

NYMS Services Ltd

Pennine Care Centre

Inspection report

Hobroyd
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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 Care Centre is a residential care home providing accommodation and personal care to up to 64 people. At the time of the inspection there were 54 people living there. There are two units, Pennine and Moorland Suite. Pennine is for older people, including people living with dementia. Moorland Suite is a male only unit and supports older and some younger people with mental health conditions.

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

People and their relatives told us people were safe and protected from avoidable harm. There was a proactive approach to risk assessment and management. There were infection prevention and control procedures that met current government guidance for COVID-19. There were enough staff on duty to support people safely. Staff were safely recruited. People received their medicines as prescribed. When accidents and incidents happened there were reviews and investigations to see if these could have been prevented and how to prevent them in the future.

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.

Staff received induction and training to carry out their role. The premises was designed and decorated in a way that met people's individual needs and preferences. People told us they enjoyed the food and drink.

People and relatives praised the staff for being kind, caring, patient and forming close bonds with people. There was a range of different activities to appeal to both older people and the younger adults living there. People's independence was promoted. People were supported to have contact with friends and relatives.

The provider and registered manager had embedded a positive culture that achieved good outcomes for people. There was a governance system in place that identified themes and trends and noted where improvements may be required. There was a constant strive for improvements and new systems, such as electronic care plans and new management structures were implemented, and their effectiveness was reviewed.

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

Rating at last inspection

This is the first inspection under this provider's registration. The last rating for the service, under the previous provider was Good (published on 15 November 2019).

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

Pennine Care Centre

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors 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 Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and 12 relatives about their experience of the care provided. We spoke with 12 members of staff including the provider, registered manager and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 13 people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place. Where safeguarding concerns had happened, these were responded to promptly and local safeguarding procedures were followed.
- Staff understood how to recognise and respond to signs of different types of abuse. One staff member said, "We do training about the different types of abuse, if we see anything we carefully distract people without causing a fuss then we make sure we report things to the seniors."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and mitigated. There was a proactive approach to the assessment and reduction of risks to people's safety. People we spoke with told us they felt safe. One person said, "I feel very safe living here, the girls [Staff] are all kind to me and do whatever they can to help."
- People's care plans contained detailed guidance for staff to follow to ensure people were kept safe from avoidable harm. Risk assessments were reviewed and updated after any accidents or incidents.
- Some people living at Pennine Care Centre displayed behaviours that could challenge others. There was clear guidance for staff to be able to identify what may trigger people to display these behaviours and how to distract them and therefore reduce the likelihood of this escalating.
- There were regular reviews of people's behaviours and clear involvement with people, their relatives and healthcare professionals.

Staffing and recruitment

- There were enough staff on duty to meet people's needs safely. We reviewed a selection of rotas and saw that staffing levels were consistent.
- People told us there were enough staff on duty and they didn't wait for their care needs to be met. One person said, "I only need to press that buzzer, and someone always comes to help me quickly."
- Staff were recruited safely and subject to pre-employment checks, such as references and criminal record checks.
- When agency staff were used to cover short term staff absence, they were subject to the same pre-employment checks to reassure the provider they were employing staff who had received training and were of good character.
- Staff received regular supervision and appraisals and were supported in their role.

Using medicines safely

- Medicines were managed consistently and safely. People told us they received their medicines as they

were prescribed. National guidance was followed for the storage, disposal and administration of medicines

- There were some inconsistencies with guidance for covert medicines, this is when people are given their medicines without their knowledge. However, we checked and saw no medicines had been given to people covertly. The registered manager assured us she would implement more guidance for covert medicines as soon as possible after the inspection.

Preventing and controlling infection

- We were assured that the provider was meeting government guidelines for the prevention and control of COVID-19. There were social distancing measures in place and plans for managing the spread of COVID-19 if it were to enter the home.

- There was adequate supplies of PPE and we saw staff wore this appropriately. Some staff wore non-standard face masks, the registered manager had completed risk assessments to justify why they found this acceptable and this met with current safety standards.

- Staff had received training in infection control practices and specific training for the management of COVID-19. Staff told us they felt confident and equipped to cope during the pandemic.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and free from malodours throughout and there were detailed cleaning schedules in place.

Learning lessons when things go wrong

- Lessons learned were communicated with staff. When people had accidents or incidents there were reviews conducted by the registered manager to identify how they could ensure this didn't happen again.

