

Pennine Camphill Community Limited(The) Pennine Camphill Community

Inspection report

Wood Lane
Chapelthorpe
Wakefield
West Yorkshire
WF4 3JL

Tel: 01924255281
Website: www.pennine.ac.uk

Date of inspection visit:
20 February 2023
21 February 2023
22 February 2023

Date of publication:
03 April 2023

Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Pennine Camphill Community is an education disability service providing accommodation and personal care for up to 28 people. The service provides support to people who have a learning disability and autistic people. At the time of our inspection there were 20 people using the service, some of whom were accessing respite care.

The service had 1 house divided in to 4 corridors. There was a lounge, kitchen and dining area and a communal room. Each bedroom had an en-suite facility. The service had a sleep-in facility for staff.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's independence was not always promoted, and we observed staff not seeking consent and imposing restrictions on people. People's support needs and risks associated with their care were not always appropriately managed to ensure safe care could be provided.

Right Care:

People did not always receive person-centred care and their care plans did not show they were encouraged to make decisions about the support they received. Systems and processes were not effective in ensuring people were protected from the risk of abuse and staffing was not always provided in line with people's needs. Staff did not always have the appropriate training to meet the needs of people. People's medicines were not always safely managed. Recruitment was safely managed.

Right Culture:

Feedback from people, relatives and staff was mostly positive about the care received. However, we found the culture of the service did not reflect a positive and empowering ethos. The service worked in partnership with other health and social care professionals to seek advice on providing effective care, although we found this was not always recorded. The service was not using governance processes effectively to learn lessons or improve the service. A new management structure had been recently implemented to address the culture of the service and governance oversight. Staff told us they felt supported in their roles.

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 good (published 7 April 2020). The overall rating for the service has changed from good to inadequate based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report. The registered manager and head of care were responsive to the concerns found by us and took action to mitigate immediate risks to people during the inspection. They told us they would address wider concerns after the inspection.

Why we inspected

The inspection was prompted in part due to concerns received about medicines, risks associated with people's care, staffing levels, safeguarding concerns and staff training. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pennine Camphill Community on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to person-centred care, need for consent, safe care and treatment, safeguarding, good governance and staffing. We issued warning notices against the registered manager relating to the breaches of regulation 9 and 11. The registered manager did not submit an appeal or representations against the warning notices.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Pennine Camphill Community

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 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

Pennine Camphill Community is a 'care home' and education disability service. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pennine Camphill Community is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced on the first site visit and announced on the second and third site visit.

What we did before the inspection

We used the information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed the care of 7 people. We spoke with 4 people who used the service and 4 relatives about their experience of the care provided. We gathered feedback from 14 staff members including the registered manager, head of care, service manager and care staff.

We reviewed a range of records including; 5 peoples care plans, 6 people's medicines records and 2 staff files in relation to recruitment. Following the site visit, we reviewed further information and evidence from the provider. This included policies, health and safety records, training records, meeting minutes, incident reports, complaints and auditing information.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We found the systems and processes did not protect people from the risk of abuse. People and relatives told us they felt the care provided was safe. One person signed, "Yes" when asked if they felt safe.
- We found multiple safeguarding concerns which had not been investigated by the registered manager, reported to us or the local safeguarding team.
- Safeguarding leads had not had any additional training to ensure they understood their role and what concerns to report. The structure of the safeguarding team changed during the inspection following our concerns.
- The service's safeguarding policy was related to the education setting and only referred to children throughout. The policy had not been updated following a review. The registered manager said they would review this again.

Systems and processes were not robust in protecting people from the risk of abuse. This placed people at risk of harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received safeguarding training and told us the process they would follow if they had any safeguarding concerns. This included following a 15-minute rule of reporting.

We reported these concerns to the local safeguarding team and relevant partners. The provider said they would address the concerns during the inspection and arrange additional training for the designated safeguarding leads.

Using medicines safely

- Medicines were not always managed safely, which placed people at risk of harm.
- There was a lack of understanding regarding 'when required' medicines and protocols for individual people needed to contain more specific information about when the medicine should be given. Staff followed processes to assess and provide the support people needed to take their regular medicines.
- Records did not accurately account for medicines taken by people when away from the service. Staff recorded stock counts to check if medicines were managed safely.

The management of medicines was not always safe. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff monitored the effects of people's medicines on their health and wellbeing and worked

collaboratively with parents and healthcare professionals to manage people's medicines. The service manager told us the service always asked for written consent from a student's doctor before agreeing to administer medicines.

- People could take their medicines in an area which was appropriate and safe.

