

Four Seasons (GJP) Limited Pennine Lodge

Inspection report

Pennine Way
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Cumbria
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Tel: 01228515658

Date of inspection visit:
02 November 2021
09 November 2021

Date of publication:
05 January 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pennine Lodge is a care home providing personal and nursing care for up to 70 people, including people living with dementia or physical disabilities. There were 65 people living there at the time of this inspection. The accommodation is in four distinct units.

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

People's medicines were managed in a safe way although there were some gaps in recording when prescribed creams had been applied. We have made a recommendation about this. The management team involved staff in better ways of managing this.

People and relatives felt the home was safe. The home was clean, comfortable and warm. Staff had practical training in infection control. They followed national guidance to prevent the spread of infection.

There were enough skilled, experienced staff to support people. Safe recruitment practices had been used to make sure new staff were suitable.

There had been several changes to management over the past year. There was a new management team in place and the new manager had applied to be registered. Staff and relatives said the manager was approachable and open to suggestions.

There was a friendly, warm atmosphere in the home and staff took an interest in the well-being of people.

The management team promoted good working relationships with local health and social care services to support the needs and well-being of the people who live there.

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 2 March 2020).

Why we inspected

We received concerns in relation to the cleanliness of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pennine Lodge

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and an 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 Lodge is a 'care home'. People in care homes receive accommodation and nursing or 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 who was applying to be registered with the Care Quality Commission. Registered managers and 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this

information to plan our inspection.

During the inspection

We spent time with people who used the service and spoke with 14 relatives about their experience of the care provided. We spoke with 10 members of staff including the management team and care team. 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 five 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 policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection we made a recommendation about gaps in records of the application of people's prescribed creams. During this visit we found there were still some gaps in the records of topical medicines (TMARs). There was no impact on people, and healthcare professionals were positive about the skin care people received, but the gaps were contrary to best practice and the provider's own protocols.
- During this inspection the management team met with staff to ensure a permanent solution to the shortfalls in records. It was agreed the storage of creams would change, daily meetings would refer to the TMARs and weekly audits would check if the new system was working.
- Other medicines were safely managed with appropriate records and systems in place.

We recommend the provider keeps the new system of managing prescribed creams under review.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to protect people from the risk of abuse or unsafe care. Staff were trained in safeguarding procedures and knew what action to take.
- People were comfortable in the presence of staff. Relatives said their family members were safe at the home. Their comments included, "I feel they are safe because there are always staff around" and "My [parent] is safe, it's better here than other places."

Assessing risk, safety monitoring and management

- The provider had systems to assess and manage risks to people's safety. Risk assessments and care plans provided guidance for staff about how to support each person safely with their individual needs.
- Relatives felt risks to people's well-being were managed. They told us, "[Parent] is safe because they have an alarm mat, so staff know when they're on the move" and "They've ordered equipment that will help prevent pressure sores."

Staffing and recruitment

- There were sufficient, appropriately trained staff on duty throughout the day and night to make sure people received the support they needed. People and relatives commented, "There are always staff buzzing around and you can always find someone" and "When my [parent] rings the buzzer, the carers come straight away."
- Staff said staffing levels were safe although sometimes they felt a bit pressed for time if people had high dependency levels. Occasionally agency staff were used to make sure there were sufficient staff on duty. The manager outlined plans to recruit more staff to support with care and hospitality services.

- The provider had robust recruitment process in place to make sure new staff were screened before working at the home. The provider had a recruitment team who carried out all advertising of posts and checks of new staff.

Preventing and controlling infection

- The provider had clear systems to screen visitors before they entered the home. This protected people and staff from catching and spreading infections.
- The provider was admitting people safely to the service, in line with national guidance. There were sufficient supplies of PPE for staff and they were using these effectively.
- The provider accessed regular testing for people and staff. The home was clean and odour-free, and daily premises checks were carried out.

Learning lessons when things go wrong

- The service had an electronic management system to record accidents and incidents. These were reviewed by management staff to make sure appropriate actions were taken. The system meant managers could identify any trends of incidents.

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 good. At this inspection this key question has remained the same. This meant the service was 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;

- During the past seven months there had been several changes to the management of the service. Staff and relatives commented the inconsistent management arrangements had made communication difficult. At the time of this inspection, an experienced new manager had commenced at the service and had applied to CQC to be the registered manager.
- Most relatives felt there had been recent improvements to the way the home was run. Their comments included, "I wasn't happy as they didn't have a manager and it was all higgledy-piggledy, but things are running smoothly now with the new manager" and "The new manager seems very approachable and hands on."
- The provider had systems to monitor the quality and safety of the service and acted where improvements could be made.

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

- Most people said the service had a friendly, welcoming atmosphere although some said it depended on which staff were on duty. Relatives commented, "Staff do seem happy, and activities-wise they do all sorts to help people emotionally" and "The carers are friendly, and they take an interest in the residents and relatives."
- Staff said the morale at the home was starting to improve and would continue to do so as more new staff started in post. Staff were committed to their role and were positive about the home's potential future.

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

- Relatives had mixed views about engagement with the home. Some said communication was good and that their views were sought through surveys. Other comments included, "I'd really like someone to let me know how my [family member] is doing. The carers say things like 'she's fine' but I'd really like to know from someone more senior" and "Communication from management could be better as to who's who and what's happening."
- The manager stated an email had been sent to main relatives to introduce the new management arrangements. A relatives' meeting was also being arranged.
- The new management team had started to hold staff meetings across a variety of roles to discuss organisational standards and for staff to give their views and suggestions.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was committed to continuous improvement of the service for the people who lived there. This included a new dementia strategy and redecoration of the home.

- The provider and manager were aware of the duty of candour and their legal responsibility to be open and honest.

Working in partnership with others

- The service worked alongside other health and social care professionals who were involved in people's care.

- The management team said they had good contact with other professionals and used local networks to make sure people had access to appropriate services.