

Vijay Odedra and Partners

Penn House Residential Home

Inspection report

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Penn
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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?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 15 November 2016. At the last inspection in September 2013, we found the provider was meeting all of the requirements of the regulations we reviewed.

Penn House Residential Home is registered to provide accommodation for up to 24 older people some of whom have dementia, who require personal care and support. On the day of the inspection there were 21 people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Staff knew how to protect people from harm and were aware of how to report any concerns to people's safety or well-being. Risks were assessed and managed in order to protect people from the risk of potential harm. People told us there were enough staff available to support them. People told us they received their medicines as prescribed and were supported by staff to access 'as required' medicines when needed.

People told us staff had the skills and knowledge required to support them and meet their care and support needs. Staff received training relevant to their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People told us they enjoyed the food and drink provided and were supported to access appropriate healthcare professionals when required.

We observed some interactions from staff that were uncaring, although people told us staff treated them with kindness. People were supported to make decisions about their day to day care and support. People told us they were supported by staff who maintained their privacy and dignity.

People and their relatives were involved in the assessment and planning of their care. People were supported by staff who knew them well and understood their needs and preferences. Although activities were available, some people felt these could be more focused on individual interests. People knew how to complain if they were unhappy about the care they received and there was a system in place to manage and monitor complaints.

People and relatives told us the home was well managed. Staff felt supported by the registered manager and provider. Some people and relatives felt more could be done to gather their views about the home, although the provider did have systems in place to gather feedback. The registered manager had systems in place to monitor the quality of care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm by staff who knew how to keep them safe. There were enough staff available to respond to people's care and support needs. People received their medicine as prescribed and systems used to manage medicines were safe.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge required to meet their needs. People were supported to have choice and control in their lives and staff supported them in the least restrictive way possible. People were happy with the food and drink provided and were supported to maintain their health by staff and other healthcare professionals.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Staff did not always treat people in a kind compassionate way. People were supported to make decisions about their day to day care and support. Staff supported people to maintain their privacy.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the assessment and planning of their care. Staff were aware of people's preferences and supported them according to their individual needs. Activities were available; however these could be tailored to better meet people's interests. People knew who to speak to if they were unhappy about their care.

Is the service well-led?

Good ●

The service was well-led.

People and relatives felt the home was well managed. Staff felt supported by the registered manager. There were systems in place to gather feedback from people, relatives and staff. The registered manager regularly carried out checks to monitor the quality of care provided.

Penn House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 November 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service. Their area of expertise was dementia care.

As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with six people who lived at the home, two relatives, three staff members, the registered manager and the provider. We looked at three records about people's care and support, four people's medicine records and systems used for monitoring the quality of care provided. These included health and safety checks, care plan and medication audits and accident and incident reviews.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe. I am in a good position; you've got people looking out for you. I have made friends with these people [staff]." A relative we spoke with was also confident their family member was safe living at the home. They told us, "[Person's name] is safe; staff come and check on them a lot." Staff we spoke with demonstrated a good understanding of how to keep people safe from harm and knew how to report any concerns about people's safety. One staff member told us, "If I was worried I'd report it to the senior or the manager. If they weren't available I could contact the owner, or CQC." We spoke with the registered manager who demonstrated a good understanding of how to keep people safe and was aware of their responsibilities to report any concerns to the local authority.

Staff told us they kept people safe while providing them with care by offering them reassurance when needed and making sure they were aware of people's whereabouts within the home. Where people spent time in their bedrooms staff told us they were mindful of this and made regular checks to ensure people were safe.

People were supported by staff to manage their risks. Staff were aware of the risks to people's safety and health and there were systems in place to ensure staff were kept up to date with any change to people's risks. For example, daily handover meetings between each shift. Staff we spoke with shared with us examples of things they needed to be aware of in order to effectively support people to manage risk. One staff member said, "Everyone here faces some sort of risk, one thing we have to be aware of is when people's illnesses affect their mobility." People's care plans contained information about their risks and these were reviewed regularly by the registered manager and senior staff. One person had been assessed as being at high risk of developing sore skin and we saw that staff were aware of this, and supported the person appropriately. For example, the person was supported to use pressure relieving equipment.

