

Four Seasons (GJP) Limited

Pennine Lodge

Inspection report

Pennine Way
Harraby
Carlisle
Cumbria
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Tel: 01228515658

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pennine Lodge is a care home providing personal and nursing care for up to 70 older people and at the time of the inspection there were 68 people living there.

The home accommodates people over two floors, the upper floor is designated for people who have a dementia related illness and people requiring nursing and personal care reside on the ground floor. There are several communal areas throughout the home including dining areas and lounges.

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

Medicines were handled safely with appropriate policies, records and systems in place, but we found some areas that required improvement. We have made a recommendation about the accuracy and consistency of records relating to the management of medicines.

People and visiting health professionals told us the service had improved since the last inspection. One person who has visited the home over the last three years said, "Since the new manager started communications and leadership have definitely improved. It's had a knock-on effect I see the staff working more as a team now." Another regular visitor to the home told us, "I have definitely seen improvements in the care here. Staff are motivated and there's better communication. There's some very good staff here at present."

Safeguarding systems were in place to protect people from the risk of abuse or unsafe care. Staff were aware of the procedures, had received training on it and knew what action to take. The provider had policies and procedures to support the safe recruitment of staff. The registered manager made sure sufficient numbers of appropriately trained staff were on duty throughout the day and night to make sure people received the support they needed.

People received the right level of support to maintain good nutrition and hydration in line with their personal choice. Most people we spoke with were very happy with the quality and choices of food. One person said, "The food is nice I enjoy it." Another person said of the food. "It's not bad sometimes you get the same kind of food a lot, a bit repetitive." Staff training was ongoing, and they had received enough training to safely care for people. Staff were regularly supported by the registered manager through staff meetings, supervision and appraisals.

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

All the people we spoke with told us they were happy with the staff and care they received. One person said, "The staff are tip top, cream of the crop." A relative said, "I think this is the best place for my family member. I

find all the staff are caring and kind of like extended family really."

People and their families had been fully involved in planning and reviewing the care and support provided. We saw staff treated people with kindness and respect and made sure their dignity was maintained. People were fully supported to maintain their independence. The provider planned people's care to meet their needs and take account of their choices. People could see their families and friends as they wished.

People knew how they could raise concerns about the service provided. The provider and registered manager monitored the quality of the service and identified areas which could be improved. Governance and quality assurance were well-embedded within the service. Staff said they felt valued and respected.

The leadership of the service promoted a positive, open culture. The registered manager and staff team displayed knowledge and understanding around the importance of openness and working closely with other agencies and healthcare professionals to make sure people had good care.

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

Rating at last inspection

The last rating for this service was requires improvement (published 29 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Pennine Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, a pharmacy inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager who had registered with the Care Quality Commission after the last inspection. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-

We looked around the home, reviewed records relevant to the running and quality monitoring of the service, the recruitment records for all new staff employed since the last inspection and policies and procedures. We looked at training and supervision records. We looked at eight care records and 13 records of medication administration, medicines storage and management.

We spoke with 17 people who lived at Pennine Lodge and seven relatives. We observed people's daily routines and staff interaction. We spoke with 12 staff members on duty, including the registered manager and two visiting health professionals. We also received information from local commissioners about their experiences of working with this service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at 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 the consistency of safety. There was an increased risk that people could come to harm.

Staffing and recruitment

We made a recommendation at the last inspection that the provider kept staff deployment under review. At this inspection we found there were sufficient numbers of staff available based on the dependency needs of people.

- There were enough numbers of appropriately trained staff on duty during the inspection and on the rota for the day and night shifts. However, we observed the call bell system sounded for consistent periods throughout the day. We monitored the calls and noted people were not actually kept waiting for assistance. We discussed the system in use with the registered manager and we were told the system sounds in all areas of the home rather than on the floor it is applicable to. The registered manager reassured us an alternative call bell system would be discussed with the provider.
- Rota's showed the numbers of staff on each shift were flexible and based on people's needs. Most people said they received support when they requested it and in a timely manner.
- The provider had policies and procedures in place to support the safe recruitment of staff.

Using medicines safely

- Medicines policies, records and processes were in place. Medicines were administered safely, stocks were regularly checked but we found some areas that required improvement.
- Information and care planning to support the use of 'when required' medicines and covert (hidden in food or drink) administration of medicines was usually detailed and person-centred.
- Records of medicines were well maintained and completed accurately but on occasions we found records of creams applied were not always fully completed on one unit in the home. However we found that people had received the creams as prescribed.
- Records of prescribed fluid thickeners were not always completed by the care staff who made people's drinks, so we could not be fully assured this was always being managed properly. Medication waste was locked away and access restricted to staff. However, it was still accessible.

We recommend the provider reviews procedures to make sure national guidance for completion of medication records and storage of waste medicines is followed.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. Staff understood their responsibilities around protecting people from abuse. We saw, where necessary, appropriate referrals had been made to the local

safeguarding team.

- People told us they thought the service was safe. One person told us, "I do feel safe here because I am not on my own. I get the support I need." A relative said, "I think it's a safe place for my [family member] as there are always staff around."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The staff identified and managed risks to people's safety. Any potential risks were recorded in the care plans and gave guidance to staff about the actions to take to ensure the safety of people they were supporting.
- The registered and unit managers reviewed all incidents to ensure appropriate actions were taken. Risks were reassessed to prevent reoccurrence and where lessons had been learned these were shared throughout the staff team.

Preventing and controlling infection

- The home was clean and there was ongoing maintenance. Staff had received training on infection control and understood their responsibilities. Appropriate protective wear to prevent cross infection was readily available throughout the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were good, and people's feedback confirmed this.

