

Penn House Limited

# Penn House Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Penn House Residential Home is a care home providing personal and nursing care to up to a maximum of 24 people. The service provides support to older people who may have dementia. At the time of our inspection there were 17 people using the service.

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

People had not been kept safe from the risk of fire because the provider had not completed the actions required to keep the home safe following a fire risk assessment.

Improvement was needed to ensure people always got their medicine on time, every time. The security of medicines at the home also needed improvement.

Risks associated with people's care and support were identified and plans were in place to help staff manage and help reduce the risks. Staff knew how to support people safely and were attentive to their needs. People were supported by sufficient numbers of staff and staff knew how to raise concerns in relation to people's safety or abuse. The provider was following current government guidance in relation to keeping people safe during the COVID-19 pandemic.

People and relatives felt involved in what happened at the home and their feedback was used to help improve outcomes for people. The registered manager was aware of their duty of candour and worked in partnership with other organisations for the benefit of the people who lived at Penn House Residential Home.

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

The last rating for this service was good (published 24/08/2018).

### Why we inspected

We completed this inspection because we had identified concerns at the provider's other two care homes about the quality of care, people's safety and management oversight. We wanted to assure ourselves these concerns were not present at Penn House Residential Home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

The provider took action to mitigate the immediate risks we found at this inspection and continues to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Penn House Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

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 good governance and safe management of fire risks and the environment at this inspection.

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

### Follow up

We will request a further action plan from the provider to understand what they will do to continue to improve the standards of quality and safety. We will work alongside the provider and 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Penn House Residential 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 included checking the provider was meeting COVID-19 vaccination requirements. 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.

#### Service and service type

Penn House Residential Home 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. However, we called from outside the home due to the risks associated with COVID-19 and to discuss the infection prevention and control measures in place before we entered the home.

#### 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 reviewed feedback from the local authority, safeguarding teams and other professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with five members of staff including care staff and the registered manager. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested environmental records and quality assurance records and policies to look at.



# 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 good. At this inspection the rating has changed to 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

- The provider had not ensured risks from fire were safely managed. We found one emergency exit was blocked and had restricted access to it. Access to two fire extinguishers was also restricted due to furniture being in front of them.
- The provider's fire risk assessment had not been updated to account for the changes in the environment as a result of building work. No contingency plans were in place to ensure the safety of people, staff and visitors to the home.
- Building work was in progress to create a new extension at the home. The fire detection and prevention systems in this area and where the extension joined the home were not safe and did not protect people from the risk of fire.
- We found exposed hot water pipes in three people's rooms and radiators which were hot to the touch in the new lounge extension. This placed people at risk of burns from the hot surfaces.
- There was uneven flooring in some areas of the home which was a potential trip hazard for people, staff and visitors.
- Bedrails were not fitted correctly in two bedrooms. Bed rail risk assessments were completed but were not dated and did not indicate if they had been reviewed and updated.
- Risks related to the environment had not always been managed. The provider undertook testing for Legionella, but there was no process in place to complete a flush through of taps in rooms not in use. By running taps which are infrequently used it prevents stagnant water which can harbour the Legionella bacteria.

Following our visit, the provider took action to mitigate and remove the immediate risks to people. They also told us how they planned to address all the risks we found in relation to fire safety and the environment. The registered persons took immediate action to ensure all emergency exits and firefighting equipment were accessible and fire detection systems and fire doors were operational.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. These issues constitute a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had personal emergency evacuation plans (PEEPs) in place. These detailed the support people

needed to evacuate the home in the event of a fire or any other emergency. These were kept updated and reviewed following any changes to a person's mobility.

#### Preventing and controlling infection

- Enhanced cleaning and regular touchpoint cleaning took place but there were areas of the home where effective cleaning could not be completed. This included equipment which had rusted areas and some tables and areas in a poor state of repair. These surfaces could attract bacteria which could transfer to people and staff.

We found no evidence people had been harmed however, this placed people at risk of harm. These issues constitute a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured 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.

We have also signposted the provider to resources to develop their approach.

