

Tamaris Healthcare (England) Limited

Pennine Lodge

Inspection report

Pennine Way
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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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

This inspection took place on the 12th, 13th and 14th of August and was unannounced.

Pennine Lodge is a recently built 70 bedded care home. It operates across two floors and provides nursing and personal care. The ground floor is occupied by older people who are physically frail and the first floor accommodates people living with dementia. There are several large and small communal areas and a hairdressing area. The home is set in its own grounds which includes a parking area and gardens.

The home was last inspected on 6th and 7th October 2014. At this inspection we rated the service as inadequate. The home was in breach of the following regulations of the Health and Social Care Act (HAS) 2008 (Regulated Activities) Regulations 2010:

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers

Regulation 24 HSCA 2008 (Regulated Activities) Regulations 2010 Cooperating with other providers.

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of service users.

Summary of findings

Regulation 19 HSCA 2008 (Regulated activities)
Regulations 2010 Complaints

Regulation 10 HSCA 2008 (Regulated activities)
Regulations 2010 assessing and monitoring the quality of service provision.

Regulation 22 HSCA 2008 (Regulated Activities)
Regulations 2010 Staffing.

The above regulations have now been replaced with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the home was no longer in breach of any of the above regulations and met all of the 2014 Regulations.

The service did not have 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. However there was a temporary manager in place at the service.

The service had sufficient staff meet people's needs at the time of our inspection but needed to maintain consistent staffing levels.

The staff knew how to identify abuse and protect people from it.

The home was clean and odour free.

The service had carried out risk assessments to ensure that they protected people from harm.

Medicines were ordered, stored, administered and disposed of correctly.

Staff had been trained to an appropriate standard.

Improvement was required to the way the service co-operated with other providers of health and social care.

People liked the food provided and were supported to take a good diet. However some care plans that related to people's nutritional support did not reflect their individual assessments.

Staff had developed caring relationships with people who used the service.

Improvements had been made to the environment and we observed both structured activities and meaningful social engagement.

Support plans were written using a person centred approach but did not always reflect the information gathered in assessments.

There was a complaints process in place that the temporary manager had followed. However some complaints remained unresolved. We spoke with the temporary manager and recommended further engagement with relatives to ensure that complaints were brought to a conclusion.

There was a robust quality assurance system in place which meant that the temporary manager and area manager were aware of many of the areas that required improvement in the service.

The temporary manager had worked consistently to improve the service. The area manager had a clear vision as to the future of the service and intended to recruit permanent manager in the near future.

Summary of findings

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.

There was not always sufficient staff to meet people's needs.

Staff were aware of how to recognise and report concerns about vulnerable people.

Staff were recruited appropriately and relevant checks on their background were carried out.

Requires improvement



Is the service effective?

The service was not always effective.

The service needed to improve how it liaised with other providers of health and social care.

Care plans relating to nutritional support were not always based on individual assessments.

Staff had received sufficient training in health and social care.

Requires improvement



Is the service caring?

The service was caring.

We observed staff interacting with people in a kind and caring manner.

We observed that staff treated people with dignity and respect.

People were not discriminated against.

Good



Is the service responsive?

The service was not always responsive.

Care plans were not always based on the assessments carried out by the service.

People were able to raise issues with the service including formally via a complaints process.

The service had gathered information about people's background and their personal histories.

Requires improvement



Is the service well-led?

The service was well led.

The temporary manager had a robust quality assurance system in place.

There was a clear management structure in place at the home and plans were in place to recruit a permanent manager.

Good



Summary of findings

<p>The area manager had a clear vision of the future of the service and demonstrated his ability to make immediate improvements.</p>	
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Pennine Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on the 12th, 13th and 14th of August and was unannounced.

The home was inspected by two adult social care inspectors and an expert by experience in older persons care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a 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 reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with 25 staff including the registered manager, the deputy manager and the area manager, 12 people who used the service, eight relatives and one visiting professional.

We looked at 10 written records of care and other policies and records that related to the service including quality monitoring documents.

We looked around all the communal areas of the home and with people's permission some bedrooms.

Is the service safe?

Our findings

People who used the service told us they thought there were sufficient staff to meet their needs. We spoke with a relative who told us, “It has improved...they are a bit short of staff sometimes, a lot of young ones rather than experienced staff but I suppose they have to start somewhere.” And added, “They all try hard they are just a bit pushed.”

We spoke with staff most of whom thought there was sufficient staff, though some did comment that this was not always the case.

