

Pendlebury Care Homes Limited

Pendlebury Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Pendlebury Court Care Home is a residential care home for up to 39 people which provides accommodation and personal care to older people in one adapted building. The building has two floors with communal areas on each. At the time of our inspection there were 36 people living there.

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

Risks to people's health and wellbeing were not always assessed to ensure their needs were met in a way that protected them from harm. Learning did not always take place to ensure lessons were learnt. People received their medicines as prescribed, however the provider did not always ensure relevant guidelines were followed around storage of medicines.

People's needs were not always assessed to ensure their needs were met by effectively trained staff. People were not always involved in meal planning and did not always have regular access to drinks throughout the day.

Governance systems were not always effective in identifying areas where quality and safety of care had been compromised.

People were not always supported to follow interests or social activities. We have made a recommendation about providing person-centred activities.

People were not always supported in a meaningful way by staff.

People were not always involved in care reviews and this practice was inconsistent. People's communication and information needs were not consistently met. People felt able to make a complaint and felt this would be investigated, however this was not always recorded.

People were supported to have independence and make choices. There were enough staff to ensure that people's needs were met safely. People were protected from abuse and people told us they felt safe. Practices were in place to ensure prevention and control of infection protected people.

People received good outcomes for their health and wellbeing. Staff worked well with other health and social care professionals to achieve this. People were supported in an environment suitable for their needs.

People were 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.

People's privacy and dignity was respected. People and their relatives felt the staff were helpful and kind

when interaction did occur.

Staff knew how to work with other professionals to ensure people had a comfortable and dignified death.

People, relatives and staff knew who the registered manager was and felt they were approachable. People, their relatives and visiting health and social care professionals were invited to give feedback and the provider then used this information to inform changes. The provider was transparent, open and collaborative with external agencies.

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

Rating at last inspection

The last rating for this service was good (published 11 June 2018).

Why we inspected

The inspection was prompted due to concerns received about activities and staffing. A decision was made for us to inspect and examine any risks.

We have found evidence that the provider needs to make improvements. Please see the key question sections of this full report.

Enforcement

We have identified three breaches in relation to person-centred care, safe care and treatment and quality assurance at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Pendlebury Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Pendlebury Court is a 'care home'. People in care homes receive accommodation and 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not available on the day of inspection as they were on leave.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including a care consultant, senior care workers, care workers and the cook. We spoke with five visiting health professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and two people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accident and incident analysis and quality assurance records were reviewed.

After the inspection

We reviewed documentation the care consultant sent to us to validate the evidence found. We continued to seek clarification from the provider to validate evidence found. We looked at training data and actions taken following feedback at inspection.

Is the service safe?

Our findings

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

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

- Risks to people's health and wellbeing were not always assessed to ensure their needs were met in a way that protected them from harm. Learning did not always take place to ensure lessons were learnt.
- Risk assessments were not always reviewed and updated following incidents to mitigate further risks. For example, one person had a fall which had resulted in a serious injury and despite them receiving appropriate care, their risk assessments were not updated. We also found there were no risk assessments in place for managing behaviour for three people who had exhibited behaviours that may challenge.
- Although incidents were recorded on an appropriate form, lessons were not always learnt to improve care or mitigate further incidents. For example, incidents of behaviours that may challenge for three people had been recorded and reviewed but the action taken did not include forming a risk assessment to mitigate further risk.

We found no evidence that people had been harmed however, risk assessments were not always in place to ensure risks were mitigated. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw staff supported people in a safe way, for example when walking with an aid.
- We saw other risks to people had been assessed and acted on. For example, when someone was at risk of pressure damage to their skin, appropriate equipment had been sought and referrals to healthcare professionals had been made.
- People were supported to have independence and make choices. For example, some people were able to have their bedrooms locked and had access to a key. This meant they could have their own private space. All the locks were able to be opened easily in the event of an emergency. One person told us, "I chose to lock my door and I feel much safer." A relative told us, "[Name] has a key to her room and locks this as she feels comfortable when her things are secure."

