

Emerald Care Services Limited

Pennine View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Pennine View is a residential care home providing accommodation and personal care for up to 2 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 2 people using the service.

The service also provides care and support to people living in 4 supported living settings, so they can live as independently as possible. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection there were 6 people using the service.

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's medicines were not always managed safely, and people were not always supported by staff who had received relevant and good quality training in positive behaviour support, human rights and all restrictive interventions.

People were mostly supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records relating to consent and capacity needed improving and we have made a recommendation about this.

People living at the home each had unique and complex health needs and staff mostly knew people and understood risks to people. Staff provided kind, caring, person-centred care and support. Staff communicated with people in ways that met their needs.

Right Care:

People's needs were assessed and developed into a support plan. Further work was underway to ensure support plans contained detailed information to enable people to receive appropriate care and support that was responsive to their needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards although records needed to be improved.

There were sufficient staff deployed to meet people's needs and wishes. People received person-centred care that promoted people's dignity, privacy and human rights. Staff recognised and responded to changes

to individual's needs. We saw staff treated people with kindness and patience. People had access to meaningful activities and support plans were person centred.

Right Culture:

Governance arrangements were not as effective or reliable as they should be. Further improvement was needed in the quality assurance processes to identify shortfalls and to drive improvement. Support plans and risk assessments relating to people's health needs and the environment were completed but needed more person-centred information to help protect the health and welfare of people who used the service. Relatives and staff gave us mixed feedback about the culture at the service.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 February 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

The inspection was prompted in part due to concerns received about a closed culture, staff training and management. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. Please see the safe, effective and well-led sections of this full report.

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

Enforcement and Recommendations

We have identified 4 breaches in relation to safe care and treatment, medicines management, staff training and oversight and governance at this inspection.

We have made a recommendation about the review of fire safety procedures and the management of records relating to consent and capacity.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pennine View

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 3 inspectors and an assistant inspector.

Service and service type

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

This service also provides care and support to people living in 4 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 CQC 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.

Inspection activity started on 30 January 2023 and ended on 2 February 2023. We visited the service on 30 January 2023 and 2 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (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 spoke to 2 people using the service and 4 relatives about their experience of the care provided. We spoke to 11 members of staff which included the regional manager, the registered manager, the deputy manager and 8 staff. We reviewed a range of records. This included 3 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

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

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

- Known risks to people were not always safely managed.
- Staff had not completed training in responding to emotional distress to the required standard which put people at increased risk of harm.
- Staff did not have access to up-to-date and accurate information to provide safe care and support. For example, where people had been assessed as needing a specific diet, this had not always been documented in their support plans.
- People were at risk of harm from hazards in the environment including razors, razor blades and bleach.
- Systems to monitor accidents and incidents were not effective and did not promote learning. Audits did not fully consider any emerging trends or themes to reduce the risk of reoccurrence and improve the quality of the service.

Risks relating to the safety and welfare of people were not always effectively managed. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team responded immediately during the inspection and updated care records to include specific dietary requirements.

- The provider carried out regular safety checks and maintained the premises to ensure it was safe.

Using medicines safely

- Staff did not always manage people's medicines safely.
- We could not determine people had received their medicines as prescribed because staff did not keep records of medicines they had administered.
- People were at risk of not receiving their medicines when needed because some medicines support plans did not contain enough information for staff.
- The registered manager and provider had limited oversight of the management of medicines and did not routinely complete audits. When audits were undertaken, they failed to highlight errors in medicines administration records (MAR).
- The provider had failed to ensure staff had received all necessary training and had not checked the competency of all staff who were administering medicines.

The provider had failed to ensure safe systems for the management and administration of medicines. We

found no evidence people were harmed at the time of the inspection, however, unsafe management of medicines placed people at increased risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately following the inspection and took action to ensure staff received training and were assessed as competent to administer medicines.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of abuse. Staff had completed training in safeguarding and were aware of the processes to follow to keep people safe. Relatives said they felt their family members were safe with the staff. Relatives told us, "Yes, [Name] is safe. We've always been very happy with their care, they look after them well" and "Oh yes, they are safe. [Name] gets excellent care."

Staffing and recruitment

- Enough staff were deployed to maintain people's safety and meet their individual needs.
- Staffing levels were determined by the number of people using the service and their individual needs. The provider had taken action to maintain staffing levels at the service following a recent turnover in staff leaving.
- The provider operated safe recruitment procedures to ensure applicants were suitable to work in at the service. Pre-employment checks were conducted, suitable references were sought, and Disclosure and Barring Service) certificates were checked.

