

Four Seasons (GJP) Limited Pennine Lodge

Inspection report

Pennine Way
Harraby
Carlisle
Cumbria
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Tel: 01228515658

Date of inspection visit:
19 November 2018
20 November 2018

Date of publication:
29 January 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 19 November 2018 and was unannounced. We carried out a further announced visit to the home on 20 November 2018 to complete the inspection.

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. Pennine Lodge provides nursing and personal care to 70 older people. The home has two floors, the upper floor accommodates people who have a dementia related condition and people who have general nursing and personal care needs live on the ground floor. There were 64 people living at the home at the time of the inspection.

At our previous inspection in February 2018, we found three breaches of the Health and Social Care Act 2008. These related to safe care and treatment, receiving and acting upon complaints and good governance. We rated the service as requires improvement. We placed the service into special measures because we had rated the well-led key question as inadequate at our previous two inspections.

Following the inspection, the provider formulated an action plan and sent us regular updates in response to the breaches and concerns we had identified.

At this inspection, we found that sufficient action had been taken to improve and we took the decision to remove the service from special measures. Continued improvements were still required in certain areas of the service.

The previous registered manager had recently left and an interim manager was in place at the time of the inspection. She had been in place for three weeks prior to our inspection and was not registered with CQC to manage the home. A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run.

We identified several medicines recording issues. In addition, information and guidance about the use of prescribed thickeners for certain people was confusing and inconsistent. Immediate action was taken to address these issues.

There were safeguarding procedures in place. There were two ongoing safeguarding issues. Internal investigations were being carried out.

We received mixed feedback about staffing levels. Some people and relatives told us that more staff would be appreciated. At the time of the inspection, we observed that people's needs were met by the number of staff on duty. However, due to the mixed feedback we received, we recommended that the provider keeps

staff deployment under review.

The service was clean and well maintained. Sufficient equipment was available to meet people's needs. Checks were carried out to ensure the premises and equipment were safe. Attention had been paid to the 'dementia friendly' design of the premises especially on the first floor where most people with a dementia related condition lived.

Since our last inspection, further training had been carried out and more training was being undertaken.

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

We received mixed feedback about the meals at the service. Some people and relatives felt meals could be improved. Staff raised issues about the availability of certain foods such as oranges, tuna and yoghurts. Following our inspection, the interim manager told us that this had been addressed.

We observed positive interactions between staff and people. Staff displayed warmth when interacting with people.

Care plans were in place which aimed to inform staff how people's physical, emotional, social and spiritual needs should be met. People's social needs were met. Two activities coordinators were employed. A varied activities programme was in place.

There was a complaints procedure in place. There was one ongoing historic complaint.

The home had been through an unsettled period. There had been a number of unforeseen events which had impacted upon the service and staff morale. Most staff told us that morale had improved and positive changes had been made. Several members of night staff however, raised concerns about morale and support available. The interim manager was already aware of the issues and was actively monitoring the situation.

Audits and checks were carried out. Action was taken when issues were identified. We identified several shortfalls which had not been identified by the provider's monitoring system. The interim manager wrote to us following our inspection visits and stated that all issues we had raised had been addressed.

This is the third consecutive time we have rated the service as requires improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

We identified recording issues with several people's medicines. In addition, information and guidance relating to the use of prescribed thickeners was confusing and inconsistent.

We received mixed feedback about staffing levels. Although we observed there were enough staff deployed at the time of our inspection we have recommended that the provider keeps staffing levels under review.

Safe recruitment procedures were followed and checks were carried out to ensure the premises and equipment were safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

There was mixed feedback about meals at the service. Staff raised issues about the availability of certain foods.

Since our last inspection, further training had been carried out and more training was being undertaken. Supervision sessions and appraisals had not been carried out as planned. The interim manager was addressing this issue.

Staff were following the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Action had been taken to improve.

We observed positive interactions between staff and people. Staff displayed warmth when interacting with people.

People and relatives told us that staff promoted people's privacy and dignity.

Care plans documented that they had been written with the person and their representative.

Is the service responsive?

Good ●

The service was responsive.

Action had been taken to improve.

Care plans were in place which reflected people's needs including their background and likes and dislikes.

There was a complaints procedure in place. There was one ongoing historic complaint.

People's social needs were met. A varied activities programme was in place.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

A registered manager was not in place. Interim management arrangements were in place at the time of the inspection.

The home had been through an unsettled period. There had been a number of unforeseen events which had impacted upon the service and staff morale.