The head of care had completed a review of medicines upon commencement in post in January 2023 and was working to implement safer medicines management.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care were not always appropriately managed. The doors and keypads in the service could be deactivated and there had been occasions people had left the building. The head of care scheduled an upgrade of the alarm system after our inspection.
- We found no evidence of risk assessments included in people's care plans.
- We found incidents were not always investigated and where analysis of risks had been completed, this was not always acted upon. Staff told us they knew how to report incidents.
- Systems and processes were not being used effectively to learn lessons when things went wrong. The head of care told us this would be included as a standard meeting agenda moving forward.
- A health and safety manager had recently been employed and was working proactively to address any health and safety concerns at the service. We found records associated with health and safety to be up to date.

Please see the well-led section of this report for action we have taken.

Staffing and recruitment

- Staffing was calculated based on the needs of people. However, we observed numerous occasions where people who had 1:1 support were not directly receiving this and staffing was often swapped. This could cause distress to people whose care plans recognised the importance of continuity of care.
- Some relatives raised concerns about historic staffing and the knowledge of some staff. However, most relatives said this had improved over recent months as there was now a more consistent staff team.
- Recruitment was managed safely. The provider had worked effectively to reduce their agency usage in the last 12 months and ensure a more consistent staff team.

Please see the effective section of this report for action we have taken.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's visiting arrangements were in line with government guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems and processes were not in place to ensure people consented to their care. People's consent to care records were left blank.
- We found no evidence the service had completed any mental capacity assessments or best interest decisions for people who had restrictions in place.
- The service was not appropriately referring people for DoLS where there was a need to do so. This meant people were at risk of being unlawfully restricted. Where DoLS were in place, conditions of these were not being followed.
- There was CCTV in operation throughout the grounds. People and/or relatives where appropriate had not consented to this. The provider was working to address this during the inspection.
- People did not have access to advocacy services. The service manager had requested this last year but had not followed this up. The head of care followed this up during the inspection.

Care and treatment of people was not provided in line with the law. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reported these concerns to the local safeguarding team. The provider said they would begin completing a review of care records, mental capacity assessments, best interest decisions and DoLS applications after

the inspection.

Staff support: induction, training, skills and experience

- Staff had not received the appropriate training to support all people who used the service. We found staff were not trained in epilepsy management, despite supporting people with epilepsy.
- We found additional mandatory training had not been completed by staff, including First Aid training. Staff were attending positive behavioural support training during the inspection.

Staff were not suitably trained. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reported these concerns to the local safeguarding team and the relevant partners. The head of care said they would arrange epilepsy and other necessary training for all staff to complete as a priority.

- Staff received regular supervision and team meetings were regularly taking place, which allowed the team to discuss any issues.
- Staff told us they felt supported in their role and things had improved since a change in management structure. One staff member said, "Yes, I feel supported in my role".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's choices and preferences were not always recorded. Some elements of people's care records were person-centred and detailed. The head of care began a review of care records during the inspection.
- The service had an on-site health and social care team, which included occupational therapists, speech and language therapists and assistant psychologists. The management team told us staff worked with this team for individual assessments required for people. We saw no evidence of this as records were in the process of being written.
- People's needs were assessed prior to receiving care and people had the opportunity to visit the service over multiple days before accessing the service. The registered manager told us they had identified a gap in the assessment process and were working to ensure this was more robust to ensure staff could meet the needs of people accessing the service.

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

- A bell was sounded to indicate to people food was served. The registered manager said this was a historic practice and recognised it as institutionalised. The service manager said people liked the bell being rung but we saw no evidence of this in care planning or in other conversations or observations.
- We observed the evening meal and found people were not encouraged to access their own drinks and snacks. However, we saw people involved in the making of food for the whole service.
- One relative had raised concerns about the food their relative was eating as this was not varied and balanced. The service had not acted on this information.

Please see the well-led section of this report for actions we have taken.

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

- The service design and decoration was not suitable for the needs of the people using the service. The head of care had begun to redecorate, order new furniture and adapt areas of the home to better suit the needs of people prior to the inspection.

- People who lived at the service each had a bedroom. One person showed us their room and although it contained their personal items, the décor and furniture was dated.
- People who accessed respite support at the service had a choice of rooms.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We saw occasions where staff did not follow people's care plans when speaking to them and used terminology which was recorded in people's care plan to cause distress. People and relatives told us they felt the staff were caring. We observed some positive interactions between people and staff.
- People were not always enabled and supported to maintain their own independence. We saw one person being prevented from accessing particular areas of the home and having their shoes removed without their consent.
- Limited recording of people's daily support meant there was no evidence to show how people were supported throughout the day in line with their preferences. People's care plans did contain their likes and dislikes.