Preventing and controlling infection

- Systems were in place to ensure the prevention and control of 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 supported people to maintain contact with their family and friends and they were welcome to visit the home.

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

Staff support: induction, training, skills and experience

- The provider had not ensured staff had completed all relevant training.
- We were not assured staff training was up to date. The provider's training matrix indicated a number of courses had either not been completed or were out of date. The providers training record did not demonstrate staff had completed a comprehensive induction programme, in accordance with the Care Certificate standards.
- The provider did not always provide supervision and appraisal in line with their own policies and procedures. Supervision is an accountable two-way process, which supports motivates and enables the development of good practice for individual staff members.

The provider had failed to give staff appropriate support, training, supervision and appraisal as is necessary to enable them to carry out their roles. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Records relating to consent and capacity needed improvement. For example, records did not always demonstrate that people or their legal representatives had consented to their care.
- Despite the issues with records, we saw no indication people's rights were restricted. Staff understood the importance of supporting people to make their own decisions. They obtained consent from people before they provided any care and support.
- People and their relatives confirmed people's right to make their own decisions was respected. For example, a person told us, "I chose everything in my bedroom, and I have got everything I want."

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

- Support plans were generally detailed, and reviews were taking place, although changes in people's needs were not always reflected in their support plans. For example, information about a person's dietary needs had not been updated in their support plan. However, staff knew people well and were aware of changes through handovers.
- People's positive behaviour support plans in their care records were personalised and gave guidance for staff where people might be trying to communicate through their behaviours. However, these needed further improvement to ensure they included preventative and reactive strategies for staff to follow to help ensure people received an enhanced quality of life.
- People's cultural and religious needs were considered in their support plans, and some people and their families were involved in this planning.

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

- People received the support they needed to eat and drink and maintain a balanced diet.
- People told us they enjoyed their meals. They commented staff assisted them as required and there was enough food available to them.

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

- People lived in properties that looked like any other residential property in the surrounding area and there was no indication they were any different. At the time of our inspection the home was undergoing a number of refurbishments, such as new a new kitchen and updating the décor.
- People were comfortable in their environment and spent time in their own accommodation, communal areas.
- People had access to suitable and accessible outside spaces that could be use used extensively in the summer.

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

- People received support from staff to access healthcare services.
- Care records detailed people's healthcare needs and services they were registered with. Staff supported people to attend routine and specialist healthcare appointments.
- People had health actions plans and were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes had not consistently identified the issues we found during the inspection. For example, audits in place had not identified the concerns we found in relation to medicines management, staff training, support and supervision and peoples care records were not always accurate and up to date.
- Staff had not always been equipped with the skills and knowledge needed to meet people's needs safely.
- Staff had mixed feelings about the support they received from the management team. Some staff were positive and told us they felt they could go to the management team with their concerns. In contrast, other staff said there was a lack of communication and consistency from management.

Systems were either not in place or not robust enough to demonstrate safety was effectively managed, and records were not always accurate, up-to date and person centred. This placed people at risk of harm. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was open during the inspection and explained the service was going through a transitional period of change with members of the staff team. The provider explained they were in the process of reviewing the culture of the service to make sure staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish
- Most relatives we spoke with were happy with the support their family member received. One relative said, "I am comfortable leaving [relative] in their care." Another said, "At the minute I really don't know if the home is well managed. Every time you phone up there is different staff, you have no rapport with staff at all."
- There was a friendly and relaxed atmosphere at the home. We observed many kind, friendly and thoughtful interactions between people and staff members. Staff promoted people making choices for themselves.

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 provider and registered manager had a good understanding of the duty of candour and a policy and procedure was in place for staff guidance.
- The management team understood their responsibilities to be honest with people, relatives and staff

when things went wrong.

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

- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- The service liaised with healthcare professionals to coordinate better care for people.
- The provider had a system in place to involve people, the public and staff to share their comments and suggestions about the service.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks relating to the safety and welfare of people were not always effectively managed. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had failed to ensure safe systems for the management and administration of medicines. We found no evidence people were harmed at the time of the inspection, however, unsafe management of medicines placed people at increased risk of harm.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or not robust enough to demonstrate safety was effectively managed, and records were not always accurate, up-to date and person centred. This placed people at risk of harm. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not have effective systems in place to give staff appropriate support, training, supervision and appraisal as is</p>

necessary to enable them to carry out their roles. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.