Using medicines safely

- People received their medicines as prescribed, however the provider did not always ensure relevant guidelines were followed around storage of medicines.
- We found the medicines fridge temperature had been recorded as -1 or -2 °C by staff. Guidance states that certain fridge medicines must be stored between 2°C and 8°C. Despite the temperature being recorded daily, no action had been done to rectify the low temperature. Therefore, there was the risk that people would be receiving medicines that had not be stored correctly and therefore not be effective.
- Some people were prescribed 'as required' medicines and although there were protocols in place for

these, they were not always person-centred.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely.
- The provider used a dependency tool to ensure there were enough staff on duty each day. This tool looked at people's individual needs and calculated how many staff were required to meet these needs.
- The provider did use agency staff to cover sickness or gaps in staffing and some relatives felt this occurred too much. One relative told us, "There have been a lot of agency staff recently and they don't necessarily know [name] very well." A staff member told us how as far as possible, regular agency staff were used to promote consistency and there was a recruitment drive in place to hire more permanent staff.
- Recruitment records showed us checks to employ safe and suitable staff to work with people were completed.

Preventing and controlling infection

- Practices were in place to ensure prevention and control of infection protected people.
- We observed the premises to have a high standard of cleanliness and hygiene. A relative told us, "[Name's] room is always spotless and clean."
- We saw staff wore personal protective equipment such as gloves and aprons when appropriate.
- The kitchen was clean and organised, and the provider had received a food hygiene rating of 5 from the Food Standards Agency. This is the highest possible rating that can be achieved.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and people told us they felt safe.
- We saw staff had followed up any safeguarding concerns correctly and other health professionals had been involved where necessary.
- We saw staff were open and honest about concerns and a visiting health professional told us, "The staff are good at raising concerns here."
- Staff had received training in safeguarding and how to identify possible abuse.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People's needs were not always assessed to ensure their needs were met by effectively trained staff.
- We saw records for three people that detailed multiple incidents of behaviours which could be considered as challenging. Staff had referred all the people for appropriate review by other health care professionals, but no care plans had been devised for each person on how to intervene safely and in a way which protected their dignity and rights.
- Although, relevant healthcare professionals had been involved in each person's care, staff had not received specialist training in dementia awareness or how to manage behaviours as challenging. This meant staff were not fully equipped with the skills and knowledge to be able to deliver person-centred care to people who may experience behaviours that may challenge. A staff member told us this training would not take place until later in the year. This meant people and others living around them were at risk of harm from potential incidents.

We found no evidence that people had been harmed however, people's needs were not always fully met through assessment and review. This placed people at risk of harm. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they enjoyed the training they had, and this was followed with competency assessments.
- Staff had a comprehensive induction which included shadowing experienced staff and a variety of relevant training sessions to prepare them for their role.
- Staff had ongoing support through supervision and appraisals. A staff member told us, "We have regular supervisions with the manager, we definitely feel supported."

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

- People were not always involved in meal planning and did not always have regular access to drinks throughout the day.
- We saw people were not offered drinks during the morning of our inspection, but we did see more drinks offered in the afternoon. A relative told us, "People don't have enough to drink here. We often don't see any drinks being offered."
- A hydration station where people could help themselves to water had been made but there were no cups or lightweight jugs for any drinks to be poured easily.
- We saw the meal choice was limited on the day of inspection. We spoke to the cook who told us they

choose the meal plan each day and people are no longer involved in this. One person told us, "We get plenty of food, but no choice is offered."

- There were mixed views of the meals offered. One person told us, "All the meals are nice." A relative told us, "We have spoken with the manager about the poor quality of food offered."
- Staff showed understanding of people's specialist dietary needs and these were clearly documented in care records. Staff monitored people's weights and any dietary needs. Referrals to other healthcare professionals were made when necessary, for example when people's weight was reducing dramatically.

