

Mr Barry Potton

Pennine Lodge Care Home

Inspection report

Pennine Lodge Care Home
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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 29 March 2017 and was unannounced.

At the last inspection on 5 and 12 October 2016 we rated the service as 'Inadequate' and in 'Special Measures'. We found seven regulatory breaches which related to medicines, staffing, nutrition, safeguarding, dignity and respect, premises and quality assurance. Following the inspection the provider sent us an action plan which showed how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

Pennine Lodge is a care home which provides personal care for up to 40 older people living with dementia. Accommodation is provided over two floors with passenger lift access. There are 36 single bedrooms and two shared bedrooms. The home is split into three separate units each with their own communal areas. Harrison unit has 14 places, Ryland and Williams units each have 13 places. There are secure garden areas at the front and rear of the home. There were 40 people using the service when we visited.

The home had appointed a new manager who had been in post five weeks when we carried out this inspection. The manager is in the process of registering with the Care Quality Commission. 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.

Overall we found some improvements had been made in the home since our last inspection, although there were still areas where further improvement was required.

Staffing levels had increased and staff were now allocated to work on specific units which helped ensure people had regular staff who they could relate to and who knew them well. Staff worked well together as a team to ensure people's needs were met in a timely manner.

Staff understood how to identify abuse and were aware of the action to take if abuse was suspected or reported. We saw safeguarding procedures had been followed when incidents had occurred and most had been notified to the Care Quality Commission.

We found improvements in the way people's medicines were managed which meant people received their medicines when they needed them. However, record keeping needed to improve in relation to prescribed creams and other medicines.

Risks to people were not always assessed and managed to ensure people's safety and well-being. For example, fire safety and the recording and monitoring of people's nutritional needs. We also found recruitment checks were not always thorough as references had not been sought from the applicant's last

employer. We made a recommendation about recruitment procedures.

The home was clean, comfortable, bright and well maintained. Many areas of the home had been refurbished and redecorated and this was ongoing. People had been involved in choosing colour schemes and a start had been made on making the environment more dementia friendly with the use of pictures, tactile objects and memory aids.

Some staff training had taken place since the last inspection and dates for further training had been booked.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had access to healthcare services such as GPs, district nurse, dentist and chiropodist. Healthcare professionals we met during the inspection said the home were receptive to advice they gave and were working with them to make improvements.

The mealtime experience for people had improved. Lunchtime was a pleasant, sociable occasion and we saw people were offered choices and given the support they required from staff.

People and relatives praised the staff who they described as 'good' and 'caring'. We saw staff treated people with respect and ensured their privacy and dignity was maintained. However, relatives told us there were still problems with the laundry service.

People benefitted from a wide range of activities which include group and individual sessions as well as trips out. Individualised activity plans showed people's interests and hobbies.

People's care records had not improved. Care plans were not person-centred, up-to-date or accurate which meant people were at risk of receiving inconsistent and inappropriate care.

The handling of complaints had improved and records showed how these were investigated and the response made to the complainant.

Although the manager had only been in post for a short period of time relatives and staff spoke positively of the changes the manager had made. The manager was described by staff as supportive and approachable. Relatives we spoke with were happy with the care provided.

Quality assurance systems were in place however these were not yet fully effective in ensuring continuous service improvement. The provider, operations manager and manager had worked hard in implementing many positive changes and acknowledged further improvements were required. They recognised the scale of the task and were committed to ensuring the improvements made were sustained and developed further to make sure people consistently received high quality care.

We found continued shortfalls in the care and service provided to people. We identified three breaches in regulations – safe care and treatment, person-centred care and good governance. The Care Quality Commission is considering the appropriate regulatory response to resolve the problems we found. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded

The overall rating for this service is 'Requires improvement'. However, the service will remain in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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.

Improvements had been made in medicines management, however, records were not always complete or accurate.

Risks were not always well managed and robust recruitment processes were not always followed.

