

Canterbury Care Homes Limited

Pennine Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pennine Care Centre is a residential care home providing accommodation and personal care to up to 64 people. At the time of the inspection there were 39 people living there. There are two units, Pennine and Moorland Suite. Pennine is for older people, including people living with dementia. Moorland Suite is a male only unit and supports older and some younger people with mental health conditions.

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

A wide variety of activities were provided, these were designed to be relevant to people's interests. People told us they enjoyed the activities and did not get bored. Staff knew which relationships were important to people and supported them to maintain these. People and their representatives played an active role in planning and reviewing care.

People told us they were cared for staff who were kind, caring, patient and compassionate. Staff and people enjoyed each other's company and many pleasant, meaningful interactions were seen. People were supported to be as independent as they could be, with some people going out daily.

The two separate units of the home were decorated and designed differently to meet the needs and preferences of the people who lived there. There was a variety of communal areas for people to enjoy spending time alone, with family or in the company of the other people who lived there. These included a pub, a dementia café, a hairdressing salon, a barbers shop, a gaming area and a secure pleasant garden.

The registered manager proactively assessed and managed risks to people's safety. Staff understood safeguarding procedures and were confident they could recognise potential signs of abuse. There were enough staff on duty to keep people safe and provide companionship. People received their medicines as prescribed.

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.

The service had a positive culture that was person-centred, open, inclusive and empowering and achieved good outcomes for people. The provider had clear and effective governance arrangements. The registered manager retained oversight of all areas of the service by completing regular audits and analysis of all areas of care planning and delivery. People, relatives and staff all spoke highly of a fair, approachable and supportive management team who led by example.

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 Requires Improvement (published November 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Pennine Care Centre

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

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Pennine Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

Notice of inspection

This 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with ten people who use the service and two of their relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager and deputy manager, we also spoke with a healthcare professional who regularly visits the service. 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 seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including governance and audit frameworks were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The registered manager had embedded a proactive approach to anticipating and managing risk to people's safety. There were clear risk assessments in place and these were reviewed regularly and in response to incidents and changing needs. Staff demonstrated they understood the risks to people and their responsibility to mitigate these.
- Where people behaved or had the potential to behave in a way that may challenge others, staff managed this in a positive way. Where there was a potential for risk to safety of staff and visitors, effective safety procedures were put in place that did not compromise people's dignity and human rights.
- People told us they felt safe and were not left waiting for staff to assist them. Comments we received included, "I feel very safe here because they're here to help me." Another person said, "I'm definitely safe, it takes staff a nano second to come if I ask for something."
- There was a clear process for sharing updates and information about risk to people's safety. For example, staff attended hand over meetings and had one to one supervisions where safety and risk management were discussed.

Systems and processes to safeguard people from the risk of abuse

- People were consistently safe and protected from avoidable harm. The provider had effective safeguarding systems and procedures and staff were knowledgeable about the potential signs of abuse and how to respond.
- Where safeguarding concerns had arisen, they were managed promptly using local policies. Investigations had been completed and shared appropriately in an open and transparent way. Where necessary lessons were learned and cascaded amongst staff teams, people, relatives and relevant professionals.
- The provider had a whistleblowing policy available to staff and visitors. This was displayed prominently in the reception area and throughout the home. Staff told us they would feel confident raising concerns without fear of recrimination if they felt this was necessary.

Staffing and recruitment

- There were enough competent staff on duty to meet people's physical care needs and provide companionship. The provider used a dependency tool to calculate the number of staff that would be required to meet people's needs on each unit. They then added ten percent more staff to ensure they had a

contingency in case of emergency. Both the registered manager and deputy manager covered shifts and helped staff during busy periods and were on call out of hours if staff required support.

- People, relatives and staff all told us there were enough staff and staff were not rushed. During the inspection we saw staff took the time to provide companionship to people. The registered manager told us they always ensured there were enough ancillary staff such as domestics, laundry and kitchen staff so care staff could focus on being with people.
- Recruitment systems were robust to ensure the provider employed suitable staff. Staff were subject to pre-employment checks including criminal records checks with the disclosure and barring service.

Using medicines safely

- People received their medicines as prescribed. Medicines were ordered, stored, administered, documented and disposed of safely. The registered manager ensured all staff had easy access to evidence based best practice guidance and were directed how to follow these effectively in clear guidelines. For example, each person had documents with pictorial images which detailed each of their medicines, what they were prescribed for how they preferred to take them and how staff should respond if this person refused their medicine.
- Staff responsible for administering medicines were trained and had their competency assessed.

