured that people received a high quality

compassionate service.

We observed positive interactions between staff and people.
Staff displayed warmth when interacting with people.

People and relatives told us that staff promoted people's privacy and dignity. Care plans documented that they had been written with the person and their representative.

Is the service responsive?

The service was not consistently responsive.

There were continuing shortfalls with the management of complaints.

Some people's care records contained omissions and shortfalls.

Activities provision had improved. An activities programme was in place.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

A registered manager was not in place. Interim management arrangements were in place at the time of the inspection. Some staff, relatives and health and social care professionals expressed concerns about the management of the service.

Improvements in certain areas of the service had been made since our last inspection, however further action was required.

Audits and checks were carried out. However, these had not always identified the issues raised during this inspection.

A system to ensure CQC was informed of all notifiable events was still not fully in place.

Staff told us that morale had improved and they enjoyed working at the service.

Inadequate ●

Pennine Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 22 February 2018 and was unannounced. This meant that the provider and staff did not know we would be visiting. We carried out a further announced visit to the home on 23 February 2018 to complete the inspection.

The inspection was carried out by two adult social care inspectors, a pharmacy inspector, a specialist advisor in nutrition 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 service.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern.

We did not request a provider information return [PIR]. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

We contacted the local authority safeguarding, contracts and commissioning teams, the local Clinical Commissioning Group, a nurse from the Care Home team, an occupational therapist and the Care Home Education and Support Service [CHESS]. The CHESS service is provided by the local NHS Trust and provides a combination of education and practical support to care homes. We also 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 their feedback to inform the planning of this inspection.

We spoke with 15 people who lived at the home. We also spoke with seven relatives during the inspection. We spoke with the regional manager, the interim manager, the resident experience lead, clinical lead, a nurse, an agency nurse, the training coordinator, six care staff, two activities coordinators, a chef, two housekeeping staff and the maintenance person.

We looked at nine people's care records, medicines records and information relating to staff training and staff recruitment. We also examined records relating to the management of the service such as audits and minutes of meetings.

Is the service safe?

Our findings

At our previous inspection, we identified two breaches of the regulations regarding this key question. These related to safe care and treatment and staffing. We rated this key question as requires improvement. At this inspection, we found that improvements had been made, although further action was required with regards to safeguarding systems, staff deployment and medicines management.

Prior to our inspection, several relatives contacted us regarding safeguarding concerns. We passed this information to the local authority and used the information we received to plan our inspection.

At our previous inspection we found that the provider had not notified CQC of all safeguarding allegations. We wrote to the nominated individual about this issue. They assured us that this had been addressed and we would be informed of all notifiable incidents in a timely manner. At this inspection we found that the provider had not notified us of all safeguarding allegations. This omission meant that CQC did not have oversight of all safeguarding allegations to make sure that appropriate action had been taken.

This was a breach of regulation 18 of the Care Quality Commission Registration Regulations 2009. This is being followed up and we will report on any action once it is complete.

There were safeguarding procedures in place. We found however, that these procedures were not always followed. One person told us about a safeguarding concern which they had raised. We spoke with the interim manager about this allegation. She told us they were investigating the concerns raised, however, it had not yet been referred to the local authority or CQC.

We concluded that a system to manage and monitor safeguarding concerns and ensure these were notified to CQC was not fully in place.

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

Following our visits to the home, the interim manager submitted several of the safeguarding notifications retrospectively.

We spent time checking equipment and the premises. We spoke with a health professional who informed us that one person's chair did not meet their health needs. In addition, a specialist shower chair was required to ensure staff could safely shower them. The health professional told us that this issue had been ongoing since August 2017. She explained that she raised a safeguarding alert in February 2018 because the person remained in an unsuitable chair which did not meet their needs. We spoke with the interim manager about this issue. She told us that this was being addressed.

The home had three syringe drivers. A syringe driver is small pump which releases a dose of medicine at a constant rate. There was no evidence that these had been serviced in line with the manufacturer's

guidelines.

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

Following our inspection, the interim manager sent us records of the visual checks which had been carried out. However, this did not include any records of servicing or recalibration.

At our last inspection, we noted that the electrical installations were 'unsatisfactory.' At this inspection, the regional manager told us that this had recently been addressed. There was no evidence however to confirm that this had been actioned. Following the inspection, we contacted the electrical contractor ourselves who informed us that remedial work had been carried out.

