

RochCare (UK) Ltd

Pendle Brook Care Home

Inspection report

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22 June 2022

27 June 2022

30 June 2022

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pendle Brook Care Home is a care home without nursing care, providing accommodation for persons who require personal care for up to 50 people. The service provides support to adults and older people and people living with dementia. At the time of our inspection there were 29 people using the service. The care home can accommodate people across three floors in one building, however at the time of our inspection, only two floors were being used.

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

Medicines and risks relating to people's health and safety were not always being appropriately managed. Staffing levels were adequate and recruitment practices were robust. Safeguarding practices were in place; staff knew what to report and people living at the home told us they felt safe. Good infection prevention control practices were being followed and people were receiving visitors. Accidents were recorded and lessons were learned.

People's needs were not always fully assessed, and people's care plans did not always detail necessary information. Staff were supported through supervisions, though staff training was not fully up to date. We have made a recommendation about staff training. Feedback on meals indicated improvements were needed. Although the home was purpose built, the environment could be improved for people living with dementia. Oral healthcare plans were in place and the home was registered with a dental hygienist. The service worked in partnership with a variety of health care professionals.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. Although the policies and systems in the service supported this practice and necessary DoLS referrals were being made, best interest decisions were not always in place. We made a recommendation the provider ensures they follow best interests' guidance.

People's equality, diversity and dignity was respected. The service used an electronic care plan system to record people's details on. People and their relatives were able to express their views. Surveys were being completed to gather feedback and people were able to access advocacy if required.

Records relating to people's care were not always person centred, but people were able to make everyday choices. There was a complaints policy and procedure in place and a complaints log was being maintained. At the time of the inspection no one was in receipt of end of life care. People's communication needs were being met. An activities coordinator was employed by the provider who led on a variety of activities for people living in the home.

Quality assurance systems needed further improvement. Various documents were either not completed, not in place, not up-to date or not accurate and audits carried out by the manager did not always identify the

issues we found at this inspection. Staff were aware of how to report poor practice and there was a procedure in place to support this. Feedback about the manager was positive. The manager reported necessary incidents to appropriate organisations and lessons were learned. Meetings for staff and people that use the service were taking place, and relatives were kept up to date via telephone, email and through social media. Surveys were available for staff, people and their relatives to complete.

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

Rating at last inspection and update

The last rating for this service was requires improvement (3 November 2021). The service remains rated requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that provider reviews, their processes to ensure safe recruitment practices are always followed. At this inspection we found the provider had acted on this recommendation and improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report. The provider is working in making improvements in the areas we have identified.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk, medication and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We have met with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pendle Brook Care Home

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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by three inspectors.

Service and service type

Pendle Brook Care Home is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pendle Brook Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the manager was in the process of registering.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 June 2022 and ended on 30 June 2022. We visited the service on 20 and 22 June 2022.

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 who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two loved ones about their experience of the care provided. We spoke with eight members of staff including the manager, deputy manager, operations manager, senior care workers, care workers and the area manager (who is also the nominated individual). The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, which included detailed reviews of three people's care plans and various medication records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure they were mitigating the risks to people's health or to regularly monitor the safety of the environment. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Systems and processes were in place to assess risks relating to people's health and safety. However, these were not always being followed. Environmental risk assessments were in place, though these needed to be reviewed. The manager actioned this after our site visit.
- Records showed people had not always been weighed in line with their assessed requirements and nutritional records were not always completed.
- Peoples care plans did not always have health condition risk assessments in place when they were needed. After our site visit, the manager told us they were working on improving people's care plans to include necessary information.

The provider had failed to ensure they were mitigating the risks to people's health or to regularly monitor the safety of the environment. This placed people at risk of harm. This was a continued breach of regulation 12 (1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- None of the night staff had received fire marshal training, meaning that in the event of a fire during the night, staff may not be aware how to manage the situation, though staff had completed fire safety awareness training. The manager ensured that fire marshal triaging was delivered to night staff shortly after our site visit.

