

# Four Seasons (GJP) Limited

# Pennine Lodge

## Inspection report

Pennine Way  
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Tel: 01228515658

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05 April 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Pennine Lodge is a residential care home providing personal and nursing care to up to 70 people. At the time of our inspection there were 60 people using the service.

The home has four separate units providing nursing and personal care for people with physical or dementia-related care needs.

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

The new management team had made changes so there was better oversight of people's well-being and actions were taken where necessary. Improvements had been made to checking people's potential risk of poor nutrition. Staff had retraining and there were better systems to about how to support people's diet.

People and relatives praised the friendly atmosphere in the home. They described the manager and staff as "friendly", "helpful" and "kind". The home had a warm and welcoming culture. Staff were engaging with people.

People and relatives said the home was a safe place to live. The home was clean, bright and comfortable. The provider had systems to help reduce the spread of COVID-19.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice. People said they were encouraged to make their own choices.

Staff worked alongside health and social care agencies to support the well-being of the people who live there.

The management team were open and approachable. Staff said they felt supported by the new management team and said the culture had improved.

The management team carried out checks of the quality and safety of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 September 2022). 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

We carried out an unannounced inspection of this service on 25 July 2022. A breach of legal requirement was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings 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](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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 Health and Social Care Act 2008.

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

The inspection was carried out by an 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.

Pennine Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pennine Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 3 months and had submitted an application to register. We are currently assessing this application.

#### 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 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with four people and spoke with 12 relatives for their views. 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 spoke with 12 staff including the manager, deputy manager, regional and support managers, nurses, catering and care staff.

We reviewed a range of records including 6 people's care records relating to nutritional health. A variety of records relating to the management of the service were reviewed, including staff training records and audits.

# Is the service safe?

## Our findings

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

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider facilitated visiting by relatives in a safe way and in line with government guidance.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection the provider's failure to ensure people's nutritional records were accurate placed people at potential risk. This contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The management team had improved the oversight of people with nutritional needs. People's weights were closely monitored and actions were taken following any weight loss.
- Staff had renewed training in nutritional records and reporting changes. Catering staff said there was better communication about people's weight so they could arrange fortified foods where necessary. People had access to a daily menu and alternative options, including specialist diets, were always offered.
- Relatives said people got appropriate support with their diet. Their comments included, "All [person's] nutritional needs are being met, [person] has advanced dementia and staff do everything to keep their weight up, softer foods and plenty of drinks and snacks" and "Food is good, with appropriate diet, snacks and weekly weighing."

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

- The provider had a system to determine whether people's needs could be met at the service. The management team carried out assessments of each person's dependency levels and used a multi-agency approach to make sure people's needs were kept under review.
- Information about people's abilities, preferences and needs was used to develop individual plans of care.

Staff support: induction, training, skills and experience

- The provider made sure staff had essential training relevant to their role. This included training in specific areas such as pressure care and moving and assisting.
- Relatives told us staff were skilled in their roles. Their comments included, "Staff are competent and caring" and "Staff seem to be well trained."
- The management team carried out supervision sessions with each staff member. Staff said they felt supported in their role. They commented, "We've had loads of good training recently. Some training is group training in the home so all learn together."



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

- Staff supported people to access health services, when necessary. These included chiropody, district nursing services and dementia care services.
- A GP visited the service weekly. The manager described this as "a very good service" where people were seen quickly to prevent deteriorating health. A nurse commented, "The weekly clinics mean we can really keep on top of someone health and we learn so much from the GP."
- Relatives said they were kept informed by staff about people's well-being and involved in any health appointments.

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

- The home was a bright, modern building that had been designed and decorated to support people with dementia-related conditions.
- The home had adaptations, including bathing equipment and mobility equipment, to support people's physical needs.

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were working within the principles of the MCA.
- Staff sought consent before carrying out any personal care. Staff gave people choices and respected their decisions. Where people lacked capacity for any specific decisions, these were made in the person's best interests and included relevant representatives.
- DoLS were applied for appropriately and applications were regularly reviewed for progress.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider's systems to monitor the quality and safety of the service were not always effective and did not lead to sustained improvement. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The provider had systems to monitor the quality and safety of service. The management team had acted on the shortfalls at the last inspection and had strengthened governance oversight.
- Managers and staff understood their roles and responsibilities. Since the last inspection the manager and regional management had changed. The management team carried out audits of the service and reported their findings to the provider.
- Staff said the management arrangements supported improvements in the service. They told us, "There have been good changes to staff and management" and "The new regional manager is good at getting us what we need."

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

- The service had a positive, welcoming atmosphere. Staff were attentive and friendly towards people. Staff were knowledgeable about people's individual preferences.
- People were encouraged to make their own choices which made them feel empowered. Relatives commented on the "pleasant atmosphere", "good care" and "cheerful staff". One relative told us, "They treat them very well and like individuals."
- Staff had confidence in the current management team and said the culture in the home had improved as a result.

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

- People and relatives said communication with the manager and staff as good. They described the manager as "approachable, friendly and helpful".
- Some relative suggested resident/relatives' meetings could be better advertised with notes from the

meeting for those that could not attend. The manager confirmed these will be put in place.

- Staff had meetings to discuss organisational standards and to give their views.

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

- Lessons were learnt when things went wrong and improvements had been made following our previous inspection. Changes to people's nutritional risk were now reported weekly. This helped the management team to identify risks and take appropriate actions.
- The provider and registered manager understood their responsibilities to be open and transparent if anything went wrong.

Working in partnership with others

- The service staff worked in collaboration with other health and social care professionals to support the people who used the service.