There were sufficient staff deployed to meet people's needs and safeguarding incidents were dealt with appropriately. The premises were clean and well maintained.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff received the training and support they required to fulfil their roles and meet people's needs

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's health and nutritional needs were met, although the recording and monitoring of food and fluid intake needed to improve.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Relatives told us they were happy with the care provided and we saw staff were kind and caring in their interactions with people.

Staff maintained people's privacy and dignity. However feedback from relatives showed further improvements were needed.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People's care records were not always person-centred, up-to-

Requires Improvement ●

date or accurate and did not reflect their needs and preferences.

People benefitted from a variety of individual and group activities and outings which were provided.

A system was in place to record, investigate and respond to complaints.

Is the service well-led?

Inadequate 

The service was not well led.

Some progress had been made in addressing the issues identified at the previous inspection, although further improvements were required to address the continued regulatory breaches. The leadership and management of the home had improved.

Quality assurance systems were not fully embedded and we would need to see evidence of sustainability and continued improvements before we could conclude the service was well-led.

Pennine Lodge Care Home

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 was planned to check 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 29 March 2017 and was unannounced. The inspection was carried out by three adult social care inspectors and an Expert by Experience with experience of services for older people. 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 we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams.

We did not ask the provider to complete a Provider Information Return (PIR) as they had completed one before our last inspection. 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 observed how care and support was provided to people. We spoke with four people who were using the service, eight relatives, three senior care staff, one care staff, a domestic staff member, the chef, the manager, deputy manager and the operations manager. We also spoke with two visiting healthcare professionals.

We looked at six people's care records in detail, two staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Is the service safe?

Our findings

At our previous inspections in September 2014 and October 2016 we found medicines were not always managed safely. At this inspection we found improvements had been made, although there remained some shortfalls in the recording systems.

We looked at a sample of medicine administration records (MARs) with senior staff on all three units. We saw where people were prescribed 'as required' medicines there were usually protocols in place to show when these medicines should be given. We found one person did not have a protocol for one 'as required' medicine, however the staff member described clearly when the medicine should be administered and said they would put a protocol in place.

We saw the date of opening and expiry was recorded on all ointments and creams in use. We saw creams and ointments were kept in people's bedrooms and body maps were in place to ensure care staff applied them as prescribed. However, we found in some instances staff were continuing to use creams and ointments after their expiry date. For example, we saw the expiry date for an emollient ointment prescribed for one person was 20 March 2017. However, the cream was still in use and had been signed for by staff on the topical medicine administration record (TMAR) on the day of inspection. We also found some creams and ointments in people's bedrooms which were not recorded on the TMAR and we were unable to find a pain relieving gel for one person even though staff had signed the TMAR to show it had been applied. These issues were discussed with a deputy manager who acknowledged the shortfall in the system and removed the out of date ointments and creams from people's bedrooms on the day of inspection.

The MARs we reviewed were generally well completed and where medicines had not been given codes were used. However, we found staff were not always completing the section on the back of the MAR to explain why medicines had been omitted. For example, on one person's MAR a line had been drawn through on two days to show the medicines had not been given. However, there was no further information on the MAR to explain this, although the manager provided a valid reason as to why the medicines had not been given when we discussed this with them. We found some handwritten MARs were well completed however others had not been signed by two staff and stock balances were not always recorded. When we checked the stock balance of some medicines we found discrepancies between the numbers recorded on the MAR and the actual number of tablets. Following the inspection the manager provided us with information which showed people had received their medicines as required although there had been errors in recording. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some medicines are classified as controlled drugs because there are particular rules about how they are stored and administered. We checked the storage, the records and a random selection of stock and found they were correct.

The provider's medicine policy had been updated in January 2017 to comply with current guidance as found in the National Institute for Health and Care Excellence (NICE) document, 'Managing medicines in care homes guideline (March 2014)'. A copy of the medicine policy was kept with the MARs on each unit so staff

could access it easily. Medicines were stored safely and securely. Medicines requiring cold storage were kept in a medicine fridge where the temperature was monitored daily and recorded. We saw recording systems were in place for the ordering, receipt and return of medicines.