Using medicines safely

- Medicines were not always managed safely. One person that self-administered medication did not have a necessary risk assessment in place for this. The manager assured us this was completed after our site visit.
- The medicines policy required additional local information adding. The manager assured us this was completed shortly after our site visit.
- We found one medicine that should have been disposed of 90 days after opening. Records showed that

this medication had been administered after the advised disposal date. This placed people at risk, as using medicine after it expires means that it may not have been as effective.

- We found eight instances where medication stock did not match records. This meant we could not be assured people had received their medicines as and when they needed them.

Systems were either not in place, not being followed or not robust enough to demonstrate medicines safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they would look to improve in this area and was going to be completing regular audits.

Staffing and recruitment

At our last inspection we recommended the provider reviewed their processes to ensure safe recruitment practices were always followed. The provider had made improvements.

- Staffing levels were adequate and recruitment processes were safe.
- Feedback from staff and people that use the service about staffing levels was mixed.
- We reviewed a sample of staffing rotas and these were in line with dependency tool the home uses to calculate the dependency of the people living in the home.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. A safeguarding policy and procedure was in place and included information on how to escalate concerns, though this required updating. The manager assured us this has been done.
- People told us they felt safe and were happy with the care they received. One person told us it was, "Very good living here."
- Staff were able to provide examples of what they would report to safeguarding.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors in line with current government guidance.

Learning lessons when things go wrong

- Lessons learned were taking place and the manager was able to provide some examples of recent lessons learned.
- Accidents and incidents were being recorded and appropriate action was taken.

- Lessons learned was discussed during staff meetings to help drive improvement.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs had not always been fully assessed. People's care plans did not always have health condition specific care plans and risk assessments in place. After our site visit, the manager told us they were reviewing all care plans to ensure they were up to date and included necessary information. This is covered in more detail in the safe domain.
- People's care plans did have pre-assessments in them.

Staff support: induction, training, skills and experience

- Staff were supported through regular supervision. Staff had their competencies checked in areas such as medicines administration and moving and handling.
- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role.
- Various training courses were available for staff to provide them with adequate skills and knowledge to meet people's needs. However, we found the training matrix identified that not all staff were up to date with training.

We recommend the provider reviews their staff training compliance rates and ensures staff are up to date with training.

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

- People were supported to maintain a balanced diet, however food and fluid intake charts were not always completed appropriately.
- People said meals needed further improvement. Comments included "Sometimes food is horrible and sometimes it is good" and, "I get fed up with the meals."

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

- The home was purpose built and some adaptations had been considered during construction to make the layout suitable for people living there. However, the home had a floor dedicated to people living with dementia and this area of the home required further consideration to be more dementia friendly. For example, people's doors, toilet seats and disability aids could be made more easily recognisable.
- Signage around the home was in place and appropriate.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Staff supported people to ensure they were supported with their healthcare needs.
- People were not registered with a dentist; this was due to the difficulty the service faced in registering the home with a dentist. The manager told us they were in the process of trying to rectify this. A dental hygienist assisted people with their oral requirements. Oral healthcare plans were in place and contained detailed information to support people with their oral hygiene needs.
- The service worked with a variety of health care professionals including the dementia hub, dental hygienist, a footcare service, district nurses, GPs, Safeguarding and dietitians.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Procedures for working in-line with the MCA needed to be more consistent. DoLS referrals were being made and capacity assessments were decision specific. However, Best interest decisions were not always in place; we saw examples of people who used sensor mats and had no best interest decisions in place around this. A best interests decisions for one person had not been discussed with appropriate people.

We recommend the provider reviews their process around best interests.

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 our last inspection we rated this key question good. The rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- People's equality and diversity needs were respected. The service had a dignity champion there was an equality and diversity policy in place.
- Staff supported people to be as independent as possible and respected their privacy and dignity. One person told us "Staff are very respectful, especially night-time staff."
- The service had a records keeping and GDPR policy in place. Records relating to people's care was mostly computer based and were protected by passwords.
- Most staff we spoke with told us they would be happy for their relative to reside at Pendle Brook Care Home should they require this type of support.

