

## Emerald Care Services Limited

# Pennine View

### Inspection report

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Date of inspection visit:  
03 December 2018

Date of publication:  
16 January 2019

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service:

Pennine View is a bungalow that provided accommodation care for two people with learning disabilities. The registered manager also oversees staff who support four people that live in supported living in two housing association owned bungalows.

What life is like for people using this service:

Our last inspection took place in June 2016 when the service was rated good. At this inspection we found that the service had declined and was rated requires improvement.

The provider had arrangements in place for managing people's medicines. However, we identified some concerns regarding the stock and review of people's medicines, therefore, medicines were not always managed in a safe way. We have made a recommendation that medicine management is addressed so that people receive their medicines in a safe way.

Staff recruitment files we looked at did not always reflect that the recruitment process had been followed in line with the providers policy.

The provider had systems in place to ensure the service was operating to the provider's standard and that policies and procedures were being adhered to. However, we found audits had not identified the concerns we highlighted as part of this inspection, therefore they were not always effective.

We have made a recommendation that the provider ensures that a robust system is in place for auditing the service.

The provider had systems in place to safeguard people from abuse. Risks associated with people's care and support had been identified and were appropriately managed to keep people safe. Staff we spoke with told us there were always enough staff available to ensure people's needs were met in a timely and person-centred way.

Staff received appropriate training which gave them the knowledge to complete their roles and responsibilities. Staff told us they felt supported by the management team. However, we looked at staff files and found staff did not always receive structured support sessions in line with the providers policy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain a balanced diet which met their needs and took account of their

preferences. People had access to healthcare professionals as required.

We spent time observing staff interacting with people who used the service and found they were kind and caring. Staff offered appropriate support in line with people's assessed needs. Staff ensured that people's privacy and dignity were maintained.

People received personalised care which took in to consideration their preferences and choices. People were supported to maintain community links and be involved in a range of social activities.

The provider had a complaints procedure in place and people were given opportunities to raise concerns.

Further information is in the detailed findings below.

Rating at last inspection:

Good (Report published 27/07/2016)

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

## 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 effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Pennine View is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Pennine View also provides personal care to four people living in their own properties.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

#### Notice of inspection

The inspection was unannounced.

#### What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further

information about the service.

We met all the people who used the service and spoke in more detail with four people. We spent time observing staff interacting with people. We also 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 spoke with five staff including support workers, senior support workers and the registered manager. We looked at documentation relating to four people who used the service, three staff files and information relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

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.

### Using medicines safely

- We looked at systems in place to manage medicines and found they were not always effective.
- The amount of medicines in stock did not always tally with the amount recorded on the medication administration record (MAR). For example, one person was prescribed a medicine on an as and when required basis. The amount in stock was four tablets more than what could be accounted for on the MAR. We spoke with the registered manager about this who said they would take appropriate action.
- Following an incident where a person had required pain relief, medicine was purchased over the counter following emergency healthcare advice. However, following the incident this had not been reviewed by the person's own GP and was still in use although the person's initial pain had subsided. Therefore, was not been given as directed.
- Temperatures of the medicine store room had been taken daily up to 23 November 2018. Following this date, no temperatures had been recorded. We spoke with staff who said the reason was due to the thermometer breaking. This had not been replaced.

We have made a recommendation that medicine management should be more robust to ensure people receive their medicines in a safe way and as prescribed.

### Staffing levels

- There were sufficient numbers of staff available to meet people's needs. On the day of our inspection we saw there were enough staff to ensure people received support in line with their assessed needs.
- The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at three staff recruitment files and found two of them contained relevant checks. One file contained one reference which had been completed on a typed letter signed by the registered manager and not the person completing the form. There were no details of who had completed the reference. We spoke with the registered manager about this who told us they would take action to resolve this issue.

### Safeguarding systems and processes

- We found systems in place to safeguard people from abuse were effective.
- Staff were knowledgeable about safeguarding people and knew what action to take if they needed to. They felt the registered manager would take their concerns seriously and take appropriate action.

#### Assessing risk, safety monitoring and management

- We looked at care and support records and found they contained risk assessments which identified risks associated with people's care and support.
- We spoke with staff who knew people well and were able to talk about risks associated with people's care and how they managed them safely.
- Risk assessments were reviewed according to the level of risk. For example, low risk was reviewed after 12 months, medium after six months and high risks were reviewed after three months unless anything changed.
- People's care records had a personal emergency evacuation plan (PEEP) to ensure people were appropriately supported in an emergency. Staff and people were regularly involved in fire drills. The PEEP set out specific physical and communication requirements to ensure that they could be safely evacuated from the service in the event of an emergency.