Improvements in certain areas of the service had been made since our last inspection, however further action was required.

Audits and checks were carried out. Action was taken when issues were identified. We identified several shortfalls which had not been identified by the provider's monitoring system.

Pennine Lodge

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 19 November 2018 and was unannounced. We carried out a further announced visit to the home on 20 November 2018 to complete the inspection.

The inspection was carried out by an adult social care inspection manager, an adult social care inspector, a specialist advisor in nutrition, a specialist advisor in medicines 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 service.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable CQC to monitor any issues or areas of concern.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority, the local Clinical Commissioning Group, a nurse from the Care Home team and the Care Home Education and Support Service [CHESS]. The CHESS service is provided by the local NHS Trust and provides a combination of education and practical support to care homes. We also contacted 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 their feedback to inform the planning of this inspection.

We spoke with 12 people who lived at the home. We also spoke with two relatives during the inspection. We

spoke with the regional manager, the interim manager, a registered manager from one of the provider's nearby care homes, two nurses, two care home assistant practitioners, two senior care workers, six care staff, two activities coordinators, the chef and the maintenance person. We also spoke with two care home assistant practitioners and five care workers who worked on night shift.

We looked at 12 people's care records, medicines records for 18 people and information relating to staff training and staff recruitment. We also examined records relating to the management of the service such as audits and minutes of meetings.

Is the service safe?

Our findings

At our previous inspection, we rated this key question as requires improvement. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations. These related to safe care and treatment and good governance. A system to manage and monitor safeguarding concerns and ensure these were notified to CQC was not fully in place. Staff were not always deployed appropriately to ensure people's needs could be attended to in a timely way. There had been a delay in obtaining suitable equipment for one individual and shortfalls were identified with the management of topical and 'when required' medicines.

At this inspection, we found that improvements had been made; however, further action was required in relation to the management of medicines and prescribed thickeners.

We identified recording issues with several people's medicines administration records and 'when required' medicines. In addition, we found that two people's medicines did not tally with the amount staff had signed to state they had administered and the amount of medicines in stock. We informed the interim manager about our findings. Following our inspection, the interim manager wrote to us and stated that these issues had been addressed.

We checked the management of prescribed thickeners. The International Dysphagia Diet Standardisation Initiative (IDDSI) has developed new standardised terminology and definitions to describe texture modified foods and thickened liquids used for people with dysphagia. From 1 April 2018, manufacturers launched preparations with the revised guidance on them. During our inspection, we found inconsistencies regarding the guidance and practice for the use of prescribed thickeners for three people. We informed the interim manager of our findings and immediate action was taken to address this issue.

People and relatives told us they thought the home was safe. Comments included, "The home is safe enough for my father"; "I feel safe living in this home"; "I think this place is really safe...I don't feel insecure at nights" and "This home really has good safety standards...I even feel much safer in here than I did in my own home."

There were safeguarding procedures in place. Staff told us that action was taken if any concerns were raised. The interim manager told us that there were two ongoing safeguarding issues. They had informed the local authority and CQC of these incidents. Internal investigations were being carried out. There was an ongoing coroner's investigation. We cannot report on these at the time of this inspection. CQC will monitor the outcome of the safeguarding investigations and actions the provider takes to keep people safe.

Risks to people's safety and health were assessed and reviewed. These included the risk of falls, choking and pressure ulcers. The provider carried out an analysis of accidents and incidents, such as falls. There had been a reduction in the number of falls since our previous inspection.

Most people and relatives spoke positively about the premises and equipment. Comments included, "The room is comfortable enough and the surroundings are good quality"; "It's better than being in a hotel" and

"The home is comfortable and the surrounding are very pleasant." One person raised concerns about their patio door and bed which we passed to the interim manager. She informed us that both were safe and she would speak with the person to reassure them.

Checks were carried out to ensure the premises and equipment were safe. This included the home's syringe drivers. A syringe driver is small pump which releases a dose of medicine at a constant rate. One person told us they felt that some staff lacked confidence with moving and handling procedures. We observed staff using the hoist to transfer people. Safe and correct procedures were followed.

The home was clean and there were no strong malodours. People and relatives spoke positively about the cleanliness of the environment. Comments included, "I think the home is 100% clean and spotless as the cleaners are in every day" and "The rooms are kept clean and staff are always in with the Hoover." Staff had access to and used personal protective equipment such as gloves and aprons.