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

- People and their relatives were able to express their views.
- Surveys were available to anyone who visited the home to complete and people and their family were involved in the planning of care.
- Although no one in the service required advocacy services, the manager told us how they were able to access these should they be required, and a policy was in place to support this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People's records relating to their care were not always person centred. Electronic care plans were in place containing information to guide staff about people's health conditions and backgrounds. However, these were not always up to date or completed. This is covered in more detail in the safe domain.
- People told us they were able to make everyday choices.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was available, and this explained the process people could follow if they were unhappy with the service they received. This policy required reviewing and updating and this was done shortly after our site visit.
- A complaints log was maintained; all recent complaints were verbal and had been actioned on the day they were received. However, we noticed that complaints referred to the home from CQC were not being included within their log. The manager said this would be rectified.

End of life care and support

- The service had an end of life policy in place, although nobody was in receipt of end of life care at the time of the inspection.
- Some staff had completed training in end of life care.
- Some people had end of life care plans in place, which would help staff support people in a way appropriate for that person. The manager told us they would look to improve the consistency around this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication

- Communication needs were being met.
- At the time of the inspection, staff were not supporting anyone with specific communication requirements. The manager explained how they could gain access to copies of documents in various formats and how they have previously used picture cards and translators (staff) to help meet people's needs.
- The manager understood the need to ensure people were able to access information in a format suitable

for them.

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 take part in activities. The service had an activities coordinator who planned and led on a variety of activities for people living in the home, during the inspection we witnessed activities taking place. There was also a pictorial board which displayed the weeks activities displayed on the wall in a communal area.
- Care workers told us "Yes there a lot of activities are organised" and, "Yes [there are] more than enough [activities]. However, people's comments about activities was mixed. Comments included "[Activities] could be better" and, "[There was] enough to do" with activities including "Drawing, art, cake making and discussing the news."
- People were supported to have visits from their loved ones.
- People's cultural beliefs were respected. One person did express a wish to our inspector to have a catholic priest visit, the manager spoke with the person and was working to try and arrange this.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure robust systems and process were in place to monitor the service. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Quality assurance systems needed further improvement. Audits had not always identified areas for improvement. This included the concerns we had identified during inspection in relation to risk, medicines, training and record keeping.
- Records were not always completed, accurate or in place.

We found no evidence people had been harmed, however, systems were not robust enough to demonstrate records and governance was effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did not have a registered manager in post. However, the manager had sent an application into CQC to become a registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service promoted a positive open culture. A whistleblowing procedure was in place and staff knew how to report poor practice.
- Feedback about the new manager was positive. Though staff told us morale was up and down.
- Staff worked in partnership with the local authority, various other agencies and health professionals to ensure people received appropriate support.

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 manager reported accidents, incidents and concerns to the CQC and the local authority.
- The manager was aware of their responsibility under the duty of candour and spoke about being open and honest when things went wrong.
- Lessons learned were taking place and were being discussed with staff at necessary meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were taking place, as well as meetings for people that use the service, although these were not frequent. Relatives meetings had not yet taken place, which was in part due to the COVID-19 pandemic. However, relatives were kept up to date via telephone and email and through social media.
- At the time of our inspection, surveys had been carried out for staff, people that use the service and their relatives. However, most questions only allowed a yes, no or NA answer, only one question allowed detailed feedback to be provided, the manager told us they have updated the surveys to allow written feedback to be added to the forms. We could see some negative comments relating to food and the manager and chef both told us how they are working to address these concerns.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure medicines were being safely managed.</p> <p>This put people at risk of harm. This was a breach of regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.</p> <p>The provider had failed to ensure they were mitigating the risks to people's health or to regularly monitor the safety of the environment.</p> <p>This put people at risk of harm. This was a breach of regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure robust systems and process were in place and were being followed to effectively manage the service.</p> <p>This placed people at risk of harm. This was a breach of regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p>