The manager told us all senior staff were completing a certified medicines training course to update their knowledge and arrangements had been made for a senior manager to carry out competency assessments with these staff in early April 2017.

We found risks to people were not always well managed. For example, although food and fluid charts were in place when people were assessed as nutritionally at risk, the completion of these records was inconsistent and no assessment was being made about the adequacy of people's intake. The use of free-standing privacy screens in a shared room had not been risk assessed to ensure there were no safety issues related to the two people sharing the room such as them being able to pull or knock the screens over. Records showed a fire drill had been carried out the day before our inspection which had identified a slow response from staff on one unit, a poor knowledge of procedure and the Personal Emergency Evacuation Plans (PEEP) for some people were out of date. A PEEP is an 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency. This was discussed with the manager who confirmed all the lessons learnt from the fire drill would be addressed through supervision and training. We concluded these issues collectively constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment records for newly appointed staff. One staff member had been recruited since the last inspection. Records showed they had completed an application form and had been interviewed prior to commencing employment. However, the letter offering the person the job and the interview record predated the date the application form was completed. We spoke with the operations manager regarding this and they could not explain why this was the case. We saw relevant checks had been completed, which included photo identification and a criminal record check with the disclosure and barring service (DBS). Two references had been obtained prior to employment. However, these were not from the last employer. The references were from the operations manager and manager of the home, who had previously worked with the staff member at one of the provider's other services. This potentially placed people at risk as the staff member's most recent employer had not been contacted to determine whether there were any issues which may impact on their employment at the home. We recommend the service considers current guidance on the safe recruitment of staff in care services.

Several staff from the provider's own recruitment agency were working at the home on a 13 week trial basis. Although the recruitment files for these staff were not kept at the home we saw records which evidenced full recruitment checks had been completed. The operations manager explained if the agency staff became permanent their recruitment files would be transferred to the home at that stage.

We found staffing levels had increased during the day as there was now an additional care staff member on duty. The manager told us they had looked at how staff were deployed and had made changes to make sure there were sufficient staff available to provide support to people when staff went on their breaks. Staff were now allocated to units to ensure consistency in care and support. New senior staff had been employed and the management team was being restructured. The manager told us dependency assessments were completed for people and said this information was used in conjunction with their own observations, including feedback from people and staff, to determine if staffing levels needed to be increased. The manager and operations manager confirmed they used agency staff from the provider's own recruitment agency to increase the staffing levels as and when needed.

We saw how these changes had improved the care and support people received. We found senior staff directed and supported the care staff and we saw how all staff worked well together as a team to support people. We observed staff monitored communal areas to make sure people were not left unattended for long periods of time.

People we spoke with told us they felt safe in the home and no concerns about safety were raised by relatives to whom we spoke. One relative said about their family member, "I feel that she's very safe here. I visit at all hours of the day and I've never found her in a distressed state".

The provider had a safeguarding policy in place which made staff aware of their roles and responsibilities. We found staff knew and understood how to protect people from abuse and harm and kept them as safe as possible. For example, staff told us they had attended training and were able to explain their responsibilities with regard to keeping people safe. Staff told us they had confidence in the new manager and were sure any concerns they may have would be acted upon. They were also aware they could report externally to the local authority and to the Care Quality Commission (CQC).

We saw a total of 21 accidents/incidents had been recorded from the beginning of January 2017 up to the date of inspection. The manager told us they now completed a monthly analysis of all accidents and incidents and sent a copy to the local authority commissioning team. They also told us they had arranged a meeting with staff from the local authority safeguarding unit to ensure they had a clear understanding about when a safeguarding referral should be made. The CQC had been notified about the majority of safeguarding incidents and the manager was made aware that all incidents referred to the safeguarding unit must be notified to the CQC.

We looked round the home and inspected a random selection of bedrooms, bathrooms and communal living areas. We found the home was clean and hygienic. Relatives we spoke with confirmed the home was kept clean. One relative said, "When I was looking for a place (for family member), this was the only one that I came to that didn't stink." Another relative said, "They are continually cleaning, it's spotless." We spoke with cleaning staff who told us there was adequate time to keep their designated areas clean on a day-to-day basis. We saw all cleaning materials and disinfectants were kept in a locked room out of the reach of people living in the home.