People told us staff were available to support them when needed. One person said, "I would say there are sufficient staff here." Another person told us, "There are enough staff here. I think we've got enough." Staff we spoke with told they felt there were enough staff available to meet people's needs. One staff member said, "We are ok at the moment. If more people move in then the manager will increase the staffing levels." The registered manager told us they calculated the staffing levels according to people's needs and when people required end of life support, additional staff were allocated to support the person. We observed throughout the inspection that staff were available to spend time with people and involve them in conversation. Staff were present in the communal areas of the home and responded to people when they needed assistance.

People received their medicines as prescribed and systems used to manage medicines were safe. People told us they were happy with the way they received their medicines and felt they were supported to take them as prescribed. One person said, "I take medicines every day and at the moment I've got some medicine for my cough. The staff get it from the chemist and give it to me. I get my medication every day." A relative shared with us how the staff had responded to side effects suffered by their family member in relation to their medicines. They told us the manager had arranged a review with the person's GP and made changes

which improved the person's well-being. Staff were trained to support people with their medicines and their competency was checked by a senior member of staff to ensure they were appropriately skilled and safe. We looked at systems used to manage people's medicines and found the administration of medicines were accurately recorded and medicines were stored safely.

Is the service effective?

Our findings

People received support from staff who had access to training to enable them to develop the skills and knowledge required to meet people's care and support needs. People told us they felt staff had the skills required to support them. One person told us, "I think staff are well trained. They are very helpful." A relative told us they were pleased with how the staff supported their family member and used their skills in encouraging and coaching to support the person to maintain a healthy diet. Another relative told us, "The staff are really professional." Staff told us they received training relevant to their role. One staff member said, "We are offered regular training but can request training in specific areas if we feel that would be helpful. I felt I needed more knowledge when supporting people who are at the end of their life, and this has been arranged." Another staff member told us they had been given an induction when they started working at the home. They said, "My induction was good, I spent two days working alongside other staff. I did some training in health and safety and read the policies and procedures. I felt well prepared."

Staff told us they felt supported in their role and had regular one to one meetings with senior staff or the registered manager. Some of the staff we spoke with had been given the opportunity to undertake nationally recognised qualifications to further enhance their skills and knowledge. The registered manager told us they attended local information sharing events and provider forums which helped them keep up to date with current best practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke with understood the requirements of the MCA and were aware they must act in people's best interests. We observed staff asking people where they wanted to spend their time and requesting people's consent before providing care. Staff told us they looked for signs of consent when people were unable to consent verbally. This included reading people's facial expressions. The registered manager was clear about their responsibility to support people who lacked capacity and had initiated best interests meetings and involved people's families in decision making, where appropriate.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that three people currently living in the home had a DoLS authorisation in place and applications had been submitted for others. The registered manager shared with us how consideration had been given to individuals who lived at the home and whether or not they were being deprived of their liberty. Information about these applications had been shared with the staff team to ensure people received up to date support that did not restrict their rights or freedom. Where there were conditions in place, we found that these were being adhered to by the provider and people were receiving care in the least restrictive way.

People told us they were happy with the food and drink they received. One person said, "The food is acceptable. I have meals three times a day. I get enough to drink and enjoy coffee and tea." Another person told us, "The food is pretty good. It is homemade; you can ask for anything special for your dinner." We observed people were offered a selection of drinks throughout the day and snacks including biscuits and fruit. One relative told us they were pleased with the variety of food available, commenting, "People have two choices for dinner and the food and drink is brilliant. They are bowls of fruit, including banana and mango." Where people had specific dietary requirements staff responsible for preparing food were aware of these. During lunchtime people were offered culturally specific diets as well as vegetarian meals and soft food diets.