Certificates to confirm the safety of the passenger lift, gas, electrics and mobile hoists were in place. We noted that two hoists had not passed the required checks. The interim manager told us that one had been fixed, however, it had broken again. She explained that this was being addressed. Staff told us that there were sufficient hoists in working order to meet people's mobility needs.

At our previous inspection we identified concerns with infection control practices at the home. At this inspection we found that safe procedures were now followed. Staff had access to and used personal protective equipment such as gloves and aprons. There were no malodours around the service and the home appeared clean.

During our inspection, we looked at the arrangements for the management of medicines. We found some continuing shortfalls and omissions with regards to the administration of topical medicines. The administration of non-medicated creams was not always recorded which meant it was not clear whether these creams were being applied as prescribed. Charts used to record the administration of a medicine via a transdermal patch did not always evidence that these had been applied as per the manufacturer's guidance. In addition, information relating to 'when required' medicines was not always correct.

We recommend that best practice guidance is followed with regards to the recording of medicines.

Following our inspection, the interim manager wrote to us and stated that these issues had been addressed.

Controlled drugs were appropriately stored and signed for when they were administered. These are medicines which are liable to misuse.

Staffing levels had increased since our last inspection. An interim manager was in place during our inspection. They were supported by a deputy manager, clinical lead, a residents' experience lead and a night manager. A regional manager oversaw the operational management of the service. Following the inspection, the interim manager left to manage another of the provider's homes and the clinical lead and night manager were no longer employed at the service. The regional manager informed us that a new manager had been appointed.

We received mixed feedback about staffing levels. A staff member said, "Staffing has improved greatly." Most relatives whose family members lived on the first floor told us there were sufficient staff. One relative said, "There always seems enough staff and I have never seen anything to worry me." Another relative whose family member lived on the ground floor told us, "I come in sometimes and not be able to find anyone and

they always seem rushed, it's a bit of a worry really." A third relative said, "The girls are good, very busy mind you but good."

The provider used a dependency tool to calculate how much support each person required and this was used to calculate the staffing levels. Two nurses were generally on duty through the day. There were occasions when nurse staffing levels were not maintained due to unforeseen circumstances.

Staff were visible throughout the inspection. However, staff on the ground floor units appeared to be constantly busy, moving from task to task, leaving little time to communicate on a social level. There was a delay sometimes in answering call bells in the ground floor units. Several people commented that a small minority of staff avoided answering call bells promptly. We spoke with the interim manager about this feedback and discussed how more direction from senior staff could help staff deployment on the ground floor.

We carried out a visit at night to ascertain how care and support was delivered. We attended the ground floor staff handover. This lasted three quarters of an hour. No staff were deployed on the floor whilst the handover was being held. At 8:45pm one person came into the room where the handover was being held to request assistance because no staff were around.

We recommend that staff deployment is kept under review to ensure sufficient staff are deployed at all times.

Following our inspection, the interim manager wrote to us and stated that deployment had been discussed during staff meetings. She also stated, "Staff are now coming in 15 minutes earlier on shift. Staff now cross over to enable the day staff to support residents on the floor whilst the staff in charge hand over to the staff coming on shift."

Risks to people's safety and health were assessed and reviewed. These included the risk of falls, choking and pressure ulcers. The provider carried out an analysis of accidents and incidents, such as falls. There had been 122 falls between November 2017 and February 2018. Due to the increase in falls; three falls champions had been appointed to promote falls awareness. One staff member had completed falls awareness training in February 2018. There were 10 more staff booked to attend training on 28 March 2018.

We observed moving and handling procedures and noted that staff did not always follow best practice guidelines when transferring people in their wheelchairs. We examined the training matrix and noted that 65 staff had been highlighted as requiring moving and handling update training. We spoke with the interim manager about this issue. She stated that moving and handling training was being undertaken by these staff.

Recruitment processes were in place. This included application, interviews and reference checks. The provider also checked with the Disclosure and Barring Service [DBS] whether applicants had a criminal record or were barred from working with vulnerable people. We passed information of concern to the interim manager and the regional manager about one staff member who had recently been recruited. The provider took appropriate action when in receipt of this information.

We have rated this key question as requires improvement on two consecutive occasions. This meant that the provider had not ensured good outcomes for people in this area. We recognised that action was being taken to address the previous concerns. However, further improvements were still required with regards to safeguarding systems, equipment and the management of medicines. We will check these issues at our next

planned comprehensive inspection.