We inspected records of the lift, gas safety, electrical installations, water quality, pest control and fire detection systems and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested and carried confirmation of the test and the date it was carried out.

We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions. The manager confirmed a new fire risk assessment had recently been completed and some areas of improvement had been identified. They confirmed an action plan would be put in place to ensure compliance with current legislation.

Is the service effective?

Our findings

At our last inspection, we had concerns about how people's nutritional needs were being met. At this inspection we found improvements had been made, although recording systems needed to improve.

We saw people enjoyed a variety of food and drinks throughout the day. Relatives praised the meals provided and made the following comments - "Although I usually respect meal times, I have actually stayed for two meals. They really don't mind. The cooks are very good." "The food always smells good and I've never seen so much food on a plate. He eats very well here." "The food is good and (family member) can eat for England. He really does enjoy the food." "The food is well-presented and very varied."

We observed breakfast and lunchtime and saw people were given time to eat their meals and there was a relaxed atmosphere. We saw menus were on display in the dining room area although the menu did not actually reflect the meal served at lunchtime. We saw if people required assistance or prompting with their meals staff sat with them and were patient and did not rush people. Aids such as plate guards were used which helped some people eat their meals independently. Staff were vigilant and helped people who needed their food cutting up and prompted those who were not eating. Some people were asked if they preferred something else and bowls of cornflakes and jam sandwiches were requested and brought out from the kitchen. Everyone was asked about their preference for dessert and one person had their ice cream and custard in a glass as a drink and said, "It's really good."

We saw people were offered and shown a choice of meals and encouraged to decide what they wanted to eat. Hot and cold drinks and snacks were offered to people throughout the day. One relative said, "I like the fact that at about 3pm, they bring out a different treat every day with the drinks trolley. Sometimes it's fairy cakes or homemade biscuits. They've had a few different things and (family member) really looks forward to it." On the day of the visit, we observed the 'treat' was cheese and biscuits.

We spoke with the chef who demonstrated a good understanding of people's dietary needs. They told us they worked with the manager and care staff to ensure people received a balanced and healthy diet and said food was fortified if required for people experiencing weight loss.

We saw fluid and/or food charts were put in place if staff felt people were not taking an adequate diet or had experienced weight loss. However, we found these were not always completed correctly. For example, the food and fluid chart for one person who was living with dementia and who had experienced a recent significant weight loss showed they had had nothing to eat or drink between lunchtime on 21 March 2017 and breakfast on 22 March 2017.

We looked at the food and fluid chart for another person who had also lost weight and found nothing had been recorded on 24 March and 26 March 2017 and on 16 March the chart showed they had only had 800mls of fluid. The daily target amount was 2000mls. There was no evidence to show staff were reviewing the charts on a daily basis to ensure people were receiving enough to eat and drink. This was discussed with the manager who was confident people had received sufficient to eat and drink but acknowledged staff had

failed to complete the charts correctly to evidence this. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The records we looked at showed staff worked with various agencies and made sure people accessed other healthcare professionals in cases of emergency, or when their needs had changed. This included GPs, hospital consultants, community nurses, tissue viability nurses, speech and language therapists, dieticians and dentists. We spoke with two healthcare professionals who were visiting the home during our inspection. They told us they visited once or twice a week to see people living in the home. They spoke positively about the manager who they said was working with them to make improvements to the service and said the manager was very receptive to advice and suggestions they made.

Staff we spoke with told us their training was kept up to date. The training matrix showed staff had received training in topics the provider identified as mandatory such as moving and handling, first aid, safeguarding and infection control, and highlighted where updates were required. We spoke with the operations manager who had responsibility for staff training and recruitment. They provided us with a list of training planned for the next few months which included mandatory training updates as well as training in documentation and good record keeping, dementia awareness and challenging behaviour/crisis prevention.