The provider's approach to visiting aligned to Government guidance at the time of our inspection visit.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Using medicines safely

- The provider had not ensured medicines were secure. Two medicine storage trolleys were kept in the lounge but were not secured to any fixed point as required. A medicines fridge in the office was not lockable due to a broken lock. This placed medicines at risk of being accessed and removed by non-authorised people. Following our inspection, the registered manager told us they had arranged for the medicine storage trolleys to be secured and they had ordered a new lockable medicine fridge.
- Most people told us they received their medicines when they needed them. However, one person told us they did not always receive their time critical medicine on time, every time. This was discussed with the registered manager who took action to address this with staff.
- Some people had medicines only when they needed them, such as pain relief. Staff had the guidance they needed to know when people may require these medicines and to ensure they were given as prescribed. These records also included people's preferences on how they wanted their medicine administered.

#### Systems and processes to safeguard people from the risk of abuse



- People were protected from the risk of abuse and told us they felt safe living at the home and with the staff who supported them. Relatives told us they were happy their family member was safe living at Penn House Residential Home.
- The provider had safeguarding procedures in place to protect people. Staff completed training to help them understand and recognise the types of abuse people could experience. Staff knew what to do if they suspected abuse, including reporting to the registered manager, police and other external agencies.

#### Staffing and recruitment

- People were supported by enough staff to meet people's needs and help keep them safe. People told us they got support from staff when they wanted and needed it.
- The registered manager told us during the pressures of the COVID-19 pandemic, staff had supported each other and pulled together to cover shifts. Because of this they had not needed to employ any temporary staff.
- The provider continued to safely recruit to the home. Staff told us they had their Disclosure and Barring (DBS) and other employment checks completed before they started working at the home. The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- The registered manager reviewed any accidents and incidents to look for patterns or trends. Where needed, people were referred to relevant health care professionals to try to prevent future incidents.

# 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 good. At this inspection the rating has changed to 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; Continuous learning and improving care

- Where fire safety risks had been identified, the provider had not taken action to remove or reduce these within the advised timescales. The provider had not mitigated the fire risks which had been identified in their fire risk assessment completed in June 2021. Not all recommendations had been completed, including the replacement of unsuitable fire doors. These outstanding actions had placed the safety of people, staff and visitors to the home at risk.
- The provider's quality systems had not been effective in identifying the concerns around fire safety and the environment. For example, their checks had failed to identify or rectify disconnected fire detection equipment, exposed hot water piping and the security of medicines.

We found no evidence people had been harmed however, action had not been taken to identify and mitigate known risks to people's health, safety and welfare. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The quality of care people received from staff was regularly audited by the registered persons. A variety of checks were in place so the registered manager could confirm people received the care they needed. This included checks on people's care records, infection prevention and control systems and referrals to external health professionals.
- The registered manager understood their responsibilities in relation to their registration with us. Statutory notifications had been submitted to CQC as required, in relation to incidents that had occurred at the service. These notifications ensure that we are made aware of important events and play a key role in our ongoing monitoring of services.

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

- The registered manager used feedback from people, relatives and us to improve outcomes for people. This was demonstrated during our visit when we shared one person's feedback with the registered manager, with their consent. The registered manager immediately spoke with the person to agree actions and resolve the issue.

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 registered manager was aware of their duty of candour including the need to admit when things went wrong, to attempt to put things right and to offer apologies.
- The registered manager responded to concerns raised during our inspection visit and demonstrated a commitment to put things right.

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

- People told us they felt involved in their own care and what happened at the home. One person told us they, "Only had to ask", and the registered manager would come and talk with them and resolve any concerns they had.
- The registered manager told us they had made it clear to staff that they needed to keep people's families updated at all times about their loved ones. This was reflected in what relatives told us. One relative said, "We have built a good relationship with [registered manager's name] and staff. They phone us and keep us updated on everything that is happening with [person's name]."
- Staff were attentive to people's needs and we saw positive, caring interactions between them throughout our inspection.

Working in partnership with others

- The registered manager had worked closely with the local infection control team and Public Health department during the COVID-19 pandemic to ensure they worked in line with current and local Government guidance.

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 not ensured the risks associated with people's health and safety were sufficiently managed. This included risks related to fire safety and the environment.</p> <p>Regulation 12(1) (2)(b)(d)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems and processes to monitor and improve the quality and safety of the service were not always effective.</p> <p>Regulation 17(1) (2)(a)(b)</p>