#### Preventing and controlling infection

- Staff working at the service received training in infection control and kept the service clean

#### Learning lessons when things go wrong

- We looked at records in relation to accidents and incidents and spoke with the registered manager about how these were monitored and reviewed.
- Incidents were recorded and a discussion held with staff and the care manager to look at any lessons to be learned. Health care professionals were also referred to in the event that the person required further support such as occupational therapy, physiotherapy or input from the speech and language therapist.



# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people using the service, the provider completed an initial assessment of their needs to ensure the service would be able to support them.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records.
- Staff we spoke with knew people very well and were keen to ensure people's preferences were considered.

Staff skills, knowledge and experience.

- Staff we spoke with told us they received appropriate training to carry out their duties in line with their job description.
- Staff also had competency checks on their ability. These were in subjects such as medicine management.
- We spoke with staff who felt supported by the manager and felt able to speak with them when required. However, we looked at staff records and found that documentation did not reflect this.
- The providers recruitment policy stated that new starters should receive supervision monthly. One staff member started working for the service in May 2018 and had one supervision on file dated September 2018.
- We spoke with the registered manager who informed us that they were aware that supervision and appraisal were due and had scheduled them to take place. We were also shown a revised appraisal form which had been created to better the support sessions for staff.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to maintain a healthy balanced diet which met their needs and preferences.
- People's care records included information about people's dietary requirements and people had been referred to other professionals such as the dietician and speech and language therapists when required.

Staff providing consistent, effective, timely care.

- People had access to healthcare professionals when required and were supported to maintain good healthcare. Care records we looked at evidenced the advice that had been given and how the staff assisted people to follow it.

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

- Some people who used the service were supported to live in their own properties and the service provided personal care to them. Two other people lived in a residential care setting.
- In both parts of the service the design, decoration and adaptation met the needs of the people who lived there. People had personalised their homes in line with their preferences.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People who used the service were supported in line with their choices and preferences.
- We observed staff interacting with people and found they were kind and caring and ensured their individual rights were maintained.
- We saw staff and people who used the service had good relationships and were comfortable in each other's company.
- People we spoke with told us they enjoyed life and got on well with the staff. One person said, "Yes, it's nice here."

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

- Staff were passionate about ensuring people were involved in decisions about their care and supported them to express their opinions. We observed one staff member saying to one person, "What would you like to do?"
- People's choices were well documented in their care records and staff who supported them had signed the records to show they had read them and knew how to support people.

Respecting and promoting people's privacy, dignity and independence.

- We spoke with staff who explained how they supported people to maintain their independence and how they respected people's privacy and dignity. Staff explained how they ensured doors and curtains were closed when delivering personal care.
- We also saw staff maintained people's privacy by knocking on their house door prior to entering their property.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care.

- People received personal care which met their needs and took in to account their choices and preferences.
- Care and support records we looked at were person centred and clearly explained what was important to people.
- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was shared with people in one to one sessions and house meetings.
- People were supported to maintain links with the community and take part in a range of social activities which they enjoyed. For example, horse riding, social club events, walking and swimming.

Improving care quality in response to complaints or concerns.

- The provider had a complaints procedure which was available for people who wanted to raise a concern about the service and/or their support. The complaints procedure was also available in an easy to read format.
- We spoke with the registered manager who informed us that a record of complaints was maintained to ensure they were followed up in line with the providers policy.

End of life care and support.

- At the time of our inspection no one using the service was receiving end of life care.
- We spoke with the registered manager who told us that some people had discussed this subject with staff and some records had been completed.
- Staff told us how they had supported someone at the end of their life. We were told that their wishes had been respected and that the care offered was appropriate to meet their needs.

# Is the service well-led?

## Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Leadership and management.

- At the time of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- The registered manager also covered the role of a support worker as required and used this as an opportunity to understand the service better.
- The registered manager was supported by a team of senior support workers who assisted with some management processes.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The management and staff team worked well together to ensure people receive personalised care which met their needs and took in to consideration their preferences.
- Appropriate action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service. However, this was not always documented.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. Continuous learning and improving care.

- The provider had an auditing process in place which was intended to ensure the service was meeting the providers expectations.
- We looked at a sample of audits and found they were not always completed consistently and had not identified the minor concerns we raised as part of this inspection.
- We found some concerns around medicine management, recruitment files and constancy of staff support which required attention. The registered manager assured us that action would be taken to address these issues.

We have made a recommendation that the provider ensures that a robust system is embedded in to practice which identifies and acts on concerns.

Engaging and involving people using the service, the public and staff. Working in partnership with others.

- People had opportunities where they could be involved in the service and raise their opinion about it. Service user meetings took place which discussed tenancy, feedback, update on actions from previous meetings, health and safety concerns.
- People also had opportunity to speak with staff on a one to one basis if they preferred to.