On our previous inspection we found that the service was not safe as it lacked sufficient numbers of staff to safeguard the health, safety and welfare of people who used the service.

We had received information prior to our inspection that, at times, there were not sufficient staff available to support people. For this reason we visited Pennine Lodge both during the day and at night.

At the time of our inspection we observed that there were sufficient staff to support people. We noted that staff were working extremely hard to ensure that people’s needs were met. We did not observe anyone having to wait an unreasonable time for support or assistance.

The service had employed extra staff, known as hostesses, to support people at mealtimes and assist with observing people in order to keep them safe. We saw that the hostesses spent time with people which helped to ensure that they had access to outside space as well as talking to people and simply keeping them company.

We spoke with the temporary manager and asked how she ensured that there were sufficient staff to meet people’s needs. The temporary manager explained that the number of staff was based on the identified needs of the people who used the service. We noted that more staff were deployed downstairs at the time of our inspection. This reflected the needs of the people who lived on that unit.

We looked at the rota for Pennine Lodge. The rota confirmed what we had been told by relatives and staff in that staffing levels in the service were not always

consistent. We spoke with the temporary manager of the service and the area manager. They provided assurances that Pennine Lodge continued to recruit staff in order to be able to achieve consistent staffing levels in the future.

We judged that Pennine Lodge was no longer in breach of the regulation. However they were unable to demonstrate a sustained improvement. Therefore we judged that they required improvement.

We recommend that the provider keep recruitment and retention, ratios under review.

During our previous inspection we noted that the home had a strong odour of urine particularly on the unit that cared for people with dementia. On this inspection we found the home was clean and odour free. The home had clear procedures in place to ensure that cleanliness was maintained. We judged that the service was no longer in breach of the regulation.

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. We spoke with staff both individually and in groups. Staff were able to explain how to identify and report different kinds of abuse. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues with the practice of others if necessary.

We saw that people who used the service had assessments in place that identified risks to their well being and planned ways to reduce them. For example it had been identified that some people who used the service required assistance in order to safely mobilise. Care plans had been written that outlined how to move people safely using the correct equipment. During our inspection we observed staff supporting people appropriately when they required this type of assistance.

We reviewed recruitment procedures in the service. The temporary manager explained that they advertised when there were job vacancies in the service. All potential candidates were interviewed with the temporary manager, or their deputy, present. If they were successful criminal records checks were carried out and references would be

Is the service safe?

sought. The temporary manager showed us evidence that all of the current staff in the service had up to date employment checks including whether they had a criminal record. We noted that the temporary manager also checked that their nurses were correctly registered with the Nursing and Midwifery Council on a regular basis.

We looked at how the service managed medicines. Medicines were stored appropriately and administered by

people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that MAR charts had been filled in correctly. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

Is the service effective?

Our findings

During this inspection we asked people about the food provided by the service. People told us, “The food is okay, I eat it.” And, “The food is alright, breakfast is best, I am not bothered with the rest!”

We looked at written records of care. We noted that one person required support with nutrition as they suffered from diabetes. They had also lost weight recently. The care plan contained instructions on how to support the person to regain weight including information on a high calorie diet. There was no mention of how to nutritionally support the person in terms of their diabetes. However when we spoke to care staff and kitchen staff they were all aware that this person required this specific type of support. We found that the kitchen staff had information specific to this person about appropriate diabetic diet.

We observed meal services during our inspection. We saw that staff took time to support people who required additional assistance when eating. Equipment such as plate guards had been made available so people could eat independently if possible. The addition of the hostess staff helped create a convivial atmosphere.

We judged that the service had improved in how it supported people nutritionally. However there were still issues with the way the service planned nutritional care, therefore we judged that this area required improvement.

We recommend that the provider regularly review nutritional care plans to ensure that they are correctly based on information gathered during nutritional assessments.

During our previous inspection we found evidence that the home was in breach of Regulation 24 HSCA 2008 (Regulated Activities) Regulations 2010 Cooperating with other providers, as it did not, so far as reasonably practicable, work in cooperation with other providers of health and social care.

Prior to this inspection we gathered information from other health and social care providers that engaged with Pennine Lodge. They told us that relationships with the service had improved. We spoke with relatives. Some told us that the

home was good at involving other services with people’s care. Others told us that they still had some issues with the service involving health and social care professionals in a timely manner.

We looked at written records of care and saw that assessments and recommendations from other health and social care professionals had been recorded and care plans had been updated accordingly.