We saw systems were in place to ensure staff received supervision and appraisal. Since the last inspection the operations manager had identified areas where they felt staff required additional support. For example, we saw a member of the catering staff had received a full appraisal, which gave them greater control over menu planning and input into individualised care regarding nutrition.

The Mental Capacity Act 2005 provides a legal framework for making particular 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

Records showed 18 people had a DoLS authorisation in place and a further 12 standard authorisations had been submitted to supervisory bodies and were awaiting a decision. The manager kept a list which showed applications had been submitted in a timely way when expiry dates were pending. Where conditions were attached to DoLS authorisations we saw these had been enacted.

The manager told us the DoLS assessor from the local authority was coming into the home a few days after our inspection to provide support and guidance to the management team around the MCA and DoLS. The training matrix showed all staff had received training in MCA and DoLS.

The manager told us they were reviewing how people's consent was recorded in their care files as they were aware that this needed to improve. We saw consent forms had been completed for some people however it was not always clear how people's capacity to consent had been determined.

We saw improvements had been made to the environment to make it more dementia friendly and the operations manager told us this process was ongoing. We saw areas had been redecorated and new furniture and furnishings had been purchased. One relative told us, "Just recently, they've done a fair bit of

refurbishment – getting rid of contaminated and old-fashioned furniture."

One person told us, "I helped to pick the new curtains for the unit". The manager explained that they had got lots of sample books and this person had gone through them all and selected their preference and that was what they had purchased. We saw large clocks and calendars were in communal areas to help orientate people. There were pictures on the walls in the corridors and items for people to touch and feel. The manager told us people had been asked what colour they would like their bedroom door and we saw a start had been made on changing the colour according to people's preferences.

Is the service caring?

Our findings

People and relatives we spoke with during the inspection praised the staff, describing them as kind and caring. These were some of the comments we received, "I like it here, they're very nice." "The staff are very good here, very caring." "All the staff have been very nice. They're always very welcoming."

One person said about the staff, "They're great. She's (staff member) going to do my blusher and put my lipply on for me and then I'll feel better." One relative said, "This place is the next best thing to coming home, it's like home from home even I feel very relaxed here, sometimes to the point of falling asleep myself." Another relative said, "I'm very pleased with how they look after him. I know he's being looked after."

We observed staff were caring and patient in their approach and supported people in a calm and relaxed manner. We saw staff addressed people by their preferred name and explained what they were about to do before providing any support or care. Staff knew what people were able to do for themselves and enabled them to remain as independent as possible. For example, we observed staff patiently encouraging someone to walk from the dining room to the lounge area. They offered encouragement and helped them to conduct the task as independently as possible so they could maintain their mobility.

Staff told us they respected people's privacy by ensuring they knocked on bedroom doors and spoke to people when entering and we saw this happened in practice. We saw any personal care was carried out in private. One relative told us, "They're very good about privacy. If he's in his room in bed his door is shut but if he's sat in his chair the door is propped open."

Throughout the inspection we saw staff knew people well and treated them with dignity and respect, delivering care and support in a kind and caring manner. For example, one person became anxious and was reassured by staff who obviously knew the trigger to their anxieties and how to effectively reassure them.

We saw staff were responsive to people's needs and preferences. A relative who had come to visit their family member told us, "He wasn't up when I arrived but they said that he's had a very disturbed night so I'm happy that they left him to sleep. He still looks very tired now." Another relative said, "(Family member) doesn't like the small dining room. He's quite fastidious and has a problem with how other people eat so they (the staff) bring him down to the large dining room now." A further relative said, "I was very impressed by how they dealt with a lady who had (been incontinent) in the lounge. She was very distressed and they were very reassuring and took her off immediately to get her cleaned up and also calmed her down."

However, some comments made by relatives showed there were still areas where further improvements were needed. One relative told us, "My biggest bugbear is the laundry. A new pair of shoes have been missing for the last 2 years, he hasn't got his own shoes on today and he regularly comes down in stained clothing that is covered in food." Our discussions with the manager showed they were aware of the problems in the laundry and were taking action to address these issues. We saw the problems in the laundry had been discussed at a recent staff meeting and some new systems had been put in place such as individual named laundry bags and other longer term solutions were being discussed with the provider.

