

Four Seasons Homes No.4 Limited Pellon Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Pellon Care Centre is a residential care home providing personal and nursing care in two separate units, each of which have separate adapted facilities. Brackenbed unit provides nursing intermediate care for up to 33 people and has two places for people requiring long term nursing care. At the time of the inspection there were 12 people receiving intermediate care and one person receiving long term care. Pellon Manor provides personal care for up to 35 people. At the time of the inspection there were 17 people in residence on this unit. A third unit within the complex, Birkshall Mews, is closed.

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

Staff were not always available to meet people's needs.

We have recommended the provider reviews staffing arrangements to make sure people's needs are met appropriately.

People felt they, or their relatives were safe. Risks assessments were in place, but, on Pellon Manor, these were not used effectively by staff and were not always up to date. Systems were in place to safeguard people from the risk of abuse. Senior managers had analysed recent events in the home and reported these appropriately. People received their medication as prescribed by staff who had been appropriately trained. Systems were followed to make sure staff were recruited safely.

Infection prevention and control (IPC) practices needed some improvement to minimise the risk of spread of infection.

Most of the people we spoke with were complimentary of the care provided. However, some gave us examples of people's dignity needs not always being met. Our observations during our visit also identified issues in relation to maintaining people's dignity.

There was not a manager in post at the time of the inspection. Day to day management was being shared between three senior managers. Systems were in place for audit of quality and safety within the service. However, these systems continued to lack the robust approach needed to identify issues that would affect the quality of service people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This inspection was prompted through our intelligence monitoring system and to follow up on previous breaches.

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.

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.

Rating at last inspection

The last rating for this service was requires improvement (published April 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

We have found evidence that the provider needs to make improvement. Please see the safe, caring and well-led sections of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

At this inspection, not enough improvement had not been made and the provider was still in breach of regulation 10 (Dignity and respect) and regulation 17 (Good governance). Please see the action we have told the provider to take at the end of this report in relation to regulation 10.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Inadequate ●

Pellon 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.

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 three inspectors, a medicines 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

Pellon Care Centre 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 did not have a manager registered with the Care Quality Commission at the time of this inspection. Registered managers along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The site visit to the care home was unannounced. Inspection activity started on 13 May 2021 and finished on 4 June 2021. We visited the care home on 18 May 2021.

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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who were using the service and eight relatives of people who use the service about their experience of the care provided. We spoke with six members of staff including a regional manager, a regional support manager, a nurse and three care workers. Discussions with people who used the service and relatives were via telephone calls.

We reviewed a range of records. This included three people's care records and a sample of medication records. We looked at two staff recruitment files. A variety of records relating to the management of the service, including some policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been assessed and risk assessments developed. However, some risk assessments for people on Pellon Manor had not been fully completed which meant the assessments may not fully reflect the risk to the person. Care staff on Pellon Manor told us they hadn't read people's risk assessments.
- One person on Pellon Manor was sitting on a pressure relieving airflow cushion which was not working. This was changed to a foam cushion. The person's related risk assessments and care plans did not mention use of pressure relieving equipment.
- Personal emergency evacuation plans (PEEPs) were in place but had not always been updated. For example, The PEEP for a person who used a wheelchair and had moved from the ground floor to the first floor of Pellon Manor, had not been updated to reflect how the person would be evacuated in case of emergency.

Issues relating to risk assessments and PEEPs contributed to a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments for people on Brackenbed View were detailed and up to date.
- The team on Brackenbed View had done a piece of work to look at 'Why people fall?'

Staffing and recruitment

- Staffing arrangements were based on the results of assessments of people's needs. Whilst no concerns about staffing were raised on Brackenbed View, all the staff we spoke with on Pellon Manor felt there were not enough staff to meet people's needs.
- Our observations of care and support on Pellon Manor indicated that staff were not available to provide the care and support people needed. For example, people in the lounge did not receive any support to mobilise or go to the toilet from mid-morning until they were served their lunch whilst still in their chairs in the lounge. People were not offered any activities other than the television being on. We also saw two people in the lounge and two in their rooms with their lunch in front of them an hour after it had been served as staff had not been available to support them.

We recommend the provider reviews staffing arrangements to make sure staff deployment meets people's needs.

- Recruitment processes were safe with all required checks completed before new staff started

employment.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and updates and could give examples of types of abuse. However, some were unsure about local safeguarding arrangements.
- Senior managers working at the service had reviewed events that had happened in the home and made referrals to the local authority as needed.
- Safeguarding policies and procedures were in place and safeguarding events were analysed to help identify any common themes.