Preventing and controlling infection

- The home was clean throughout the inspection. People and relatives told us the home was always clean. We saw staff wore the appropriate personal protective equipment such as disposable aprons and gloves which were readily available throughout the home.
- Infection and prevention control policies were displayed prominently in all areas of the home, so staff had easy access to guidelines if they were ever unsure how to respond to a risk of infection.
- The service had been awarded the highest standard of food hygiene and throughout the inspection, they followed the required standard of practice.

Learning lessons when things go wrong

- There was an open and transparent culture to investigating safety concerns in a way that promoted learning and improvement. There was a procedure in place to identify potential themes and trends. Accidents and incidents were investigated and reviewed by the registered manager. All were concluded with lessons learned and ways in which the risk of recurrence would be mitigated.
- Lessons learned were cascaded amongst staff and communicated to partner organisations.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant 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

- Care and support was planned and delivered in line with current evidence-based guidance, standards and best practice legislation. For example, the management team had ensured all staff had easy access to up to date research and guidance in relation to specific health conditions people had. They had produced 'symptom guides' for staff to refer to which included guidance from the NHS about how to respond to common symptoms. The Registered Manager explained these were produced with a view to empowering staff to make informed decisions and potentially reduce the need for healthcare professionals to be contacted unnecessarily.
- Recognised tools such as the Malnutrition Universal Screening Tool and Waterlow were used to identify risks to people's health. These were completed at least monthly and more often for people who were at higher risk.

Staff support: induction, training, skills and experience

- Staff had the knowledge, training and experience to carry out their role effectively. People and relatives told us they thought staff were well trained. Comments we received included, "The staff know exactly what they are doing."
- Staff completed an induction when they started their role. This included training that the provider deemed mandatory and a period of shadowing experienced staff. This was for a flexible period depending on the experience and skill of the new staff member.
- Staff were supported with regular supervisions which included offering further support and training if required. Staff told us the supervisions were helpful and they were encouraged to develop their knowledge in areas of care they were interested in.

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

- People exercised genuine choice and had ready access to food and drink they liked throughout the day and night. Mealtimes were pleasant experiences and food was well presented, including food that was prepared to adhere to specialised diets.

- Kitchen and care staff had a good knowledge of people's dietary requirements. For example, who ate specialised diets such as soft or pureed food, who required a diabetic diet as well as people's individual preferences.
- People chose their food at the time of eating it and all told us they enjoyed it. Comments we received included, "The food is always excellent, lots of choice." Another person said, "The food is very good, always two choices."

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

- The registered manager had embedded an effective process of information sharing both with partner agencies such as the local authority and healthcare professionals, and with other care homes in the local area.
- During the inspection we sought feedback from a healthcare professional who regularly visited the service. They told us they had confidence in the management and staff teams, clinical concerns were always referred appropriately and where they left advice for staff to follow this was always done effectively.

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

- The service used innovative methods to engage people in making decision about the design and decoration of the home. For example, one person told us they had remote controlled blinds at their windows which were purchased because they could no longer open their own blinds.
- The two units of the home were decorated in different styles to meet the preferences and lifestyle choices of the people who lived there.
- Pennine unit was homely with dementia friendly pictorial images to make it easier for people living with dementia to navigate the building. There were a variety of areas where people could spend time alone or spend time with family, these included a dementia friendly café area, a small quiet lounge, seating in the corridors, a larger lounge with enough seating for all the people who lived there and an activity lounge which was always open.
- Moorland unit was decorated with items that interested the people who lived there. These included sports memorabilia, vinyl records and a pub. Both units had a hairdressing room, the one on Moorland Unit had been designed to look like a traditional barbers shop.
- All bedrooms were personalised with people's own belongings. People chose the decoration and furniture for their bedrooms, including the colour of the walls. People had access to outside spaces that were pleasant and had been assessed as safe for all to use.

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 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.

