

DHCH14

# Pennine View

## Inspection report

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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 View is a residential care home providing accommodation for persons who require personal care to up to 50 people. The service provides support to older people and those living with dementia or a physical disability. At the time of our inspection there were 30 people using the service. Pennine View is a single, adapted building spread over 3 floors. At the time of our inspection, the 3rd floor was not being used.

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

People were safeguarded from the risk of abuse. Referrals had been made to the local authority where required and staff received safeguarding training. Medicines were managed effectively, and people received their medicines as prescribed. There were enough staff to support people and they had been recruited to the service safely. Risks relating to people and the environment were assessed and monitored frequently and infection prevention and control was managed effectively.

The provider's working practice was in line with the mental capacity act. People were supported to maintain control of their lives and applications to deprive people of their liberty were made when needed. People had person-centred care plans and their needs and choices were assessed and promoted. They were supported with food and fluids and staff had received sufficient training to undertake their duties. Dementia friendly orientation aids were in place and the home was bright, clean and airy.

People were supported by knowledgeable and compassionate staff, who respected their needs and preferences. People and their relatives praised the staff approach and the delivery of care, which was person-centred and respected people's privacy and independence. People were able to express their views on the care they received and were able to provide feedback and suggest ideas for improvements.

People were engaged in activities and interests that were meaningful to them and complaints and concerns were managed effectively. People's communication needs were met, and staff communicated with people sensitively and considerately. End of life care was assessed in detail and the manager ensured people's end of life needs and preferences were met.

The manager was passionate and committed to partnership working, learning lessons and driving improvement. People and their relatives were engaged in the running of the home and praised the manager for the positive impact they had on the service provided. Quality monitoring systems were robust, detailed and effective, and staff understood their responsibilities well. The manager had instilled an open and positive culture, with a strong focus on continuous learning and development.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 2 September 2022 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines, accidents and incidents, staffing, quality of care and safeguarding. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

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.

#### Follow up

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 safe.

Details are in our safe findings below.

Good ●

### 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 View

## 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 1 inspector and an Expert by Experience on day 1 of the inspection, and 1 inspector on day 2 of the inspection. 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 View 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. Pennine View 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 2 months and had submitted an application to register. We are currently assessing this application.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 all this information to plan our inspection.

## During the inspection

We spoke with 9 people who used the service and 6 of their relatives. We spoke with 12 members of staff including the nominated individual, manager, deputy manager, senior carers, care staff and cook. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spent time observing staff supporting and interacting with people. 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 3 people's care records and 3 staff files in relation to recruitment. We reviewed records relating to the management of the service including policies and procedures, audits, quality monitoring and health and safety.

# 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 of 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

- Systems and process were in place to safeguard people from the risk of abuse.
- Safeguarding referrals to the local authority had been made when required and the manager was working closely with the safeguarding team.
- Staff understood the importance of safeguarding the people they supported. They had received safeguarding training and were able to identify the potential signs and indicators of abuse.
- People felt safe in the home and their relatives confirmed this. They said, "I feel very safe here" and, "I know I am well looked after and safe here." A relative told us, "I feel [person who used the service] is very safe and looked after and it gives me peace of mind 24/7."

Staffing and recruitment

- There were enough staff to support people safely. Staffing levels were assessed based on people's care needs. These levels were reviewed when people's needs changed.
- Staff were recruited to the service safely and appropriate checks had been completed. Gaps in employment had been explained and feedback from previous positions working with vulnerable groups had been sought.
- People told us that there were enough staff to meet their needs. They said, "The staff look after me well, they work very hard. If I ask them, they come and help me" and, "Staff are as kind as they possibly can be. Whatever you want they will get it or do it."
- Relatives praised the staff approach. They said, "I have been very impressed, it's an amazing place. The staff are lovely and there is always someone about. Nothing is too much trouble they are all very amenable" and, "Everyone speaks to us like they have known us for years. The staff are brilliant."