Another relative told us their family member had a piece of equipment which they needed in order to be able to have a shower and that this had gone missing which meant they were not being showered. We asked one of the senior staff about this and they said they were going to speak with the district nurse to arrange for this equipment to be provided so the person could shower. A further relative told us their family member, "doesn't get a shave on a regular basis".

We found care staff did not make people's beds until after lunchtime. This meant if people wanted to return to their room in the morning for a rest they were unable to do so. This was discussed with the manager who told us this was outdated practice which had gone on for a number of years and action was being taken to address the matter. We concluded the manager was aware of these matters and was already taking action to address these issues with staff to make improvements.

Is the service responsive?

Our findings

Relatives told us they were satisfied with the care provided. One relative said, "We're kept up-to-date on everything. They phoned me to tell me what the doctor said yesterday." Another commented, "He's lost four stone since October 2015 and they've asked me if there is anything that they could tempt him with." A further relative said, "He's had a urine infection and they always keep me up-to-date with how he's doing and whether the doctor has been."

Throughout the inspection we observed staff were responsive to people's needs and provided them with care and support in a timely manner. We saw written handover notes provided to staff gave a brief summary of people's needs. However, people's care records did not reflect the care being delivered. The lack of accurate, up-to-date care records placed people at risk of not receiving the care and support they needed appropriately and consistently. At our last inspection we identified the care documentation was not person-centred and did not reflect people's needs. At this inspection we found the same issues. The manager told us there were plans to introduce new care documentation which would be more person centred and provide accurate and up to date information, but this had not yet been implemented.

Pre-admission assessments were carried out before people were admitted to the home. We looked at the assessment for one recent admission which contained detailed information about the person's care and support needs. We saw where needs had been identified, care plans were in place which included detailed life histories. However, the eating and drinking care plan for one person who had recently lost a significant amount of weight was dated November 2016 and had not been updated to reflect their current needs. The care plan stated 'the person had a good appetite and usually will finish their meals. Their weight is stable and they continue to be weighed every month.' We saw the Malnutrition Universal Screening Tool (MUST) had been used to assess the level of nutritional risk. The MUST had been completed correctly and the person had been referred to a dietician but staff had not updated the care plan as required. This was discussed with the manager who acknowledged the care plan was clearly wrong and told us it would be updated immediately.

We found similar issues in other care records we reviewed. One person's pressure care needs had changed and following assessment by the district nurse new pressure relieving equipment had been put in place on 24 March 2017 however this was not reflected in the care plan which was dated 3 January 2017. The person had been identified as losing weight and weekly monitoring was put in place. However, the person's weight had not been recorded weekly. The information in the care record stated the person was 'awaiting dietician'. There was no evidence contained within the record to indicate whether the person had yet seen a dietician. We saw evidence that food and fluid charts had been completed. However, there were a number of gaps so it was not clear whether the person had been offered a meal or had refused it.

We looked at the daily records for another person who had started to exhibit aggressive behaviour towards staff and other people using the service. We found staff were monitoring their behaviour. However, there was no care plan in place to provide staff with guidance and advice on how to manage their outbursts even though there were known events that sometimes triggered their behaviour. This was a breach of Regulation

Our findings were discussed with the manager, operations manager and provider. Following the inspection the manager contacted us to confirm that the provider had agreed to provide additional resources immediately to enable the new care documentation to be put in place.

Relatives told us activities took place in the home. One relative said their family member, "likes Doris Day and they always put it on for him in his room." Another relative told us, "It was our wedding anniversary and they put on a bit of a celebration for us."

There was a noticeboard displaying photographs of recent activities that people had participated in and there was a newsletter published which detailed some of the activities together with other news about the home.

We saw detailed individualised activity plans had been developed for each person which included information about their previous interests and hobbies, what they liked to do currently both individually and in groups and any aims they wanted to achieve. Each person had a record of activities they had participated in. This included reminiscence, dancing, pet therapy, hand massage, jigsaws and also time in the sensory garden and walks to the local park.