People's healthcare needs were monitored to ensure any changes in their needs were responded to quickly and people had access to healthcare professionals. People told us staff supported them to see healthcare professionals when required. One person said, "I've asked if the doctor can come in a see me about my cough. The staff also keep an eye on my dentures and my eyes." Relatives also told us their family members were supported to attend appointments in relation to their health. One relative said, "If you need them to the staff arrange for people to come in. The doctor, dentist and physiotherapist all come here." Staff we spoke with were aware of people's health needs and were able to tell us about how they supported people to maintain their health.

Is the service caring?

Our findings

During the inspection we saw examples where people were not treated with dignity and respect. On one occasion we observed a person who was repeatedly calling out to staff. Staff told us the person had become anxious and distressed as they waited for their relatives to visit. Some staff members offered reassurances to the person, however others did not respond to them at all. We heard one staff member tell the person "Be quiet, there are guests here." The staff member did not take time to reassure the person, or ask them what was wrong. The person was not treated with respect. On another occasion we observed a staff member serving desserts to people without speaking to them. The staff member placed food in front of people but did not acknowledge people as they did this. People were not asked if they wanted to eat the dessert and an explanation of the food being served was not given. This demonstrated people's dignity was not always respected. We shared our observations with the registered manager who advised action would be taken to address our concerns.

People expressed mixed views on whether they were involved in decisions about their day to day care and support. One person told us, "My requests are listened to, but not always acted on in the way I would like. Staff would do something if I asked them to, but nothing more." However another person expressed a more positive view, commenting, "Staff ask if there is anything I want or need, they make time to talk." Staff we spoke with had a good understanding of people's needs and individual preferences. Staff shared with us examples of how they involved people in decision making. One staff member told us, "I ask people to tell me what they like; I encourage them to decide for themselves and not defer to me." We observed people being encouraged to make decisions about where and how they spent their time. Staff knew people well and people were comfortable and relaxed in asking for support.

People and relatives spoke positively about the caring nature of the staff. One person told us, "I find the staff very obliging. They are kind." Another person said, "All the staff are nice. Every day they ask 'what can we do for you?'." A relative we spoke with expressed similar views, "The staff are truly lovely." We observed people were relaxed when in the company of staff and approached staff members for assistance when required. We observed care being provided and saw that most staff had good interactions with people and knew them well. We saw one person being supported with their mobility and staff gave them time to understand the explanation of what was going to happen and ensured they were comfortable throughout the process.

Staff supported people to be independent where possible and encouraged people to do as much as they could for themselves. For example, encouraging people to eat their meals independently if they were able. People told us staff respected their privacy and we observed staff supporting people in a way that took account of their individual needs. For example, gently redirecting people when they became confused or disorientated. One person said, "Staff are good at asking before they do anything." We observed staff supporting people in a respectful way, for example acting discreetly when supporting people with personal care. Staff also used people's preferred names when talking to them. We spoke with one staff member about how they maintained people's dignity when supporting them. They told us, "I always ensure the person's bedroom door is closed and use towels to cover them."

People's relatives and friends were welcome to visit at a time of their choosing and we observed visitors chatting to staff and the registered manager about the needs of their family members. A relative told us, "We can visit at any time. Staff always ask if we want a drink, they are caring." Staff told us they tried to ensure people had the opportunity to spend uninterrupted time with their visitors. One staff member said, "We invite people to spend time with their families in a private area so they are not disturbed. It's important to respect where people want to sit."

Is the service responsive?

Our findings

Relatives we spoke with told us they were consulted about their family member's needs and preferences. One relative told us, "The manager contacts us to discuss [person's name]'s needs. The slightest thing and they are on the phone." We reviewed people care records and saw where possible people and their relatives were involved. People's personal history, likes and dislikes had been discussed and recorded. This provided information for staff so they had a good understanding of each person. All staff we spoke with told us the care plans were useful as a way to start to get to know people and understand their care and support needs.

We saw people's care records detailed their current and the registered manager and senior staff had regularly reviewed and updated them with any required changes. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support each person. Changes or updates were shared among staff when their shift started. These included people's experiences and behaviours throughout each shift and any changes to care needs. The registered manager told us they tried to take a proactive approach to any changes in people needs; "Any changes to people's needs are shared during the handover meetings. If people need blood tests, or medical attention we act quickly. We have a good relationship with health services and local GP's, things are followed up without delay." Where people had specific requirements in terms of their culture or language the registered manager had recruited staff with the required skills in order to meet the person's needs.