Is the service effective?

Our findings

At our previous inspection, we identified two breaches of the regulations regarding this key question. These related to training and safe care and treatment. There were shortfalls regarding some people's clinical care and there was a lack of evidence to confirm the competency and skills of nursing staff. Advice from health care professionals had not always been sought in a timely manner. We rated this key question as requires improvement.

Prior to our inspection, we received information of concern about the effectiveness and skills of staff. We passed this information to the local authority and used the information we received to plan our inspection.

Since our last inspection, further training had been carried out. Staff were undertaking percutaneous endoscopic gastrostomy [PEG] training at the time of inspection and other training such as catheterisation had been completed. A PEG is the procedure whereby a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines.

The interim manager gave us a copy of the training matrix. We noted that not all training was included on the training matrix. The interim manager told us that this would be addressed and the training matrix would be updated with all training which had been carried out. She informed us she was sourcing end of life training with the local hospice and had requested Chronic Obstructive Pulmonary Disease training with the provider's training department. Moving and handling update training was being provided for 65 staff and falls awareness training was being undertaken.

Whilst we acknowledged that further training had been carried out and additional training was planned; there were still gaps in the training matrix and it was not always clear which training staff had completed. Evidence of staff competencies was not always available and the clinical skills of agency staff were still not documented.

We considered that an effective system to ensure staff were suitably trained and records of training and competencies were maintained was still not fully in place.

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

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. The authorisation procedures for this in care homes and hospitals are 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 were being met.

The service had submitted DoLS applications to the local authority in line with legal requirements. However, we had not been notified of the outcome of one DoLS application in a timely manner.

Mental capacity assessments and best interests decisions had been completed for any restrictions on people's movements such as sensor alarms and bed rails.

People and relatives who we spoke with during the inspection told us that health care professionals were contacted if there were any concerns and their medical conditions were managed appropriately. One person said, "I like living here. The staff are lovely and look after me very well. They arrange for me to see a doctor if I need to see one." A relative said, "My relative moved from another home and is much more settled. Her diabetes is managed much better."

Health care professionals and stakeholders told us that an effective system was not fully in place to ensure successful communication between staff and health and social care professionals. Comments included, "They don't always pass information on and communication between staff is not always effective" and "There is poor communication at the home."

We spoke with the interim manager about the introduction of a more proactive and effective system to ensure the early detection of any health deterioration and to make sure that the advice and guidance of health care professionals was actioned in a timely manner.

Staff took people's vital signs to help identify any deterioration in a person's condition. Vital signs are clinical measurements, such as pulse, temperature, respiration rate and blood pressure. These indicate the state of a person's health. Staff told us that they used to take these on a monthly basis as part of the 'resident of the day scheme.' They informed us that vital signs were now only taken if any concerns in a person's health were noted.

Staff recorded people's vital signs in different areas of people's care files. This meant that these recordings were difficult to locate to enable staff to compare previous readings. Specimen results were also located in various parts of the care file. This meant it was difficult to check whether tests had been carried out as requested.

Following our inspection, the interim manager wrote to us and stated that they had introduced the National Early Warning Score [NEWS]. NEWS uses a combination of six physiological measurements such as blood pressure, temperature and pulse which helps provide a standardised approach in the detection and response to clinical deterioration. She also told us that they had introduced a specimen sheet in each person's file to record the test results of all specimens taken such as urine and blood to ensure these could be easily located.

Prior to our inspection, we received information of concern about the provision of meals at the service. As a result of this feedback, a specialist advisor who was a specialist nutrition nurse consultant accompanied us on our inspection.

The provider used a contract caterer to provide meals at the home. The contract catering company provided kitchen staff who they recruited and trained.

We received mixed feedback about the meals at the service. Comments included, "The food is acceptable I suppose, and you can have something different if you like, they are weighing me once a week at the moment," "The food is alright. I just eat what they put in front of me," "The food is excellent," "The food is okay I suppose" and "The food is good." One relative said, "It has much improved from last time but the food is still a major issue. [Name] is on a soft diet and it is very basic and repetitive and you would expect much better than that." Another relative raised concerns about the support their relation received. They said, "I am not happy. [Name] has lost a lot of weight...I came in on Monday lunchtime and the meal was just sitting there in front of her, not even cut up." We passed this feedback to the interim manager for their information.