- The service was working in line with the MCA. People had their ability to make decisions assessed with decision specific mental capacity assessments. Staff understood which decisions people could make for themselves and to act in their best where people couldn't decide independently.
- The registered manager ensured staff were aware that people could make unwise decisions where they had the mental capacity to do so. Staff were guided to suggest and encourage, but also to respect people's decisions even if this appeared to be an unwise choice. This upheld people's human rights and empowered them to have maximum control over their lives.
- DOLS applications were made and reviewed where necessary. People who were subject to DOLS had the conditions of these met.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong visible person-centred culture. All staff were sensitive to times when people needed compassion and support. We saw staff anticipate people's emotional needs and provide companionship and support before people became distressed.
- People living at Pennine Care Centre were supported by staff who were kind, caring, patient and compassionate. This was reflected in the feedback we received when we spoke with people and their relatives. One person said, "Staff here are very important to me, they're very caring and treat everyone as an individual." Another person said, "Staff are friendly and caring." A different person said, "Staff are exceptionally good." One relative said, "Yes all the staff are just so kind, and they really know [Name] very well."
- Throughout the inspection we observed interactions between people and staff and saw there were close bonds between the two. Staff made time to talk to people and spend time with people doing the things people enjoyed. We saw staff and people have conversations about shared interests and this made people happy and content. Staff told us how much they enjoyed the company of the people they cared for. One staff member said, "I like the residents and it's always a lovely atmosphere here."
- People's individual needs and preferences were known and respected, including in relation to the protected characteristics of the Equality Act (2010). People who followed a religion were supported to continue doing this. People's cultural requirements and personal preferences in relation to food and drink were known and respected.

Respecting and promoting people's privacy, dignity and independence

- People had choice and control over their lives and were supported to be as independent as they could be. Some people were able to go out independently. One person said they wanted to keep a pet, so the registered manager had taken them to a pet shop and they chose a hamster. The person kept the hamster in their room and cared for it independently.
- People who wished to could choose who would assist them with personal care. For example, where people preferred male or female only carers, this was respected.
- People's privacy and dignity were maintained at all times. Staff were seen to discreetly offer assistance with meeting personal care needs. When staff needed to discuss a person's needs with other staff, they did

so in an office with the door locked.

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

- The service supported people to access and liaise with independent advocates where appropriate. An independent advocate is a person who ensures that someone's voice is heard and that they have control over their own lives.
- People and their relatives or advocates were involved in development reviews of their care needs. One relative said, "Staff are 100% informed of [Name's] needs." Another relative told us they had recently been to the service and were involved in a full review of care needs, "We came for a review and everything was on top form."
- Care reviews and best interest meetings were held at time that were convenient for people and families or advocates to attend.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- Staff made sure people could maintain relationships that were important to them. People who were able to, were not restricted from going out and spending time with friends and family. Some people went out every day and spent time in their favourite places. For people who were less able to go out, visitors were always welcomed and if they wanted to they had the choice of a variety of quiet areas to spend time together.
- Staff knew which relationships were important to people and to respect people's privacy when they wished to spend time alone. For example, a married couple were taken out for a meal which was referred to as, 'date night'. Staff made sure they sat far enough away so they could monitor the couple's safety but not intrude on their time alone.
- The service played an active role in the community. They took part in community projects and hosted events such as summer fayres and bonfire night to welcome people from the local area to join them for an afternoon or evening. All people and relatives we spoke with told us how much they enjoyed these occasions.
- People regularly went out, we saw photos of people walking to a nearby farm to see the animals and going on trips out to a variety of different places.
- The provider employed two dedicated activities staff. There were activity rooms in both units of the home. The activities rooms were always open and not restricted to certain times of the day. We saw people take part in different activities and staff supporting them to do this as independently as possible.
- Activities had been designed to be relevant to people's lifestyles and personal preferences. For example, in Moorland Unit there was a gaming station where computer games were available. The registered manager had sourced retro gaming facilities that had simplified controls that were easy for people living with dementia to use. There was also a pub and a pool table. In Pennine there were knitting stations and an old-fashioned sewing machine as well as a dementia café and a choice of activity stations.
- People told us they enjoyed the activities provided, comments we received included, "I don't get bored here, I go out to the shops now and then." Another person said, "There's always something to choose from here, we do lots of things." A relative said, "There are different activities and [Name] recently enjoyed the interactive music session."