Using medicines safely

- People received their medicines as prescribed and medicines were managed safely and effectively.
- Records relating to medicines management were up to date and completed accurately. Staff members administering medication had received medication training and a subsequent competency assessment.
- People told us they received their medication at the right time and staff supported them where required. They said, "They give me my medication on time, it's very good" and, "I am diabetic, but they know exactly what to give me." A relative told us, "[Staff] also had [person who used the service] medication reviewed which was really helpful."
- Some people had been prescribed 'as required' (PRN) medicines. PRN protocols were in place to guide staff on when to administer as and when required medication. Staff understood the importance of supporting those who might not be able to communicate they are in pain. A staff member told us, "You need

to look for behavioural signs, facial expressions and non-verbal cues."

### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- The provider's visiting policies and procedures adhered to current guidance.
- Relatives were able to visit whenever they wished and told us they felt welcome at the home.

### Learning lessons when things go wrong

- The manager had a strong understanding of the importance of a lessons learned process for when things go wrong.
- The manager completed a root cause analysis for incidents to identify improvements. This information was cascaded through staff meetings and themed supervisions to ensure staff were involved in the lessons learned process.



# 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

- People's needs were assessed, and they received support which reflected this. Pre-admission assessments were undertaken, and care plans were updated in line with people's changing needs.
- Care plans were detailed and person-centred. They contained information on people's lifestyle, choices, daily routines, communication styles, emotional wellbeing, and the level of support they required.
- Risk assessments for people's individual health needs were in place and these were reviewed regularly. People told us, "They prioritise the resident's needs" and, "They respond well to people's individual needs."

Staff support: induction, training, skills and experience

- Staff received an induction before starting work to ensure they could undertake their role safely and effectively.
- Staff received a mixture of online and face to face training sessions, which included training that reflected people's individual needs. Training records were up to date.
- All the staff we spoke to told us they had received enough training and were able to tell us what they had learnt. Staff were supported to undertake qualifications in health and social care.
- Staff received monthly themed supervision which covered a range of topics including medicines, falls and pressure ulcers. They said, "We cover everything, residents, staff, home life, concerns, compliments, ideas" and, "The supervisions are about all of us, we are all here for the residents. I like them."

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

- People were supported to eat and drink enough to maintain a balanced diet. People's care records evidenced the regular consumption of food and fluids and those who required modified diets were provided with appropriate support.
- The manager had introduced an external caterer for some meal choices. People and their relatives attended a tasting day where they could sample the meals and provide feedback and ideas for improvement.
- People spoke positively about the food at the service. They said, "The food is very good, I don't miss out at all" and, "The food is good and if you don't like it, they will make you something else."
- People and their relatives had access to their own kitchen where they could make refreshments for themselves and their loved ones independently. People who used the service had access to a hydration station which had vitamin infused water.

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

- The home worked well with other agencies to ensure that care was timely and effective.
- People's care records evidenced the involvement of health professionals such as district nurses, occupational therapists and speech and language therapists in accordance with their changing needs.
- People's oral healthcare needs were met, and care records reflected this. Staff had received training in oral health and care plans guided staff on how to support people in this area.
- People's health was monitored frequently, and the home used evidence-based tools to identify risks associated with pressure ulcers and malnutrition. Referrals to health and social care professionals were made promptly where required.

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

- The home was clean and well maintained. The décor was modern, and people spoke positively about the home environment which was described as "Lovely" and "Very clean."
- Peoples bedrooms were person centred and they contained photographs, ornaments, and objects of their choosing.
- There were dementia friendly aids in place to help people orientate. This included colour coded bathroom equipment and dementia clocks, which were mounted throughout the home to help people understand what time of day it was.

#### 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.

- The manager understood the importance of the MCA and people were supported in line with their mental capacity. The home had a named DoLS assessor who worked closely with the manager of the home.
- Mental capacity assessments were completed for different areas of people's care and support. Applications to deprive people of their liberty were detailed and comprehensive and the outcomes of these applications were monitored closely.
- Care plans evidenced the completion of consent forms to ensure that people understood and agreed to the support they received.
- Staff had received training in the mental capacity act and understood this area well. A staff member told us, "You have to do what's in their [people who used the service] best interests and the least restrictive option possible. If you make a decision for someone, it has to be in their best interests, it's not the same for everyone."