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

- People received good outcomes for their health and wellbeing. Staff worked well with other health and social care professionals to achieve this.
- We saw one person being informed of upcoming appointments that day, so they had adequate time to prepare. A visiting health professional told us, "The staff are good at contacting us and being proactive. They will work with us with things like dressing changes." Another visiting health professional told us, "A member of staff will always greet me and give me a handover."
- Care records had details about referrals to external agencies. For example, one person had been referred to a specialist mental health team.

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

- People were supported in an environment suitable for their needs.
- We saw people's bedrooms were decorated with personal items, for example with photographs and personal bedsheets. One person told us, "I really like my bedroom."
- The provider had invested in sofas for communal areas and we saw how this promoted people to sit together and engage with each other. There were also accessible chairs available for those who needed them.
- The provider had invested in a new heating system and people and relatives told us how this had a positive impact. A relative told us, "The new heating has made a huge difference. It is lovely and warm."

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in the least restrictive manner.
- Where people had an application had been made for DoLS, we saw appropriate information was included in the referral and staff followed procedures to ensure people were not restricted unlawfully.
- When people did not have the capacity to consent to some decisions, we saw assessments had taken place, however these were not always decision-specific. We spoke with the care consultant about this and

action was being taken to amend this.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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; Supporting people to express their views and be involved in making decisions about their care

- People were not always supported in a meaningful way by staff.
- We observed communal areas had multiple members of staff present but there was little interaction with people. Staff were observed to be more focussed on tasks than people and their wellbeing.
- A relative told us, "Staff do not always support people with their meals." A visiting health professional told us, "The staff are all lovely, but it always feels very task-focussed and institutionalised here. For example, they will hand out meals but then leave people with food in front of them and it goes cold"
- The provider had not ensured staff had received training in behaviours that may challenge, and this meant staff did not always have the knowledge and skills to be able to support people in a compassionate way.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- People and their relatives felt the staff were helpful and kind when interaction did occur. One person told us, "The care staff are all lovely." Another person told us, "The staff are all lovely, but they do not always talk to me."
- We saw staff were discreet when supporting a person who needed to use the toilet.
- People were supported with their independence. For example, we saw one person was supported into a wheelchair and the staff took their time and let the person transfer as independently as possible.
- Visitors were made to feel welcome and on the day of the inspection, we saw multiple visitors to the home. People could choose to spend time with their family in the communal areas or in their own rooms.
- One person was supported to have a television in their room which showed programmes in their native language.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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 were not always supported to follow interests or social activities.
- We saw very few activities take place on the day of inspection and there was limited interaction with people. One person told us, "We don't get up to a lot here." A relative told us, "[Name] has little interaction or dialogue with staff." Another relative told us, "We haven't had many activities and even over Christmas, there was little to do. People tend to just be sat around doing nothing." A staff member told us, "It is normally quiet like [the day of the inspection]."
- Staff told us there was not currently an activity coordinator employed but one was starting soon. They told us that a primary school does visit once a week and people enjoyed this. A relative told us, "[Name] enjoys it when the school children visit."

We recommend the provider review how people are supported to follow their preferred interests and take part in social activities.

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

- People were not always involved in care reviews and this practice was inconsistent.
- Care records were detailed in some areas and included information about people's protected characteristics and identities. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc.
- However, we found care records were not always reviewed and updated. For example, one care record had not been updated for over six months, despite their resuscitation status and health needs changing in this time. A staff member told us, "We need to get better at our care plans. Unfortunately, they are not all up to date."

Meeting people's communication needs

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

- People's communication and information needs were not consistently met.
- We saw there were dementia friendly signs around the premises, however sometimes these were often wrong. For example, there was a door with a sign saying 'Lounge' with a picture of a seat, however the room was now a storage room. There was a calendar board for people to see what was happening, but this was

dated for the wrong year.

- A relative told us, "The staff don't write anything on the menu board so [name] never knows what is for dinner." We saw the menu board was empty and then later filled in with a handwritten piece of paper. We saw one person struggle to read this and had to ask staff.
- These errors meant people were not always orientated to time or place.