We judged that though the service was no longer in breach of the regulation they were unable to demonstrate a sustained approach. Therefore we judged that the service required improvement.

We recommend that the provider maintain a consistent approach to the way it co-operates and acts on the advice of other health and social care providers.

On our previous inspection we found that the home did not provide effective care because staff had not received appropriate training.

During this inspection we looked at training records for the staff and saw that they had been brought up to date. Staff had received appropriate training in different aspects of health and social care including moving and handling, health and safety and infection control. In addition staff had received training appropriate to the needs of the people they supported, for example dementia care.

The temporary manager and the area manager were able to demonstrate that there was now clear career progression for staff which included national vocational qualifications and apprenticeships. A new role was been developed for carers that would give them additional skills to help support nursing care within the service.

We spoke with the temporary manager and asked about the supervision and appraisal of staff. Supervision is a meeting between staff and their line manager where issues relating to work can be discussed. Appraisal generally takes place annually and is a meeting between staff and their manager where performance is discussed. The temporary manager told us that all staff had received regular supervision. Staff we spoke with confirmed this. We saw that the temporary manager had a plan in place to ensure that all staff received their appraisal.

We judged that the service was no longer in breach of the regulation.

Is the service effective?

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The registered manager told us that a small number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place.

We saw that each person had been assessed as to what capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives and health and social care professionals, used this information to ensure that decisions were made in people's best interests. We saw that the service worked closely with professionals from the local authority to ensure that people's rights were upheld.

Is the service caring?

Our findings

During our previous inspection we found that the service required improvement in the way it cared for people. We saw that though staff were caring they lacked the resources to provide a structured meaningful day to people who used the service.

We asked people if they felt well cared for at Pennine Lodge. People told us that the staff were caring and looked after them. One person said, "It's alright I suppose, the girls are nice enough, they make you laugh!"

A relative we spoke with said "it's improved a bit." Another relative commented, "Overall it's okay, we wouldn't move them, that says it all really." Another added, "It's much better here than where my other relative is...very happy with the care, it's five star in comparison with the other place...I would move (relative) here if I could"

We observed staff caring for people in a relaxed, warm and friendly manner. Staff took time to speak with people who used the service and had clearly established caring relationships with them.

We looked at how people were communicated within the home. We observed staff talking with people and informing them of what they were doing and why they were doing it, for example if they were assisting people using a hoist. Relatives we spoke with told us, "We are fully consulted about all his care." And, "I am informed about all their care, we can come and go as we please."

Both people who used the service and their relatives were able to attend 'resident and relative' meetings if they wished to express their views in a more formal manner. However we were told that these meeting had not recently been attended by senior staff in the home. We spoke with the temporary manager and the area manager and recommended that senior staff attend these meetings.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. We saw that many people who lived in the home were capable of making their own decisions about the way they chose to live. Some people were unable to make complex decisions about their care. We saw that staff had gathered information about likes, dislikes and preferences from people and their relatives. They used this information to help make decisions in people's best interests. We found evidence that formal best interest meetings had taken place in conjunction with relatives, staff and health and social care professionals.

We saw that people were able to access advocacy services if they required support to make their feelings known. The temporary manager was aware of the need for these services and ensured people were informed of their rights relating to this.

People's privacy and dignity was upheld. We observed that staff took care to ensure people's doors were closed when they were receiving personal care. Staff we spoke with knew that maintaining people's privacy and dignity was important. In both units there was a 'dignity' board that outlined what people should expect of the service.

There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. Staff received training on equality. This meant that the service ensured that people were not discriminated against.

We saw that staff were trained how to provide appropriate end of life care for people who chose to remain in the home towards the end of their lives. The training included information on how best to support people with nutrition, hydration and medication to ensure their death was as comfortable as possible.

Is the service responsive?

Our findings

During our previous inspection we found the service was not responsive to the needs of the people who it cared for as they had failed to plan care around people's individual needs.

We looked at the written records of care for people who used the service. The service had gathered information about people in order to ensure that care plans were person centred. For example information about people's likes and dislikes was used to formulate care plans relating to people's daily routine and their nutrition. The service had also made the effort to compile basic personal histories.

We saw evidence that indicated the service had carried out assessments to establish people's needs. For example some assessments indicated that people needed support to mobilise. Plans were in place to ensure that people were assisted appropriately.

Reviews of care plans were carried out regularly and where possible involved the person receiving support. Relatives and other health and social care professionals were involved in these reviews.