# 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 were supported by staff who respected them and treated them as individuals. Staff understood the concept of good, person-centred care. A staff member told us, "You're always putting the person first, no matter what's easier, cheaper or quicker. It's what works best for that person."
- People spoke very highly of the staff approach. They said, "The staff are very nice, they do look after me," "They look after me very well" and, "Staff are always helpful and friendly. You can have a laugh and a chat with them, there's always familiar faces."
- Relatives praised the staff at the home. They said, "They [staff] not only look after my mum but they look after me too," "It's like having another family" and, "When [relative] first came in she was really distressed but the patience they [staff] have had with her has been unbelievable."
- There was an equality and diversity in policy in place which guided staff on how to support people in line with their individual characteristics.

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

- People and their relatives were actively involved in expressing their views and making decisions about the care they received. People attended resident's meetings where they could suggest ideas for improvement and development.
- Relatives felt engaged in expressing their views on the care their loved ones received. A relative told us, "A month ago I completed a review form on the care home, I feel it has really improved."
- People felt they could express themselves openly and honestly. Individual choices and preferences were recorded in people's care plans and people felt they could exercise this.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a way that respected their privacy, dignity and independence. We observed people moving around the home freely and staff knocking on bedroom doors before entering. There was a separate, secure visiting lounge that people could use for visitation in private.
- Staff understood the importance of promoting independence for people's wellbeing. They told us, "Each person has their own level of capability. I always do what in the best interest of the residents and what they want because it's their life" and, "I always let people do as much as they can for themselves, we don't take that away from them."
- Staff were able to tell us practical examples of how they promoted people's privacy, including closing doors and curtains and seeking consent before providing care. A person told us, "They [staff] tell you everything that they are doing, they never do anything behind your back. If you need help, they will help you, if you ask for anything they will do whatever you ask."

# 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

- Care plans guided staff about risks to people's health and wellbeing, and what actions were needed to keep people safe. They contained details of people's preferences and guided staff on how to encourage and support people to make choices.
- People felt they were supported by staff who knew them and their individual preferences well. They told us, "The staff are smashing, I get on well with all of them" and, "I am treated as an individual and I do get a choice in what I want to do."
- Relatives felt their loved ones were supported by staff who understood them. A relative told us, "The staff know [person who used the service] well." A staff member told us, "People's needs are based on who they are and who they were. People with dementia still have likes and dislikes. They should still be able to be the person they were."
- People felt they were able to exercise control over their daily lives. They told us, "I go to bed when I want and get up when I want" and, "I can choose my own clothes and dress and shower myself and I get up when I feel like it."

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.

- People's communication needs were outlined in detail in their care plans, including their preferred method of communication and any communication aids required.
- We observed staff communicating with people in a compassionate and considerate way. Staff sat with or crouched next to people and spoke softly, using touch support and humour where appropriate.

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 engaged in activities and were supported to maintain relationships that were important to them. People told us, "I like it when we have things going on like at Easter and Valentines Day" and, "I like to sing with the singer who comes in." A relative told us, "[Person who used the service] loves the singer and the entertainment is good. The activities lady is good, she does everything with them."
- There was an activities coordinator and an activities champion at the home. People were involved in arts

and crafts, music sessions, bingo, pub outings and baking. People were supported to develop interests that were important to them. Staff had taught one person how to knit and had encouraged another to take up sketching.

- Cultural observations and holidays were celebrated in the home with themed events. A church service was held in the home every month from the local vicar and there were plans for people to attend the local church. Choirs from the local schools attended the home and there were plans for people to have afternoon tea at a local school.
- Relatives were regularly updated and supported to keep in touch with their loved ones. Relatives told us, "[Staff member] is very good and we are kept informed well about anything and everything" and, "The communication is very good."

Improving care quality in response to complaints or concerns

- There was a process in place for managing and responding to complaints and concerns.
- People we spoke to enjoyed living at the home and felt confident in raising a complaint should they need to. They said, "I'd talk to [manager] about any problems or concerns I may have, but I don't have any" and, "I do feel safe here and feel comfortable in complaining if I needed to." Relatives told us, "I feel very comfortable in speaking with any of the staff or the manager if I needed to" and, "I would feel comfortable in speaking up if I needed to and I know I would feel listened to."
- Where complaints had been made, these had been resolved promptly. People were offered resolutions and improvements were made and evidenced.