We checked the home's menus and found they met the Government's 'Eatwell' guidelines. There was the option of fruit and vegetables at every meal. The Eatwell guide is a policy tool used to define government recommendations on eating healthily and achieving a balanced diet. We noticed there was a good supply of ingredients to fortify meals and drinks such as full fat milk and cheese, butter and eggs.

New initiatives had been introduced to fortify people's diet. Homemade 'shots' of cream and flavouring were offered to those who required a fortified diet. These provided extra protein and calories. Snack boxes were also available to help increase people's calorie intake.

The chef was confident in the preparation of modified textured diets such as pureeing food. She stated she had requested additional training on pureeing sandwiches. Pureeing of bread requires specific training to ensure it has the correct texture to maintain people's safety.

Attention had been paid to the 'dementia friendly' design of the premises especially on the first floor where most people with a dementia related condition lived. Signage around the building was clear. Words and symbols had been added to signs to help people locate different areas of the home more easily. Coloured paintwork had also been used to attract people to certain rooms such as bedrooms and bathrooms.

We have rated this key question as requires improvement on two consecutive occasions. This meant that the provider had not ensured good outcomes for people in this area. We recognised that action was being taken to address the previous concerns. Further improvements were still required with regards to care records, communication with health and social care professionals, evidencing staff training and clinical competencies. We will check these issues at our next planned comprehensive inspection.

Is the service caring?

Our findings

At our previous inspection, we rated this key question as requires improvement because of the concerns identified during the inspection.

At this inspection we identified continuing concerns regarding the management of safeguarding issues, catheter care and enteral care. In addition, there had been a delay in obtaining suitable equipment for one person to ensure their wellbeing. We have taken these issues into account when rating this key question.

Prior to our inspection, we received information of concern from several relatives regarding the care of their relations. We took this information into account when we were planning our inspection.

People and relatives who we spoke with during the inspection told us that staff were caring. Comments included, "My relative has been in the home since it opened and although there have been changes I cannot fault the staff. They are fantastic and so caring," "The staff are lovely and have arranged for me to have my lunch here every day with my relative, we eat together," "The girls are really nice, my god they are," "The girls are nice but they change so often," "It's grand they look after me fine" and "Oh I am very happy I would not want [relative] anywhere else. The girls are very good." People also told us that staff knew them and their needs well. One person said, "I have just had a lovely long bath, they know I love my bath."

Health and social care professionals and stakeholders were positive about the caring nature of staff. Comments included, "Care staff generally are friendly and co-operative and demonstrate an awareness of the people they are looking after," "On the whole the care that is delivered is good and they know them [people] really well...the care is fantastic."

We observed positive interactions between staff and people especially between those people who lived upstairs. Staff were very tactile in a well-controlled and non-threatening manner. Some people reached out for a hug which was immediately given. One staff member came in on her day off to show people her baby.

People and relatives told us during the inspection that staff promoted people's privacy and dignity. We observed that staff knocked on people's doors before they entered and spoke with people respectfully. Concerns had been raised prior to our inspection about people's personal care. We saw that people looked clean and attention had been paid to nail care. Staff attended to people's hygiene needs in a timely manner. We also saw that people's bedding was clean and people had been supported to personalise their rooms with ornaments and items of importance.

Staff spoke enthusiastically about ensuring people's needs were at the forefront of everything they did. Comments included, "It is lovely working here and I love working on this unit. The people are lovely and a joy to look after. The team work very well together," "I love my residents" and "I would be happy for my gran to come here."

People and relatives who we spoke with during the inspection told us they were involved in people's care.

One person told us, "They do ask me things, they sit with me and ask me." A relative said, "They do consult us about the care plan." Care plans documented that they had been written with the person and their representative.

Is the service responsive?

Our findings

At our previous inspection, we identified a breach of the regulation relating to good governance regarding this key question. Some people's care records contained omissions. Not all complaints were recorded and some people and relatives told us that more activities would be appreciated. We rated this key question as requires improvement.

At this inspection we found that improvements had been made with regards to care records and charts, however, further improvements were still required. In addition, we found continuing concerns with the management of complaints.