We received mixed feedback from people and relatives about staffing levels. Comments included, "Staff are everywhere watching over you to check that you are okay" and "When I press the call button the staff are there within minutes." However, other people and relatives told us more staff would be appreciated. Comments included, "There is a lack of staffing in here and you can't always get the service you want" and "There's not enough carers around to deal with my [relative]." Two relatives told us that there were sometimes delays in care being delivered.

We visited the home both during the day and night and saw that people's needs were met by the number of staff on duty. Nurse call bells were answered promptly and staff carried out their duties in a calm unhurried manner.

Due to the mixed feedback we received from people and relatives about staffing levels; we recommend that the provider keeps staff deployment under review.

Safe recruitment processes were followed. Checks were carried out before staff commenced employment to help ensure they were suitable to work with vulnerable people.

Is the service effective?

Our findings

At our previous inspection, we rated this key question as requires improvements. We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to good governance. There were gaps in the provision of training.

At this inspection we found that improvements had been made, however, further improvements were still required in other areas of the service relating to this key question.

Staff told us and records confirmed that training was available and had been undertaken. Staff had completed training in safe working practices and to meet the specific needs of people who lived at the home. Training included stoma care, the use of thickeners, venepuncture [taking blood], suction equipment and conflict management. Further training was being organised and planned. Care Home Assistant Practitioners [CHAPs] were employed to support nursing staff. They had completed additional training to enable them to complete and support nursing care tasks.

People and relatives told us that staff were well trained. Comments included, "I feel the staff are well trained to handle me and feel confident in any operation they perform with me"; "My mother feels safe and secure when being hoisted...We both have trust that the carers know what they are doing"; "I think staff and carers are well trained to manage me very well indeed...I've built lots of confidence in them over the time I've lived here" and "They really know what they are doing, everybody here seems happy." One health and social care professional stated that the CHAPS were very knowledgeable and acted upon any requests made. However, another health and social care professional stated that the CHAPs did not always have the knowledge to deal with the issues which arose. There was always at least one nurse on duty who was available to provide any nursing advice and support to the CHAPs and senior care staff.

Due to changes in management and nursing staff, supervision sessions had not been carried out as regularly as planned. The interim manager had a plan in place to address this issue. Most staff told us they felt well supported. Several night staff told us that more support would be appreciated. The registered manager had organised additional CHAPs to work alongside staff on nights.

The provider used a contract caterer to provide meals at the home. The contract catering company provided kitchen staff who they recruited and trained. People and staff spoke positively about the head chef; however, there was mixed feedback about the meals. Comments included, "The food is gorgeous, very nice" and "I think the food is adequate, but it's improving." However other comments included, "The fish looks grey and not very appetising, there is lack of variety" and "Since the kitchen got sold off...the food has deteriorated ever since."

Some staff told us there had been problems with the availability of certain foods such as oranges, tuna and yoghurts. Following our inspection, the interim manager wrote to us and stated, "Food products listed are now available... Where required, as stated the home manager can purchase some items from petty cash to meet the needs of the residents."

We spent time with people over the lunch time period. There were positive interactions between staff and people. Staff explained the choices available and encouraged people with their meals.

There was effective communication between care and kitchen staff. A whiteboard was displayed in the kitchen which recorded people's dietary needs and requirements. This matched the information included in people's care plans. A large number of people received modified textured meals such as soft or pureed diets. Snacks were available for people on specialised diets. On the first day of the inspection, there were pureed cakes in pots. Fortified food and drinks were readily available including cream shots, and fortified milk shakes. One relative told us they were concerned that their family member was losing weight. We checked this person's care file and saw that staff had taken appropriate action. The individual had been seen by the speech and language therapist and dietitian. Weekly weights were being carried out and they were receiving fortified food and drinks.

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 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 to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

The service had submitted DoLS applications to the local authority in line with legal requirements. There was evidence that mental capacity assessments and best interests decisions had been carried out for certain decisions such as any restrictions on people's movements. We noted that a mental capacity assessment and best interests decision had not been recorded for one person around their nutritional needs. We informed the interim manager about this issue and following our inspection, they told us that this had been addressed.

Information relating to consent to care and support was included in people's care plans. Most people told us that consent was gained before any support was provided. This was confirmed by our own observations. One member of staff asked a person before assisting them to move, "Darling can I just move your leg?" One relative told us however, that consent was not always sought.

People and relatives we spoke with during the inspection told us that health care professionals were contacted if there were any concerns and their medical conditions were managed appropriately. Care records contained details of referrals and input from health care professionals. These included GPs, occupational therapists, podiatry, dietitians and optician services.