End of life care and support

- People were supported with end of life care in a way that respected their wishes and preferences.
- The manager was passionate about providing compassionate end of life care. We saw evidence of end of life care provided to a service user which respected their cultural and religious wishes. A religious leader from the local community had attended the home, the family were given a designated prayer room and the manager worked closely with district nurses and the GP to ensure that the death certificate could be issued promptly, so the person could be buried within their religious time frame.
- People had end of life care plans where required which outlined how they wished to be supported in a respectful and person-centred way. Families felt engaged in the end of life care of their relatives and were able to stay over at home so they could be near their loved ones.

# 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

- There was an open and positive culture within the home. People and relatives commented on the honesty and transparency that the new manager had instilled. They said, "I'd say it's perfect since [manager] has been here. It's completely different, nothing is too much trouble, everything is truthful," "Everything is out in the open. The manager has an open door" and, "It always feels to have a nice atmosphere here."
- Staff spoke highly of the new manager at the home and her approach to supporting them. A staff member told us, "She is the most approachable manager I have ever had. She will do anything for anyone. She wears her heart on her sleeve." Other staff described the manager as "Very caring," "Very supportive" and, "A good listener."
- Staff told us that they enjoyed working as a team and that morale in the home was good. They said, "The staff are here for the residents, and we do everything we can. The morale is great" and, "It's very well ran, they look after their staff and their residents."
- Relatives felt that the new manager had a significant and positive impact on the culture within the home and we observed the manager engaging with people frequently. A relative told us, "It's wonderful, brilliant. The manager even did [person who used the service] hair and nails for her. The manager will literally just "muck" in along with the staff," and, "The home had ups and downs in the past but it's so much better now. [Manager] is so bubbly, she has a nice personality and brings smiles to everyone's faces. She always checks that everything is okay. It's totally an open door, they have nothing to hide."

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

- People and staff were actively involved and engaged in the running of the service.
- Staff had access to a carer's magazine, which gave them regular updates on what the provider was doing for them and what events and developments were taking place at the home. Staff had adopted "champion" roles, so they could take on extra learning and development in a specific area of care, such as activities, medicines and infection prevention and control.
- A variety of meetings were taking place including flash meetings, clinical meetings, health and safety meetings, staff meetings and resident and relative meetings.
- People felt they were engaged in providing feedback on the service they received. Satisfaction surveys were completed, and improvements had been made in response to these. Relatives were also invited to complete feedback on the service their loved ones received.

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

- The manager was aware of their legal responsibilities to be open and honest. Records evidenced that relatives had been informed of accidents and incidents, and people we spoke to confirmed this. The manager had submitted statutory notifications to the CQC for notifiable events.
- The service was led by a dedicated and compassionate manager, who strived to create a positive culture and open atmosphere. The manager was committed to making continuous improvements and there was a development plan to support this.
- Quality assurance systems were robust and effective, and the manager had oversight of all areas of the home. Accidents and incidents were analysed in detail and a root cause analysis was undertaken where required. Any shortfalls in quality were acted on promptly to drive improvement and learning was shared with the staff team.
- Staff had a clear understanding of their responsibilities regarding managing risk when supporting people, and providing quality care which achieved good outcomes for people.
- The manager was supported by a leadership team, who provided oversight of the home and the managers practice through regular visitation and auditing.

Continuous learning and improving care; Working in partnership with others

- The manager spoke positively about continuous learning and we saw evidence of this. The manager was working with Healthwatch as a champion to help advise on potential developments and improvements to their inspection format. The manager and staff had arranged training with the medicines optimisation team to further their learning around medicines management.
- The provider had arranged to undertake a pilot scheme of a new electronic device, which could analyse falls as they happen and provide data so adjustments could be made to prevent further occurrences.
- The manager had a strong understanding of the importance of partnership working. During the inspection, we saw evidence of the involvement of health and social care professionals such as district nurses, speech and language therapists, occupational therapists and the local safeguarding team. A professional said, "I found [manager] to be very enthusiastic to learn and develop partnership working."