Pre-admission assessments were carried out before people came to live at the home to ensure that staff could meet their needs. We noted that not all areas of the pre-admission assessment were completed. These omissions meant that staff had to sometimes contact hospital staff, relatives or other individuals to obtain the necessary information following the person's admission to the home. This could cause delays in receiving important information about people's care and treatment.

Care plans were in place which aimed to inform staff how people's physical, emotional, social and spiritual needs should be met. We found however, that there were continued shortfalls relating to the maintenance of records relating to PEG care. In addition, one person with a PEG told us that the correct procedures were not always followed when staff administered their specialised feed.

We also found shortfalls with catheter care. One person had two separate care plans which contained conflicting advice about their catheter care. Another person had seen their GP because of a suspected urine infection. Concerns had been raised prior to our inspection that staff had not emptied their catheter bag in a timely manner. This can lead to an increased risk of infection or damage to the urinary tract. When we visited at night, the nurse explained that this person's catheter bag had not been emptied and was very full. This was confirmed by our own observations.

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

Following our inspection, the interim manager wrote to us and stated, "All pre-admission assessments are now being completed using Four Seasons Health Care 'Me and my care' [documentation.]" She explained that two staff now carried out the assessment using a hand-held computer to "capture as much information as possible." She also informed us that PEG and catheter care records had been updated.

Prior to our inspection, several relatives raised complaints about the service and the care and treatment provided. We used the information we received to plan our inspection. We also shared these concerns with the local authority.

We asked to see records of the complaints which had been received. We noted that not all complaints were

recorded on the home's computerised management system. This meant that it was not clear what action had been taken in response to concerns and complaints.

We considered that an effective system was not in place for identifying, receiving, recording, handling and responding to complaints.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Receiving and acting on complaints.

Following our inspection, the interim manager told us, "Complaints are now being placed on the [Name of computerised management system]."

People and relatives who we spoke with during the inspection informed us that staff were responsive to people's needs. Comments included, "My relative moved from another home and is much more settled. Her diabetes is managed much better" and "It has much improved, the girls work really hard and I have no issue with them." A health and social care professional informed us, "They do engage with formulations and generally complete assessments we've asked for."

Information about people's end of life wishes was included in their care file. This meant that staff had access to people's wishes at this important time. A social worker was complimentary about the end of life care staff had provided. She commented, "While I was there, I was very impressed by the way they sat with him while he was taking his last breaths and they treated his next of kin very well and were very respectful." We spoke with the interim manager about the introduction of a system to help staff identify when people were nearing the end of their lives, including those with a dementia related condition. Staff were not aware which people were on the palliative care register. GPs have a register of all people with supportive or palliative care needs. This identifies both cancer and non-cancer patients who may be in their last year of life. The interim manager told us that she would discuss this with the local hospice. She also said they were sourcing end of life care training with the local hospice.

We found activities provision had improved. There was an activities programme in place. Two activities coordinators were employed. Most people told us that there was enough going on to occupy their attention. Comments included, "I get to go out in my chair [electric mobility scooter] and I go up to the shops," "There are things to do but I think if you let people do everything for you - you sit about and don't do anything for yourself" and "I read a lot and I draw, I'm waiting for the better weather so I can go out in the garden." A social worker told us, "This client had spent a considerable amount of time in another residential home after being in hospital. From what was reported by my colleague, this client used to sit at the other residential home, doing nothing but watching the tv whereas when she moved to Pennine Lodge, on her first day she was sat stroking a rabbit and the next day she was painting with the other residents as the staff had encouraged her to join in and didn't treat her any differently to the other residents despite her disability."

Several people said that more activities would be appreciated. One person told us, "There isn't much to do, we could do with some table tennis or something, no one is able to be sociable really and I do miss that." Another person told us, "It's fine really I have been here two years but I used to be out on the farm so I feel a bit confined really."

Regular group activities were organised such as pet therapy, music sessions, bible reading, arts club, gardening club, coffee mornings and visits from entertainers. Specific events were also organised to mark special days such as Pancake day, Valentine's day and people's birthdays. One to one sessions were carried out for those people who were unable to come out of their room or chose not to attend group activities. One

of the activities coordinators told us, "We like to do individual pamper sessions with people in their rooms."

Animals were welcome at the home. The home had their own pet rabbit and one of the office staff brought in her dog which people enjoyed seeing. Bird feeders were placed outside certain windows. One person told us, "The chap [maintenance man] comes and fills them up and that's nice."