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

- Staff completed a detailed assessment prior to admission to ensure people's needs could be met and a plan of care was developed. Care records contained details about people's care needs, their abilities and what support level was required.
- We saw evidence the registered manager and staff were referencing current legislation, standards and best practice to achieve effective outcomes.
- Care plans were regularly reviewed and updated where required. Records we looked at confirmed this.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. People told us they felt comfortable and confident staff had the skills and expertise to support them with their care needs. One person told us, "Staff are more motivated and appear more competent in what they are doing."
- Staff confirmed they had received training that was relevant to their role and enhanced their skills.
- Staff told us they felt very supported by the newly registered manager and received regular supervision and appraisal of their work. One staff member said, "I can speak to the manager about anything. I feel more supported with the new manager."

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

- People were provided with meals and drinks they enjoyed although two people said the menu choices were repetitive. People were supported to eat a varied and nutritious diet based on their individual preferences. Relatives we spoke with said they were happy with the food their family members received.
- Staff had completed nutritional assessments to identify people's needs and any risks they may have when eating.

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

- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to external services.
- Staff worked effectively with external healthcare professionals to ensure people's health and wellbeing needs were met. We saw the staff team worked closely with health care services including GPs and district nurses. A regular clinic was held at the home by the community nurses who told us the care at the home had improved since the new manager had been appointed. They told us staff always followed their advice and found them to be kind and very caring.

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

- The provider had adapted one of the communal areas into a designated sensory room which supported people living with dementia related illnesses. Other areas of the upper floor had been decorated and furnished with consideration for those with memory loss.
- People were able to bring their own items and equipment into their rooms to personalise them as they wished.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The staff were knowledgeable about their responsibilities under the MCA and people's rights were protected. The registered manager had made DoLS applications as and when required.
- People and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. Consent to care and treatment in the care records had been agreed by people with the appropriate legal authority to do so.
- The staff knew people well and gave people the time they needed to make decisions about their care. We observed staff were patient, respectful and supported people to make choices about their daily lives.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring and people told us staff were always polite. One person said, "The staff are treasures." Another person said, "The staff are kind and help when they can."
- People's cultural, gender and spiritual needs were met. One person told us, "Someone from the church visits us." Staff had received equality and diversity training.

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

- Staff understood people's rights and had received training in protecting and promoting them. People were included in decisions about their care and staff respected the choices people made.
- Care records showed that care planning was centred on people's individual needs and preferences. Staff reviewed people's needs regularly including consultation with relatives and any professionals involved.
- People were often supported to express their views by their families. The registered manager could arrange advocacy services if they were needed. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- The staff supported people to maintain their independence. Care records were written in a positive way and included information about the tasks people could carry out themselves as well as detailing the level of support they required.
- The staff took appropriate actions to maintain people's privacy and dignity. People could spend time privately and call on staff as and when they needed to. One person told us, "I just like my own space to be honest. Staff always knock on the door."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs had been assessed and staff supporting them had a good understanding of their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- Staff communicated with relevant others regularly. Involving them in the care and support plans, to express their views and make choices about the care delivered. A relative told us, "I have seen the care plan."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had identified how people needed information to be provided and people's communication preferences and needs were detailed in their care records.
- Staff gave people time to understand information and supported them to do so. Pictorial information was also used as an alternative to written and /or verbal information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us their visitors were made welcome in the home and said they could see their friends and families as they wished.
- People were supported to access activities of their choice. There was a designated activities coordinator who had recently won a North West Regional Care Award in recognition for the work they have done in the home. The registered manager described the coordinator as a true advocate for people and ensured people received person centred activities. One person told us. "I like all the activities and join in them with them all." Two people also commented that some activities were not to their liking so did not join in.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. No one we spoke with raised any new concerns or complaints during the inspection. People told us they would speak to the staff or registered manager if they had any complaints.
- The registered and unit managers used any learning from incidents and shared it with staff during regular meetings.

End of life care and support

- Systems were in place to support people at the end of their life. People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded. Staff understood the importance of supporting people's emotional and spiritual wellbeing, in line with their personal end of life wishes.
- The staff team had relevant training and experience of caring for people at the end of their life. At the time of our inspection, the service was supporting people with end of life care. Relevant professionals were involved, and appropriate medicines and equipment was made available to ensure people received dignified, pain free 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 improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us they felt valued and appreciated by the registered manager and supported to develop in their work and staff morale was much better. They told us Pennine Lodge was, "A better place to work" and "Things have improved for the better."
- The registered manager and staff interacted with people in a manner that was positive and very respectful and were focused on doing their best for people they supported.

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; Continuous learning and improving care

- The registered manager understood their responsibilities under the duty of candour. We had been notified of significant events which had occurred in the home. The notifications showed appropriate actions had been taken in response to incidents, including sharing information with appropriate authorities when incidents had occurred.
- The registered manager and provider regularly monitored and reviewed any accidents and incidents to identify any patterns that needed to be addressed or lessons to be learned.

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

- Improvements had been made in the service since the last inspection. One of those improvements was the new and consistent leadership. Visiting professionals told us about the improvements that had been introduced and how they had impacted on people's care. For example, improved systems and communications meant people received professional intervention in a much timelier manner.
- The registered manager was experienced, and staff were knowledgeable about the needs of people they supported. We found the service was well-organised, with clear lines of responsibility and accountability.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff consistently worked in partnership with the wider professional team to ensure people received the care they required and if their needs changed. Where specialist services were involved in providing people's support, the advice they had given had been included in people's care plans.
- Staff told us they felt more valued and were supported to develop in their work and staff morale was much better.

- Relatives told us they had been involved in regular reviews of people's care needs and received regular information. There was a regular newsletter produced and regular meetings held for people to share their views about the quality of the service.