Improving care quality in response to complaints or concerns

- People felt able to make a complaint and felt this would be investigated, however this was not always recorded.
- People and relatives told us they felt confident any concerns would be followed up. One relative told us, "If we say anything is wrong, the staff will always sort it."
- We saw the provider had a complaints folder, but this only included formal complaints made in writing. A staff member told us people and relatives often come to the management team to raise concerns and action is taken there and then. There was no documentation of these complaints and so the provider had no way of analysing complaints made to identify themes and areas for improvement.

End of life care and support

- Staff knew how to work with other professionals to ensure people had a comfortable and dignified death.
- Visiting health professionals told us how staff worked with them to care for people at the end of their lives. One health professional told us, "Whenever anybody receives end of life care, the staff here are very responsive, and we work together." Another professional told us, "The staff are good at recognising pain and ringing us. They have always been good at end of life care here."
- Despite this, people's care records did not always contain an assessment of people's end of life needs and wishes. Where assessments had taken place, these were not always updated with any changes or reviewed with people.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance systems were not always effective in identifying areas where quality and safety of care had been compromised.
- Despite audits of medicines, care plans, risk assessments and accident and incident analysis, we found concerns on inspection that had not been identified as areas for review and action. This demonstrated a lack of management oversight with regards to the care provided. These concerns have been reported on in the safe and effective areas of this report.
- Care plans, risk assessments and medicines were picked at random for audits and so not all records were audited regularly, therefore any errors or concerns were not being picked up consistently.
- Accident and incident analysis had identified that training needed to take place for behaviours that challenge but nothing was being done in the interim period before training of staff and the provider was still admitting service users who had a history of exhibiting behaviours that may challenge.

We found no evidence that people had been harmed however, quality assurance systems had not always identified where quality and safety of care had been compromised. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider and staff team were responsive to our feedback and started to make improvements required. This included correcting wrong signage around the service.
- Since the last inspection, there was now a registered manager in post. They were supported by the provider via a care consultancy company.
- The registered manager understood their responsibilities of registration with us. They ensured we received notifications about important events so that we could check they had taken appropriate action.
- We saw the rating from the last inspection was visible in the home and on the provider's website.
- The provider employed a care consultancy company to support who supported the registered manager by regularly visiting and assisting them in the management of the service.

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

- People, relatives and staff knew who the registered manager was and felt they were approachable.

- A staff member told us, "We are a loving home and [the registered manager] really supports us with that." A visiting health professional told us, "The registered manager is always approachable and listens to me about concerns."
- There was a clear statement of purpose, however this stated staff were trained in dementia and we found this was not the case. A statement of purpose explains what a provider does, where they do it and who they do it for. A staff member told us how training for dementia awareness was going to be provided to develop the values and knowledge of staff.
- Group supervisions for staff were held following any serious incidents or service-wide errors. This meant staff were consulted about how lessons could be learnt.

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 understood their duty of candour. We read any complaints were followed up with a letter to those concerned explaining each investigation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and visiting health and social care professionals were invited to give feedback. The provider then used this information to inform changes.
- A 'You Said, We Did' board detailed what changes had been made following comments in feedback surveys. For example, a recent survey had identified people would like the environment improving. In response to this, the provider had purchased new sofas and was in the process of forming a refurbishment plan that would also make use of empty rooms.
- Regular staff and resident meetings were held to ensure people and staff could provide feedback. We read minutes from these meetings which demonstrated a two-way conversation where people and staff were listened to.
- The provider was working to create links to the community, for example a local school visited regularly. Some people were supported to go out into the community, for example to a local café or a local shop.
- The provider also had information available about local dementia cafes and support agencies. They told us how this information had helped one relative come to terms with a diagnosis of dementia for their loved one.

Working in partnership with others

- The provider was transparent, open and collaborative with external agencies.
- A healthcare professional told us, "The staff always do whatever we ask them to do, including care planning."
- We saw actions identified by a health and social care professional had been completed within the allocated timeframe.

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 9 HSCA RA Regulations 2014 Person-centred care Care and treatment of people was not always appropriate and meeting their needs.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and wellbeing were not always assessed and mitigated.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems had not always identified where quality and safety of care had been compromised.