Attention had been paid to the 'dementia friendly' design of the premises especially on the first floor where most people with a dementia related condition lived. Pictures and items of interest were displayed for people to look at and touch. Signage around the building was clear. Words and symbols had been added to signs to help people locate different areas of the home more easily. Coloured paintwork had also been used to attract people to certain rooms such as bedrooms and bathrooms.

Is the service caring?

Our findings

At our previous inspection, we rated this key question as requires improvement. We stated, "Due to the concerns identified during the inspection, we could not be assured that people received a high quality compassionate service."

At this inspection, we found that action had been taken and the provider had ensured good outcomes for people in this key question.

People and relatives told us that staff were caring. Comments included, "It's beautiful - everything, everything"; "I receive good care"; "The staff are gorgeous"; "They know my likes and dislikes"; "It's [care] spot on"; "They [staff] are all lovely – they keep you young"; "You feel very welcome here and I couldn't have got a better home" and "Carers wave at me from across the room and I feel that's so comforting to see them show so much appreciation for me." One person explained that they had found the turnover and changes of staff difficult at times. They said, "It can be upsetting when you get used to a member of staff and they leave."

We observed positive interactions between staff and people. Whilst we were sitting in the downstairs lounge, one person started to cry. Staff immediately asked them what was wrong and they explained that they were "overcome by the loveliness" of staff. We observed two staff assisting one person into their wheelchair. The person told the staff "You shouldn't have to move me." One of the staff said, "We're happy to help," the person replied, "I love you both" and a staff member said, "and we love you" and gave the person a kiss. Another person told a staff member, "You always have a smile on your face." The staff member replied, "and you do too - it's your smile which makes me smile."

Staff spoke to us about caring for people as they would a relative or friend. Comments included, "I treat these as I would my Nana or as a friend"; "It's a lovely home to work for...I love it, the residents I do get attached to them – they do become your family"; "I love it, whether it's 20 smiles or one smile [from people], it just makes my day knowing I have made a difference"; "My [family member] used to be here – it's good enough for my relatives" and "These are like my second family."

Most people told us their independence was supported. We saw one person doing their online shopping. Another person accessed the local community independently and several people went outside to the smoking area for a cigarette. One person told us they would like to be more independent especially with going outside. We passed this feedback to the interim manager.

People and relatives told us that staff promoted people's privacy and dignity. We observed that staff knocked on people's doors before they entered and spoke with people respectfully. People's bedrooms were personalised with ornaments and pictures to help make their bedrooms more homely.

People told us they were involved in their care. Care plans documented that they had been written with the person and their representative where appropriate.

Is the service responsive?

Our findings

At our previous inspection, we rated this key question as requires improvement. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and receiving and acting on complaints. There were shortfalls with the management of complaints, catheter care and care records.

At this inspection, we found that improvements had been made and the provider had ensured good outcomes for people in this area.

People received personalised care which was responsive to their needs. Care plans were in place which aimed to inform staff how people's physical, emotional, social and spiritual needs should be met. Information about people's backgrounds, likes and dislikes was included. Care records for people who required specialist feeding via a Percutaneous Endoscopic Gastrostomy [PEG] tube were well maintained. A PEG is the procedure whereby a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines. Records relating to catheter care and wound care were now more detailed and reflected the care provided.

Information about people's end of life wishes was included in their care file. This meant that staff had access to people's wishes at this important time. There was no one receiving end of life care at the time of our inspection.

Most people and relatives told us that people could choose what they wanted to do. One staff member said, "We are here to look after them and what they want, they can do." Another staff member said, "This is their home, if people want a cup of tea they have it there." Staff told us and our observations confirmed that more people, with their agreement, were supported to come out of their bedrooms to socialise in communal areas and go to the dining room for meals. One staff member said, "It's a lot better now, a lot more residents are coming through to the dining room and getting out." Several people and relatives told us that staffing levels sometimes impacted upon people's choices such as going out and getting up in the morning. During our inspection, we observed that staff respected people's choices and asked people what they would like to do.

People were supported to follow their interests and take part in activities that were relevant to them. People were complimentary about activities provision at the home. Comments included, "Nothing could be improved, they are trying to keep us entertained"; "There's enough going on, we've been knitting, sewing, making cards" and "I came to the music yesterday and we were waving our hands in the air. [Name of activities coordinator] shouts 'ooohhh ooohhh' and we copy whatever she says!"