People expressed mixed views about the way in which they were supported to take part in activities that interested them. One person shared with us how they had been supported to go out for a meal of their choosing; while others felt activities offered were not always age appropriate or relevant to them. One person said, "Sometimes staff come around with a game to play, you get marks out of ten. Sometimes you get treated like a four year old." Relatives we spoke with expressed more positive views. One relative said, "There have been regular events. A singer comes in and they celebrate bonfire night, Diwali and Halloween. People come in to help keep the resident's mobile and they also do quizzes. The activities seem to have improved recently." Staff told us they tried to offer a range of group as well as individual activities and encouraged people to participate. They shared with us examples of activities people enjoyed including singing, and listening to the radio. We observed that there were periods of time during the day where people were not offered activities to participate in that interested them. We discussed our concerns with the registered manager who advised that people had been asked to contribute ideas for activities and these had been made available. However, they said the activities offered would be reviewed and feedback sought from people about how to improve the way in which the staff supported them with their interests and pastimes.

People told us they knew who to speak with if they were unhappy about the care and support they received. One person told us, "I have never made a complaint, if I have one I would. But they [staff] have never done anything wrong. They do the job well." Relatives were confident any concerns they raised would be addressed. One relative said, "We have complained in the past, although it was a long time ago, it was dealt with immediately." Staff we spoke with knew what action to take if someone raised a concern with them. One staff member said, "I would talk to a senior or the manager. Also, it's important to ask the person if they want to speak directly to the manager." We discussed complaints with the registered manager who told us

they had not received any recent complaints. They told us any small issues raised by people or their relatives were addressed without delay.

Is the service well-led?

Our findings

Most of the people we spoke with told us they were happy living at the home and received the care and support they needed. One person told us, "The staff look after you very well here. They wait on your hand and foot." A relative we spoke with told us they felt the home had improved recently, commenting, "There has been a 100% improvement. There is new floor, new chairs and new carpet." Some people and relatives felt more could be done to gather their views and feedback on the home. We discussed this with the registered manager who advised they currently requested feedback from relatives on an annual basis, but would review this to ensure people were given the best possible opportunity to express their views. The registered manager told us resident's meetings had been used in the past to gather people's feedback, but this method was no longer effective due to people's needs. They told us that instead people's feedback was now gathered on an individual basis through conversations and informal meetings.

People and relatives knew who the registered manager was and told us they found them to be approachable. Staff told us they felt supported by the registered manager and provider and felt there was a strong sense of teamwork within the staff team. One staff member said, "The manager is here when you need them or available on their mobile." Staff told us they were able to share their views with the manager or senior staff and felt they would be listened to. One staff member shared an example with us where they had suggested some changes be made to the bedding provided and this had been taken on board by the registered manager and changes made. Team meetings also provided staff with an opportunity to express any concerns they may have or make suggestions for improvements to the home. One staff member said, "You can just say what you think, I think the home is well run."

The registered manager told us they felt supported by the provider. The provider was present on the day of the inspection and knew people who lived at the home. The registered manager told us, "We are always trying to improve things. If I ask the owner for anything we need, it's provided. I feel proud to be the manager here."

The registered manager and staff sought advice from other professionals to ensure they provided people with quality care. The registered manager told us they felt supported by other professionals, such as GP's and district nurses who provided guidance and advice in how to support people's needs. They also used other external organisations as well as the local authority to improve outcomes for people. For example, attending provider forums to keep up to date with current best practice.

We reviewed systems used by the registered manager and senior staff to monitor the quality of care provided. This included accident and incident analysis, medication audits, care planning audits, weight management reviews and health and safety audits. Where areas requiring improvement had been identified we saw that action had been taken and outcomes recorded. For example, where issues had been identified with people's care records we saw evidence of actions taken to update them. The registered manager demonstrated a good understanding of the requirements of their role and had notified us of incidents and events as required by law.