- Where people's care needs changed or a review took place, this was done with the involvement of people and their families where appropriate.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- Care and support was planned and delivered in line with current best practice guidance and evidence-based guidelines.
- Appropriate and timely referrals were made to healthcare professionals. People and their relatives were involved in healthcare professional reviews. One person said, "[Staff] tell the nurses when I need something and they always make sure my [Relative] knows too."
- There were care plans in place for each person that contained person-centred details about people's needs and preferences and how to support them in the way they chose.
- Within people's assessments there were documented outcomes people would like to achieve. When reviewing people's care notes we saw staff supported them to achieve these.
- Nationally recognised tools were used to assess and monitor people's care. For example, the Malnutrition Universal Screening Tool (MUST) and Waterlow were used to monitor people's weight and skin integrity.

Staff support: induction, training, skills and experience

- Staff received training to complete their role. People and some relatives told us staff were well trained. One person said, "I think the staff are well trained yes, well they know how to look after me so I'm happy." One relative said, "I think the staff are well trained, the staff who look after [Name] understand them." However, two relatives told us they did not feel the staff were well trained. We discussed this feedback with the provider and registered manager who told us they were in the process of sourcing new staff training methods and had reluctantly had to rely mainly on distance learning during the pandemic though this would change as soon as possible.
- Staff told us they felt well-trained. One staff member said, "Yes there is a lot of training, we know what we're doing here, there was particularly a lot of support for us during Covid, we felt very lucky to have so much training then."
- New staff completed an induction that included shadowing experienced staff and completing mandatory training. The training staff completed was in line with the standards of the Care Certificate. The Care Certificate is a national set of standards for people working in health and social care to meet.
- Staff who were responsible for administering people's medicines only did so after their competency had been assessed.

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

- People had choice over their food and drink. We saw people enjoyed their meals and had a constant

supply of drinks and snacks throughout the day and night if they wanted this. There was a designated 'snack selection' including light meals that people could enjoy at any time.

- People told us they enjoyed the food and drink. One person said they would like some spicier options, we told this to the registered manager who agreed to arrange for this to be in place the next day.
- We observed two mealtimes, one on Pennine Unit and one on Moorland Unit and found these were pleasant and sociable occasions. Some people chose to enjoy their meals in their bedrooms or in the quieter areas of the home.

Staff working with other agencies to provide consistent, effective, timely care

- The provider had implemented clear systems for referring people to external agencies where necessary.
- We reviewed people's care records and saw timely referrals were made where appropriate.
- Positive feedback was received by the local authority commissioners and other health care professionals about the communication they received from the registered manager.

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

- The premises were designed, decorated and laid out in a way that met people's needs and preferences. There was a choice of separate areas of the home so people could spend time in busier communal areas or in quieter areas other than their own bedrooms.
- People told us they liked the way the premises were designed and decorated. One person said, "There's lots of nice things around aren't there." A different person said, "I particularly like my bedroom, it's big and light and I have lots of space."
- There was a choice of outside areas, including areas that were covered and sheltered from potential bad weather so people could still use the outside spaces. There was an enclosed bird aviary in the garden and some people told us they enjoyed using this space.
- Some areas had been designed so people living with dementia or sensory loss could enjoy activities, for example, there was a bar, a post office and other activity stations as well as quiet lounges.

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 service worked in line with the MCA and people were not deprived of their liberty without legal authorisation.
- Staff involved people in day to day decisions and understood the principles of the MCA. We saw people made their own choices about how and where to spend their time. Where people lacked the capacity to make choices, staff did this for them and considered the person's best interests.
- Care plans contained mental capacity assessments and records of decisions made in people's best

interests. People and their families were involved in this process.

- Some people living in the home made some choices others considered to be unwise. The provider supported these people to continue to make the choices they had the capacity to make without discriminating against them and helping them to remain as safe as possible.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People told us they were supported by staff who were kind and caring. One person said, "Amazing staff here, can honestly say they go above and beyond." A different person said, "The staff are just lovely here, I like being with them."
- Throughout the two days of the inspection we observed many occasions where staff interacted with people with kindness, patience and a caring nature. We saw people enjoyed the company of staff and staff appeared to know people well.
- People did not wait long for care. We saw that when people rang their buzzer for support or requested support in communal areas staff responded quickly. One person said, "I press this buzzer and there they are for me."
- People's care plans contained information guiding staff about respecting their personal life choices, how to support them to meet their spiritual needs and how they would prefer to be cared for. We saw staff followed this guidance and engaged with people in a way that was meaningful and not rushed.