An activities co-ordinator was employed and people were provided with a range of activities including visits from local entertainers. Although the activities co-ordinator was on leave on the day of inspection we saw care staff engaged with people and providing activities throughout the day.

We looked at the care records for one person we had met at our previous inspection who liked to go out but, apart from one occasion, had not been out of the home. We saw photographs and records which showed in recent months the person had been out in the sensory garden, to the local park and on a minibus trip.

The complaints procedure was displayed in the home. We looked at the complaints file and saw two complaints had been received since the last inspection. The records provided details of the investigation, any actions taken and the response to the complainant.

Is the service well-led?

Our findings

At our previous inspection we identified issues around the governance, leadership and management of the home. At this inspection it was evident from our observations and feedback from relatives and staff that some improvements had been made. However, we found regulatory breaches remained. Our discussions with the manager and operations manager showed they had already identified some of the shortfalls we found on the day of inspection and knew the action they had to take to address them. The manager had only been in post for five weeks when we inspected and although they had worked hard to make improvements they were limited in what they could achieve in this timescale. We found the manager and operations manager were willing and committed to improving the quality of the service. They acknowledged the scale of the task and felt with additional time the shortfalls would be fully met.

New quality auditing systems had been introduced which covered areas such as care plans, medicines, health and safety, mealtime experiences and safeguarding. We looked at a sample of these and found they were thorough and identified where improvements were needed. However, it was not always clear what action had been taken to rectify the issues identified in these audits and in some cases we found issues had not been resolved. For example, we found issues identified for immediate action in the audit of one person's care plan on 14 March 2017. We looked at this person's care plan and found these issues had not been addressed.

We found the risks to people's health, safety and welfare were not always fully monitored, assessed and mitigated.

As stated in other sections of this report we found records relating to people's care and treatment were not complete, up to date or accurate. This included care documentation, food and fluid charts and medicine records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A new manager had been appointed following the last inspection and they had begun the process of applying for registration with the Care Quality Commission.

Although the manager had only been in post a short period of time staff we spoke with were positive about the way the service was run. They said the manager was approachable and ensured there were clear lines of communication and accountability within the home. They also told us the manager provided the staff team with good leadership and direction and was focused on improving the quality of care people received.

Relatives were also aware of the new manager and made the following comments; "I've met the new manager once and she seems pleasant enough" and "The new manager is very nice and very approachable". Relatives told us they had seen improvements in the home since our last inspection. One relative said, "You can see the progress, they're working on with the care plans and redecorating. They seem to be going in the right direction." Another commented, "I did feel that it needed to improve. In the last six months, it was getting sloppy and the look of the place was not great. It's definitely getting better now."

We found the manager was open, transparent and committed to improving the service. We found the home was better organised and the manager had put systems in place to improve communication across the staff team.

We saw the minutes from a recent staff meeting held in March 2017 which showed ongoing improvements to the service had been discussed which included the laundry service, care documentation and food and fluid charts.

We saw accidents and incidents were audited monthly and detailed information showed the actions that had been taken in response to each individual incident or accident. Further analysis provided numerical information about the type of incidents and accidents that had occurred over the month and the location such as the bedroom or lounge. However, the analysis did not look at any overall patterns or trends such as the time accidents had occurred which could help in considering if action could be taken to prevent further recurrences and reduce risks to people such as looking at how staff are deployed and staffing levels.

We did not look at service user/relative surveys at this inspection as we had reviewed these at our last inspection. We saw an analysis of the results of a staff survey had been carried out in February 2017. This showed fifteen survey questionnaires had been returned by staff and the majority of staff had made positive comments about the support they received from senior management. The analysis showed the action being taken to explore any issues raised by the surveys.

Relatives told us there were regular residents and relatives meetings. One relative said, "We do get six monthly questionnaires and we have relatives' meetings. The new manager was supposed to come to the last meeting but she didn't attend so it was run by the activities person."

We saw the rating for the service from the last inspection report was displayed in the home as required. The provider's website for Pennine Lodge is currently unavailable.