

Penn House Limited

# Penn House Residential Home

## Inspection report

169-171 Penn Road  
Wolverhampton  
West Midlands  
WV3 0EQ

Tel: 01902345470

Date of inspection visit:  
18 October 2022

Date of publication:  
29 November 2022

## 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 care for up to 26 older people. People have access to their own bedroom along with communal spaces including lounges and gardens. At the time of our inspection there were 17 people at the home, some who are living with dementia.

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

There were not always enough staff to support people during busier times. People therefore had to wait for support. Further Improvements were needed to ensure all risks were reviewed when incidents occurred and to ensure all care plans were in place for people.

Improvements were needed to ensure lessons were consistently learnt when things went wrong. Action plans in place needed to be clearer to reduce the risk of incorrect action being taken. The provider needed to ensure audits covered all key areas.

There were safeguarding procedures in place to ensure people were protected from potential harm. Infection control procedures were in place and implemented throughout the home. Medicines were stored and managed in a safe way.

People were happy living in the home and with the support they received. Staff felt supported to and listened by the management team and had the opportunity to raise concerns. We were notified of significant events that happened in the service.

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 and update

The last rating for this service was requires improvement (published 11 March 2022) and there were breaches of regulations. 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.

### Why we inspected

This inspection was a planned inspection, 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.

#### 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to Regulation 17, Good governance.

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).

#### 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 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 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 one inspector.

#### 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 dependent on their registration with us. Penn House Residential 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. The nominated individual was acting as manager and a new manager had been recruited who was due to commence in their post. The

nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. We also gathered feedback from the local authority.

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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people living in the home and a relative. We looked at the care records for eight people. We spoke with the provider, the nominated individual and four care staff. We checked that the care they received matched the information in their records. We also observed the care people received in communal areas. We looked at records relating to the management of the service, including audits carried out within the home.



# 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.

At our last inspection the provider had failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12, but further improvements were still needed.

### Assessing risk, safety monitoring and management

- At our last inspection we found concerns with the environment, including risks to fire management, uneven flooring and radiators uncovered. At this inspection we found improvements had been made, there were still some outstanding actions to complete following a fire safety report however plans were in place to ensure this action was taken.
- We saw documented in the communication book a person had recently fallen. We spoke with the nominated individual who was not aware of this, as the incident form had been stored incorrectly. The nominated individual took action to start to investigate this when they were made aware. They also updated the care records to reflect this incident. Other people's care plans and risk assessments had been reviewed after incidents occurred to ensure they reflected people's current needs and contained up to date information.
- Further improvements were needed as not all people's care plans had been put into place in a timely manner. Two people had recently moved into the home. They had pre assessments in place which detailed their risks. However, they did not have individual risk assessment and care plans in place. Although staff we spoke with were aware of these people's risks, they gave inconsistent information as to how they may support people. The nominated individual assured us these plans were being completed and would be shared with staff. There was no evidence people had come to harm due to this.
- People and relatives raised no concerns about their safety and felt safe living in the home. One person told us, "The staff are all very careful, they make me feel safe." We observed staff supporting people in a safe way, including when they were supporting people with their mobility.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staff and recruitment

- We received mixed reviews on staffing levels within the home. One person told us, "You have to wait a bit in a morning, I would like a coffee first thing, but it can be around 9am when I have my breakfast that it comes." Another person said, "There is always someone about, if I press my buzzer they come quickly, they seem a bit rushed sometimes." Staff we spoke with felt they would benefit from more staff, as this would allow them more time to spend with people.
- During busier time in the home we saw people had to wait for support. For example, at lunchtime one person was supported with their lunch. They then waited over 30 minutes while a staff member supported another person with their lunch and dessert before being supported with their dessert. They were asleep during this time.
- The nominated individual told us they did not use a staffing tool to work out staffing levels within the home, therefore we could not be assured there were enough staff available for people. The nominated individual told us they had recognised more staff were needed and they were in the process of recruiting so they could increase staffing levels within the home. They told us they had discussed this with the provider.
- We saw staff had received the relevant pre employment checks before they could start working in the home, to ensure they were safe to support people.

#### Learning lessons when things go wrong

- There were some evidence lessons had been learnt, when things went wrong. For example, since our last inspection the nominated individual had introduced an action plan that identified changes and improvements were needed. Further improvements were needed so this covered all areas to ensure it was embedded throughout the home.

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

- There were procedures in place to ensure people were protected from potential harm. Incidents had been appropriately reported so action could be taken where needed.
- Staff had received training and understood when people may be at risk of abuse. Staff were able to demonstrate an understanding of this to us and tell us what action they would take if they had any concerns. One staff member said, "It's making sure people are safe here. Any concerns I would report to the manager, I am confident they would take action."

#### Using medicines safely

- Improvements to medicines management had been made since our last inspection. A new medicine cupboard was in place and medicine were stored in a safe way.
- People told us they received their medicines as prescribed and raised no concerns. We saw staff spent time with people to ensure they had taken their medicines. One person said, "Yes I have had my tablets today, I have them with a drop of water, the staff are very good."
- When people were prescribed 'as required' medicines there were protocols in place. This ensured staff had the information available to administer these medicines when people needed them.



- Staff told us they had had completed training and a competency check to ensure they were safe to administer these to people.

#### 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

- There were no restriction placed on visiting and visitors could access the home freely.

# 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.

At our last inspection the provider had failed to operate good governance systems to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 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.

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

- At this inspection we found there were not always enough staff. There were no systems in place to ensure there were adequate staff to support people. Furthermore, during our inspection we heard people's call bells were ringing for long periods of time. The nominated individual confirmed no audit of the call's bells were taking place, so we could be assured these were answered in a timely manner.
- The systems in place had not always ensured people's care plans were put into place in a timely manner. This placed people at risk of not receiving the correct support they needed.
- There were some audits in place which identified areas of improvements. An action plan had been introduced since our last inspection; however, this need to be clearer. For example, it referred to 'some files' this increased the risk of the incorrect action being taken.

There remained insufficient oversight on the service and the measures in place were not always effective in identifying areas of improvement. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other audits in place had identified when action was needed. For example, the infection control audit. There was a clear plan in place around what action had been taken and what was needed to ensure improvements were made.
- We had been notified about notifiable events that had happened within the service when needed. This is in line with our requirements.
- Staff understood their roles and responsibilities and there were clear lines of delegation.

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

- Improvements were needed to show how people were fully involved with their care, for example with their care planning. There was some evidence people were involved for example they were involved with choosing the activities that occurred within the home.
- Feedback was sought from people who used the service, people were happy with the care they received. The nominated individual told us they were in the process of completing surveys, they would then feed this information back to people and their families.
- Staff attended supervisions and team meetings so that they could share their views.

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

- People liked the home and living there. One person said, "It's all good at the moment. The staff are kind, they help me when needed. The food is okay, I have no complaints."
- Staff felt the home had improved since our last inspection. Staff felt supported and listened to. One staff member said, "Things seem to be improving. I have my say, they do listen I think."

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

- Duty of candour requirements were understood and met.
- When incidents or areas of concern had happened in the service, the service was open and transparent. The nominated individual told us they wrote to families where needed to ensure they had the information needed.

Working in partnership with others

- The service worked with other agencies to ensure people received the care they needed.
- Records we reviewed showed involvement from health professionals in the home.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>There remained insufficient oversight on the service and the measures in place were not always effective in identifying areas of improvement.</p>