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

- The provider ensured that people and their relatives or representatives played an active role in planning and delivering their care. People had as much control and choice in their lives as possible for them.
- People's care needs were reviewed regularly, and part of this process involved ensuring the person and their relatives views were listened to.
- Where people did not have relatives to speak for them, they were offered the use of independent advocates. An independent advocate is a person who ensures people's rights and opinions are represented.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect at all times. Staff told us they had time to develop trusting relationships with people and they enjoyed the company of the people they supported. One staff member said, "It's a privilege to spend time with the residents, we have fun together."
- There were some younger adults living at Pennine Care Centre. Even though there were mixed ages in the same units, we saw there were enough age appropriate activities and areas of the home for people to enjoy. One of the younger adults told us they enjoyed the different activities available and especially enjoyed having a games console in their bedroom.
- Some people were independent enough to be able to go out alone and the provider encourage and promoted people's independence. One person had improved their ability to live independently and was moving out of the home to a supported living setting.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and their relatives or advocates were involved in the planning and delivery of their care. One person said, "I helped them make notes when I moved in, they do ask me how I want things, they know I like it here and I do."
- People chose how they spent their days. For example, one person chose to spend the majority of their time in their bedroom. They said, "I can go downstairs if I want to, but I like it in my room with my big window and my telly. I can see what happens outside and the [staff] come and see me a lot."
- Other people preferred to be in busier areas of the home and told us they enjoyed the regular and varied activities. We saw people singing, dancing, enjoying puzzles and staff encouraging people to be involved.
- Care plans contained guidance for staff about supporting people when they displayed behaviours that challenged. We saw one person displayed this behaviour during the inspection and staff used gentle and kind re-direction techniques as guided in their care plan. This showed that staff knew this person well and had gained their trust.

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.

- The provider complied with the AIS. Information was provided to people in a selection of formats to meet their communication needs. Signs and notices around the home were in an 'easy read' format that included the use of pictorial images for the people who required this.

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 were supported to maintain relationships where they wanted to. The provider ensured visiting arrangements were in place and they made adjustments throughout the pandemic to make sure people could keep in touch with their friends and relatives. For example, there was an interactive large screen that was used for video calls. This was because some people living with dementia did not understand video calls on mobile phones or tablet devices.
- At this inspection, government guidelines allowed for care home visits. We saw the provider ensured these were carried out safely and people were provided with comfortable areas for visits and not disturbed if they did not wish to be. People who wished to, went out with friends and family.

- Some people had the mental capacity to go out alone and told us they enjoyed the freedom and independence they gained from this.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place, and this was accessible to people and relatives. People told us they knew how to complain and felt confident they would be listened to if they did so.
- We reviewed the complaints that had been received and saw these were handled as per the provider's policy.

End of life care and support

- People were supported and empowered to make decisions about how they would like to be cared for if they were to become seriously unwell or approach the end of their lives.
- At the time of this inspection there were no people living at Pennine Care Centre who were known to be approaching the end of their lives. However, we reviewed people's care plans and saw the provider had asked people if they had any wishes for the end of their lives. People chose whether or not they wanted to engage in this subject. Where people refused, their wishes were respected.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives told us the service was well-led. One person said, "The manager does come to chat with me, she keeps everyone in order here." A different person said, "You can approach the manager and the owner, you ask for something to be done and it gets done." One relative said, "I think the home is well run, everything is efficient."
- Relatives and staff told us there had been a marked improvement since the new provider took over and they were happy with the changes. One staff member said, "The new owner has certainly put time and effort into the home, there's lots of new things and they do think of things from the resident's perspective which I like."
- The provider and registered manager had implemented a clear, person-centred vision and led by example. One person had achieved their goal and their independence had increased to the point they could move out of the care home and into a supported living setting.
- Some staff told us they did not always feel listened to. We discussed this with the provider and registered manager and saw there were plans in place to enhance the management structure. New roles had been recruited to give more responsibility to senior staff and this would free up time for the registered manager.

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

- The provider met the duty of candour. When things had gone wrong, or when people had accidents or were involved in behaviours that challenged others, the provider ensured people, their relatives and the appropriate professionals were informed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were clear governance, management and accountability arrangements in place.
- Care delivery, records and completed documentation were reviewed, audited and analysed regularly. The audit and analysis process identified themes and trends and were used to drive forward improvements.
- The provider had implemented an electronic care plan system which generated reports. This was used to maintain an overall oversight of care delivery.
- The provider had employed an independent consultant to assist them to continue to drive forward

improvements in the home.

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

- The provider involved people, relatives, staff and where appropriate external professionals in all aspects of the running of the home. There were regular staff meetings and suggestions made by staff were actioned where possible.
- The provider and registered manager, with the support of the external consultant, ensured delivery of care was reviewed against nationally recognised guidelines and good practice was shared within staff teams.
- Before and during the inspection we saw the provider and registered manager engaged openly with external professionals and commissioners about the culture and direction of the home.