Various activities were held during our inspection. A coffee morning took place. There was a lovely array of freshly baked cakes. An arts class was also held. One person told us, "I have been to the Art class this morning and that's really nice." We observed a person playing hymns on a piano in their bedroom with a staff member.

People told us their spiritual needs were met. One member of staff told us, "We do have Bible stories every week and the Sister comes in for the Catholics every week and the Church of England comes regular, the residents all like that."

We have rated this key question as requires improvement on two consecutive occasions. This meant that the provider had not ensured good outcomes for people in this area. We recognised that action was being taken to address the previous concerns. However, further improvements were still required with regards to care records and the management of complaints. We will check these issues at our next planned comprehensive inspection.

Is the service well-led?

Our findings

At our previous inspection, we found a breach of the regulations relating to good governance regarding this key question. We identified shortfalls in many areas of the service including medicines and the maintenance of records which had not been highlighted by the provider's quality assurance system. The provider had not notified CQC of all safeguarding incidents. We rated this key question as inadequate and issued a warning notice. We informed the provider they needed to take action to improve. Following the inspection, the regional manager sent us regular updates which detailed what action had been taken to address the shortfalls.

At this inspection, we found that improvements had been made with regards to medicines management and staffing levels. However, further action was required and not all requirements outlined in the warning notice had been met.

We received information of concern about the management of the service prior to our inspection. We took this information into account when planning our inspection. Concerns were also raised about the management of the service at night.

There had been a number of changes in the management of the service. The previous registered manager had left in January 2018. An interim manager was in place during our inspection. They were supported by a deputy manager, clinical lead, a residents' experience lead and a night manager. A regional manager oversaw the operational management of the service. Following the inspection, the interim manager left to manage another of the provider's homes and the clinical lead and night manager were no longer employed at the service. The regional manager wrote to us and stated that a new manager had been appointed.

We received mixed feedback about the management of the service. Some staff told us that they were not sure who was managing the service and felt that more support would be appreciated. One staff member said, "I don't even know who the manager is." A relative said, "They need a good manager to take over. It's about halfway now. It was right down here but it's not where I would expect it to be yet." Comments from a health and social care professional and stakeholder included, "There seems a real lack of leadership, and the staff themselves don't seem to know who's managing them at the moment" and "Processes are not always consistently implemented or monitored and overall management of the service appears fragmented and inconsistent."

During the inspection we found that a system to monitor safeguarding concerns and ensure these were notified to CQC was not fully in place. In addition, there were no details of the outcome of all safeguarding allegations and any lessons learned. There were also shortfalls and omissions in other aspects of the service such as medicines recording, the servicing and access to certain equipment, the maintenance of care records, staff training and evidencing staff competencies. We also noticed that some care records were stored in unlockable cabinets.

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

2014. Good governance.

Following our inspection, the interim manager told us that rotas had been clarified, complaints were all documented on the computerised management system and padlocks were now in place for all care record cupboards which had been unlockable.

This is the second consecutive breach of the regulation relating to good governance. This meant that systems were not fully in place to ensure compliance with the regulations and achieve good outcomes for people.

Meetings were carried out for people, relatives and staff. Several relatives also told us that communication could be improved. One relative told us, "For me, it is firstly the issue of communication which needs to be looked at." Another relative said, "They don't seem to ring us now if there is anything wrong."

Most staff told us that morale had improved and they enjoyed working at the service. The management had organised for a beautician to visit the home and provide free pampering and massage sessions for staff. Staff told us that this was appreciated and helped them feel valued.

Throughout our inspection we observed that staff responded positively to any requests for assistance and always sought to be complimentary when speaking with people.

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
Diagnostic and screening procedures	There had been a delay in obtaining suitable equipment for one individual. There was a lack of evidence to demonstrate that specialist medicines equipment had been serviced in line with the manufacturer's guidance. In addition, action to reduce risks to people's health and safety were not always taken in a timely manner. Regulation 12 (1)(2)(a)(b)(e)(f).
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Diagnostic and screening procedures	Complaints were not always dealt with in line with the provider's complaints procedure. Regulation 16 (1)(2).
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	An effective system was not fully in place to monitor the quality and safety of the service. Records relating to people, staff and the management of the service were not always accurately maintained. Regulation 17(1)(2)(a)(b)(c)(d)(f).
Treatment of disease, disorder or injury	