Two activities coordinators were employed. A varied activities programme was in place. Activities included baking, film afternoons, bible reading, arts club, food tasting sessions, pets as therapy, visits from entertainers, reminiscence therapy and music sessions. One staff member was a saxophonist and enjoyed playing for people at the home.

There was a close relationship with another of the provider's nearby care homes, Blackwell Vale. People enjoyed visits to Blackwell Vale and welcomed people from the Blackwell Vale to their home. The interim manager was looking at ways to explore further links with the local community.

Staff were knowledgeable about people's interests and hobbies. One staff member told us, "[Name] is a big Carlisle united fan and his family are everything, [Name] loves everything – she loves the empathy dolls, she will go to every single activity she loves interaction. [Name] loves dancing and we have a little dance and [name] loves a sing along. Everything is in the care plans. Some residents have dementia but they have a choice about what they want to do. Some people can't interact verbally but you know by their face whether they liked something." Staff explained the importance of animals and pets to people's emotional wellbeing. They said that pets were welcome. Some staff brought in their dogs which people enjoyed seeing.

There was a complaints procedure in place. The interim manager told us that there had been no formal complaints since she had been at the home. The regional manager told us that she was involved in a historic complaint about the service and care provided.

Is the service well-led?

Our findings

At our previous inspection, we rated this key question as inadequate. We identified a breach in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to good governance. Audits and checks were carried out. However, these had not always identified the issues raised during this inspection and a system to ensure CQC was informed of all notifiable events was still not fully in place.

At this inspection, we found that improvements had been made, however further action was required.

The home had been through an unsettled period. There had been a number of unforeseen events which had impacted upon the service and staff morale. There had been four managers since 2017. The previous registered manager had recently left. An interim manager, who was the registered manager of another of the provider's homes, was managing the home at the time of our inspection. She had been in post for nearly four weeks prior to our inspection. A new regional manager was in place, she was known to staff because she had previously been in a different job role at the company. Staff spoke positively about the regional manager and the support provided. A deputy manager was in post although they resigned and left the service following our inspection. There was also a clinical lead who was not present at the time of our inspection. The interim manager was supported by the regional manager and a registered manager from another of the provider's homes.

Staff were complimentary about the interim manager and her leadership. Comments included, "It is actually improved massively – she's all for the staff. As long as you are doing your job – she is absolutely great. In the past the structure hasn't been strong enough"; "We have a good chain of command"; "I like [interim manager] she's nice. She has good ideas and she has a good work ethic – she knows what she is doing and is bringing it together"; "[Name of interim manager] is strict she is putting things right...She is getting things done" and "I was low at one time but now I'm back up here again and now [interim manager] has stepped in and got on top of people." Staff told us however, they were aware that the interim manager would only be at the home for a short time until a new manager was appointed and this would involve further change. Following our inspection, the interim manager told us that a new manager had been appointed and was due to start at the beginning of January 2019.

Management staff were open and honest about the difficulties the home had encountered and challenges they had faced. They spoke positively about the future of the home and praised the dedication of staff which they stated had helped ensure improvements continued.

Most staff told us that morale had improved and positive changes had been made. Comments included, "Staffing is loads better"; "I wouldn't change working here for the world"; "Everything I see is going in the right direction. The residents are interacting more"; "I think we've made progression for the better"; "If the residents see you are cheery and happy then they are" and "There is a lot more structure." Several members of night staff however, raised concerns about morale and support available. The interim manager was already aware of the issues and was actively monitoring the situation. Additional CHAPs were in place to provide support and a meeting for night staff had been held.

Communication systems had improved. We attended a handover meeting between day and night staff. The process had improved since our last inspection. There was now a cross over time of 15 minutes between shifts. Outgoing staff remained on the floor and were available to support people whilst the incoming shift received their handover. Detailed written information was now available which staff told us had just been commenced. One staff member told us, "We are given these [handover records] which have everyone's name on, we have information about their dietary needs, how many staff are needed with moving and handling, what type of dementia they have, whether their skin is intact and their pain control. We know what pain relief people are on."

Audits and checks were carried out. Action was taken when issues were highlighted. We noted that shortfalls were identified with the dining experience; appropriate action had been taken to ensure improvements were made. This was confirmed by our own observations. We identified several shortfalls which had not been identified by the provider's monitoring system. The interim manager wrote to us following our inspection visits and stated that all issues we had raised had been addressed.