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

- People and where appropriate, their families or advocates, were involved in design, development and reviews of care planning and delivery. Care plans explored each person as an individual including their life history, who and what was important to them and how their personal needs and preferences could be met.
- People told us they were treated as individuals and staff went out of their way to do this. One person said, "[Registered Manager] researched specialist bandages to stop me bruising so easily." Another relative said, "[Staff] know [Name] is tactile so they hold her hand and offer her a doll to hold when she is anxious, this helps her." We observed a time when doll therapy was used for this person, we saw staff were kind, respectful and compassionate and the person was comforted and relaxed during this time.
- One person who had in the past had a poor sleep pattern struggled to settle in one room all night so was given access to another vacant bedroom also. Staff found this person relaxed more and got more sleep from having the option of choosing which bedroom to use.
- One person had previously struggled to settle in many care placements and was at risk of becoming homeless. We saw the passion and determination of the management and staff team to meet this person's needs and provide them with care and support to find a better quality of life. This person had settled and was happy at Pennine care Centre and lived an active life in the way they chose.

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.

- The service met the AIS. Documentation was provided in a variety of formats that were suitable to people's communication needs. Dementia friendly pictorial images were used for some people. Talking newspapers were available. Technology such as tablet computers were available and during the inspection we saw a person enjoy using one.

Improving care quality in response to complaints or concerns

- Complaints were handled in an open and transparent way and viewed as an opportunity to improve without fear of repercussion.
- The provider ensured people and visitors had easy access to the complaints policy. These were produced in easy read formats and displayed in prominent positions in all communal areas and the reception area. There were 'complaint seats' where people or visitors could sit and raise concerns verbally if they wished. All people, staff and visitors we spoke with told us they knew how to complain and felt confident they would be listened to.
- A small number of complaints had been received, these were documented, investigated, responded to and lessons were learned. The registered manager reviewed all complaints and had a procedure in place to identify themes and trends with a view to identifying lessons that could be learned.

End of life care and support

- People were supported to make decisions and express their preferences for how they would like to be

cared for if they were to approach the end of their lives. No-one was approaching the end of their life during the inspection. People's documented wishes included where they would like to be cared for if they became seriously unwell, who they would like to be informed before and after their death. Families were invited to express their wishes if the person consented to this.

- The provider had decorated a dedicated end of life room. This was pleasantly decorated and had home comforts and space for families to stay if they wished. This was used as an option for people if they would like to move to this room, people who preferred to stay in their current room were supported to do so.
- Staff received training in recognising of end of life symptoms and care. Both staff and the registered and deputy manager spoke with us about the extra support they offered to families during these difficult times.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to embed robust governance procedures to protect the safety and welfare of people. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection much improvement had been made and the provider was no longer in breach of Regulations.

- The provider had clear and effective governance arrangements. The registered manager retained oversight of all areas of the service by completing regular audits and analysis of all areas of care planning and delivery. Where areas for improvement were identified they were done so in a way that drove improvement forward and did not apportion blame.
- All people we spoke with gave positive feedback for the registered and deputy manager. People and relatives told us the management team were approachable and listened to them. Staff told us they were proud to work for the service and felt supported in their role by the management team. Some comments we received from staff were, "I am proud to work here, the manager helps us and we all get on." Another staff member said, "The manager is very supportive to us and fair."

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

- The service had a positive culture that was person-centred, open, inclusive and empowering. People who had struggled to settle in previous placements were happy and achieving good outcomes.
- The management team were accessible, assisted with care delivery and led by example. They welcomed feedback, both positive and negative and used both as an opportunity to learn.

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

- The registered manager had forged strong links within the local community. The location was in a secluded setting where people would not regularly walk past. They hosted community engagement evenings in the form of fayres and recently a bonfire night. This was done to increase community links and to raise money for the social fund used to pay towards activities and social events for the people using the service. It was also an opportunity to invite friends and families to spend more time at the service.
- Staff, people and relative meetings were planned and held. Relative meetings had not been well attended but relatives we spoke with told us the management and staff were so approachable they could talk to them anytime and already felt well informed and involved in the running of the home.
- Quality surveys had been sent out, at the time of the inspection they were waiting for most to be returned so the results had not yet been analysed.

Continuous learning and improving care; Working in partnership with others

- There was a strong focus on learning from all staff and the management team. Staff understood the management team promoted learning to enhance the quality of care provided for people. Where learning had been shared this was always underpinned with current best practice evidence-based references.
- The registered manager was open and transparent and worked collaboratively with appropriate external organisations.

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 operated a genuinely open and transparent culture and saw input from partner agencies as an opportunity to learn. They had notified CQC of all incidents they are legally required to inform us of.
- The provider is legally required to display their current CQC rating on their website and within the premises. We saw both had been done.