We noted that some care plans did not meet all of the needs that had been identified in the assessments. For example one person's stated that they were at high risk of contracting pressure ulcers, also known as bed sores. When we examined the care of this person we saw that they were being closely monitored and had been provided with a specialist mattress and chair cushion to help reduce the risk of pressure ulcers. However though there was a care plan in place about the person's pressure care there was no mention of any of the interventions we observed.

We judged that though the service was no longer in breach of the regulations they required improvement in the way they reflected people's needs in written care plans.

We recommend that the provider reviews all care plans to ensure that they correctly reflect people's identified needs.

During our previous inspection we found the service could not provide sufficient evidence that they were acting on people's and/or their relative's feedback. In fact some relatives were reluctant to speak with the home manager.

At this inspection we asked people and their relatives if they felt the service was responsive to their needs. One relative told us, "if something is not right and I tell them, they put it right." However other relatives told us that they struggled to get the service to sustain consistent care for people.

We looked at how people raised concerns within the home. We saw that people were able to express when they were feeling unhappy to staff. Relatives were able to approach the temporary manager or staff informally if they had concerns. We found no evidence that relatives or people who used the service were reluctant to speak with the temporary manager.

In addition to this the service had a formal complaints policy and procedure which was provided to people who used the service. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. There was also a procedure to follow if the complainant was not satisfied with the outcome. The complaint procedure was in an easily accessible format and the use of advocacy services was encouraged.

There were some outstanding complaints about the service at the time of our inspection. We discussed them with the temporary manager. She was able to demonstrate that she had followed the complaints policy and expressed disappointment that the complaints remained unresolved. Following further discussions with relatives who had lodged complaints with the service we recommended that the temporary manager, with the support of the area manager, improved how they engaged with people and their relatives in order to resolve complaints in an efficient and timely manner.

We looked at how people spent their day within the home. The home employed two members of staff to co-ordinate activities. We found evidence that people were able to access meaningful activities in the home. For example on one of the days we visited people were accessing the garden and enjoying an ice-cream or a cold drink with staff. We saw that art groups had been facilitated and a tea dance was planned for the weekend after our visit.

The unit for people living with dementia had developed their strategies to support people with cognitive impairment to be able to explore and engage with their

Is the service responsive?

environment safely. For example they had created spaces that contained vintage style clothing, bags and hats that people were able to try on and wear. There was an area that showed old films on a television and a sensory room complete with sound, lighting and a massage chair.

We judged that the service had taken positive action to ensure that people had access to a structured meaningful day though further development was required.

Is the service well-led?

Our findings

We spoke with people who used the service and asked if they thought the service was well led. Most of the people who used the service told us that things had improved since our last inspection.

We spoke with relatives one of whom said, “I see very little management about, you never see them walking the floor or helping out, you would think that they would.”

We spoke with staff the majority of whom told us they were well supported by the temporary manager. One member of staff told us, “We’ve received good support.” Another told us that the temporary manager and their deputy had supported her, “Really well” following an incident at the home.

Staff also told us that they had received support from the local authority via the quality manager who had worked closely with the provider to facilitate improvement in the service. Staff told us, “The quality manager [from the local authority] has been cracking, he’s given us lots of support.”

We spoke with both the temporary manager and the area manager. They were able to demonstrate that they had worked hard to make the necessary improvements to comply with the law. However they acknowledged that there were areas of the service that required further improvement.

The temporary manager told us, “As a manager you have got to be part of the team, listen to the staff but make no unrealistic promises. We have built good relations with the staff as I have a consistent approach.”

The area manager had a clear vision of how he wanted the home to develop in the future which included recruiting a permanent manager to the service. During our inspection the area manager was quick to respond to our feedback and made immediate improvements.

There was a clear management structure in place. The temporary manager reported directly to the area manager who visited the home regularly and was in contact frequently. The manager had a deputy in place who was able to take over the day to day running of the home when required.

The service carried out regular customer satisfaction surveys which included questions about the standard of care. We noted that the temporary manager, in conjunction with the provider, devised action plans based on the feedback from the surveys. In addition to this there was an electronic tablet on which people were able to give immediate feedback on their experience of the home. This included professional visitors.

We looked at how the provider and the temporary manager monitored the quality of the service provided at Pennine Lodge. We saw that the registered manager carried out regular audits and checks. These included training audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care. This helped ensure that people were provided with a high quality service and enabled the temporary manager to identify areas that required improvement.