Please see the responsive section of this report for action we have taken.

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

- People's care plans showed no evidence they had been involved in the care planning process. The wider service did have a student's council, but this was not inclusive of the people living in the home.
- People's care plans did contain goals and aspirations, but these included basic life skills and opportunities which should already have been included in their daily support.
- The service had indicators of a closed culture which restricted people's involvement in choice. People were often 'grouped' together in one area of the home. We observed some staff standing, wearing coats, not interacting with people and talking over people impersonally. One staff member told a person, "[Person] doesn't get a reward, if [person] doesn't follow instruction".
- Staff showed a limited understanding of positive behavioural support and the restrictions they were imposing on people. Positive behavioural support training was being provided to staff during our inspection.

We reported these concerns to the local safeguarding team. The head of care said they had already identified a culture at the service and would begin care observations to address these concerns.

Please see the responsive section of this report for action we have taken.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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; 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

- People's care plans were not always person-centred or completed in full. Care plans were not regularly audited. The head of care began a review of care records during the inspection.
- Some staff raised concerns about the handover of information between shifts. There was no allocated time for staff to complete a handover. We did see evidence of a handover sheet; however, this was not always completed.
- Relatives raised concerns about the lack of activities people were engaged in, particularly after attending college. The service manager told us people usually 'went out' as a group but there was a lack of a person-centred, focussed and inclusive approach to individual activities.
- We requested evidence of activities for people and received a one month 'schedule' which listed activities. During the inspection, we did not see people engaged in the activity listed on the schedule. The head of care said they would work to implement person-centred activities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were not always met. Several people used Makaton as a method of communicating and staff had not received training in this, despite requesting it. The head of care said this would be scheduled after our inspection.
- People's care plans were person-centred regarding their communication needs. However, we saw no evidence communication aids such as pictures, objects of reference or 'now and next' boards were being used by staff, as stated in people's care plans. Relatives had also raised concerns about this.
- The information in the home was not always available in an accessible format. For example, the menu was written on a small piece of paper on the kitchen wall.
- The cupboards in the kitchen had pictorial images of what was inside the cupboard. However, we found different items in the cupboard to what was on the picture.

People's care was not always provided in line with their needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- We found complaints were not always acted upon and similar themes of concerns had been raised consistently by relatives which corroborated our findings. For example, people not receiving 1:1 support and lack of activities.
- We received feedback the responsiveness to complaints had improved recently. One relative said, "They are quick to adopt what should and shouldn't be done".
- Staff told us they felt able to raise concerns. One staff member said, "Yes, definitely I am able to raise issues, they [management] definitely listen to us".
- The head of care had implemented a student and relative survey to allow a more robust process for capturing concerns moving forward. They had made recent improvements to the management of complaints but there was more work to do and good practice to embed.

End of life care and support

- The service was not currently supporting anyone at their end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager did not have appropriate oversight of the service to ensure there was a positive culture. The service was considering changing the registered manager during the inspection.
- The service had recently employed a head of care who had identified indicators of a closed culture at the service. They had created an action plan to address the cultural and other identified concerns. Although areas of concern had been identified, prompt action was not always taken to mitigate future risk.
- The service was not using its quality assurance process effectively to continuously learn and improve care. For example, incidents, accidents, complaints and concerns were not always reviewed or acted upon.
- The registered manager had employed an external auditor to conduct audits on an ad-hoc basis. We saw evidence of one audit from June 2022 and actions noted for areas of improvement had not been completed. The service employed a head of performance during the inspection whose role was dedicated to quality and compliance management.
- The registered manager understood their responsibilities in relation to duty of candour and notified families when things went wrong. However, we found CQC and other bodies were not always notified of incidents in the service. The head of care said a newer process would be implemented to ensure the robustness of reporting incidents.

Systems and process were not robust to ensure good governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and head of care gave assurances during the inspection all concerns identified by us would be reviewed and they would re-review our closed cultures guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Surveys had not routinely been completed in the service. However, the head of care had implemented a process to allow better communication and the option to gather people's and their relative's views.
- Staff supervisions and team meetings allowed opportunity for a two-way conversation. Where concerns had been raised, the service needed to embed the recent quality assurance processes to ensure these

concerns were acted upon.

- We received positive feedback from the on-site health and social care team. One staff member said, "The staff work well with us, they know the students so well."

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 Care and treatment was not always provided in a safe way for service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not always protected from risk of abuse and improper treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure compliance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always suitably trained.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care was not always provided in a person-centred way.

The enforcement action we took:

We have issued a warning notice to the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users was not always provided with the consent of the relevant person.

The enforcement action we took:

We have issued a warning notice to the provider.