The outcome was displayed in a colourful format on both floors of the unit and incorporated comments from people who used the service and professionals. The nurse said they were using the suggestions and ideas as a way of recognising why people fall and therefore working to reduce this.

- Systems were in place to ensure environmental safety.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. The downstairs unit of Pellon Manor had been closed and all the people living there transferred to upstairs unit. This meant the opportunity for social distancing was reduced. Senior managers assured us after the inspection they were reviewing this decision which had been taken by a previous manager.
- 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 accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

People in Pellon Manor had been moved to the first-floor unit which meant they did not have access to outdoor space. A survey completed on 3 May 2021 showed nobody had been outside in the previous month. Staff were not always dealing with cleaning issues promptly. Senior managers confirmed they were addressing these issues.

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Using medicines safely

- Systems for recording, storing, auditing and handling medicines made sure people received their medicines safely.
- Staff had completed medicines training and had their competency assessed to make sure they had the necessary skills and knowledge.
- Person centred medicines plans were in place to support the safe administration of when required medicines and external medicines such as creams.
- Records of when paracetamol had been administered were not always clear to ensure there was a four

hour gap between doses.

Learning lessons when things go wrong

- Senior managers recognised that issues had arisen due to previous management decisions. They assured us they would maintain a presence in the service to address issues identified during the inspection.
- Accidents and incidents were reviewed to look for any themes or patterns.

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 remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

At our last inspection the provider had failed to make sure people were well-supported, cared for or treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 10.

Respecting and promoting people's privacy and dignity. Ensuring people are well treated and supported; respecting equality and diversity and independence.

- People's dignity needs were not always met.
- People's feedback from Brackenbed View was mixed. Some said they were happy with the support they received. However, one person became very emotional and said, "They leave me waiting 20 or 30 minutes when I need the loo it's really very embarrassing as I can't hold it that long, it's really distressing my dignity is shattered".
- As Identified at our previous inspection, several people on Pellon Manor were not wearing slippers or shoes, ladies were not wearing hosiery or appropriate underwear to preserve their dignity and did not appear to have been supported with hair care.
- One person was wearing clothing stained with food from a previous meal. One relative told us they had noticed this issue when they visited.
- One relative told us they had to keep checking their family member's clothing as they had found other people's clothing in their room.
- People on Pellon Manor did not have access to their personal toiletries and doors to several bathrooms were locked.
- Some relatives were positive in their feedback about how staff supported people living with dementia on Pellon Manor. One said "They treat (person) like an adult not just a number or a dementia patient"
- People on Pellon Manor did not always receive the support they needed from staff.
- People spent long periods of time with little or no interaction.
- One person on Pellon Manor did not have access to the walking aid they needed to mobilise.

This evidence represents a continued breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Relatives told us staff had kept them up to date and involved in their family member's care during the pandemic.
- One person on Brackenbed View told us they were fully involved in decisions about their care.

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 deteriorated to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to make sure systems for auditing the safety and quality of the service were effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Since the last inspection the registered manager had left the service. A manager had been appointed but they had also left the service prior to this inspection. A regional manager and two regional support managers had been managing the service.
- Staff felt there was a lack of leadership in the service and people we spoke with were unaware of management arrangements.
- There was a system of auditing quality and safety in the service with audits of various areas completed by the manager at varying intervals. The issues we identified during this inspection indicated the system continued to lack the robust approach needed to identify issues and drive improvement.
- Some decisions detrimental to the service had been made at home level and lacked provider oversight. An example of this was the closure of the ground floor of Pellon Manor which had resulted in people not being able to access outdoor areas.

This evidence represents a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had reviewed the way in which they sought feedback from people using the service and other involved people. A recent survey had been responded to with plans put in place to develop activities provision and catering facilities had been brought back to in-house provision.

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

- Some issues had been identified, by the local authority, before our inspection in relation to lack of appropriate reporting to, for example, safeguarding and CQC. This had been addressed by the senior management team.

Continuous learning and improving care

- Systems were in place to review accidents, incidents and complaints. Issues identified were investigated in order to identify what could be done to mitigate the risk of reoccurrence.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People's dignity needs were not always met

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for auditing were not robust and did not address issues that affected people's safety and wellbeing.

The enforcement action we took:

Warning notice