

Penn House Limited

Penn House Residential Home

Inspection report

169-171 Penn Road
Wolverhampton
West Midlands
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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 is a residential care home providing accommodation in 1 adapted building for persons who require nursing or personal care to up to 26 people. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 18 people using the service.

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

The governance arrangements at the home were not effective in ensuring people's care needs were met. Where the provider's monitoring system identified issues with people's care delivery there were no actions taken to address the concerns.

People were not consistently receiving their care and support when they needed it as there were insufficient staff available at some points through the day. People did not always feel they were asked about their care and given choices.

People felt safe living at the service and were supported by staff who understood how to protect them from the risk of abuse. Staff were recruited safely and risks to people's safety were minimised through assessment and planning.

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.

People were supported to receive care which considered needs, preferences, and their protected characteristics. People and their families had opportunities to give their feedback on the service. The manager ensured they worked with other agencies and had adopted a learning culture to ensure changes to the service were made following feedback. Staff were supported to access training and have supervisions to discuss their role.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 October 2022). This service has been rated requires improvement for the last 3 consecutive inspections. 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

The inspection was prompted in part due to concerns received about staffing, medicines and how the service was managed. As a result, we undertook a focused inspection to review the key questions of safe

and well-led only.

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 remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement

We have identified a breach in relation to governance arrangements in the home at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do 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.

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.

Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience. 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

Penn House 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. Penn House 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 a new manager had been in post for 5 weeks and planned to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 1 relative about their experience of the care provided. 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 also spoke with 6 staff, including the manager, deputy manager, nominated individual and care staff. We looked at a range of records including staff recruitment files, policies and minutes of meetings.



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. At this inspection the rating 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.

Staffing and recruitment

- People were not always supported by enough staff to meet their needs. We saw staff were not always available to support people to have a drink or their meals when they needed them.
- Staff told us there were insufficient staff to meet people's needs at all points through the day. We saw staff were not always deployed effectively to meet people's needs. For example, where people were cared for in bed, they had little interaction with staff as there was no time to spend speaking with people.
- The manager said they would review the provider's dependency tool and staffing levels to ensure there were enough staff deployed to support people.
- Staff were recruited safely. There were checks in place to ensure staff were suitably skilled and experienced and safe to work with people.

Assessing risk, safety monitoring and management

- People did not always have their fluid intake monitored when they were at risk of dehydration. Where people had targets set for fluid intake there were no actions taken when the target was not achieved. We found there had been no impact on people's health from this and the manager made an immediate change to ensure people's fluid intake was monitored more effectively.
- People were not consistently repositioned as their care plan directed. Records showed people were sometimes left for longer periods in 1 position than the care plan stated. There had been no impact on people's skin integrity and the manager made changes to ensure this was monitored more effectively going forward.
- People at risk of falls were assessed and where needed equipment was in use such as sensor mats near to people's beds to alert staff if they got up during the night.
- Where were at risk of malnutrition, people had their food intake monitored and were weighed regularly to monitor their weight. Any concerns were shared with a health professional for advice and treatment.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home. One person told us, "I feel safe here, there's no danger for me to worry about."
- Staff understood how to keep people safe from the risk of abuse. Staff could describe the signs to look out for and how they would report any concerns for investigation.
- Staff had received training in how to safeguard people from abuse and any incidents which occurred were reported to the appropriate body for investigation. The manager had a system in place to monitor all incidents which had been reported.

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. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- People were supported to take their medicines as prescribed. One person told us, "I get the medicines when I need them and the staff watch me take them, that's important."
- Medicines were stored safely. Medicines were dated on opening and stored in line with manufacturer's instructions. We saw checks were done to ensure people had enough medicines.
- Medicine administration records were completed accurately and showed people had their medicines as prescribed. Where people had medicines prescribed on an 'as required' basis there was guidance in place for staff to show when this should be administered.

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 restrictions on visiting at the home.

Learning lessons when things go wrong

- Staff understood the process to report any incidents which happened. All incidents were reviewed by the manager to ensure learning was shared with staff and appropriate actions had been taken to maintain the person's safety. This ensured risk assessments and care plans were updated as required.
- The manager took note of all feedback about the service and used this to learn and make improvements.

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. At this inspection the rating 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.

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

- The provider had failed to ensure people received the care they needed. There was a system in place to identify where people had not had the required fluid intake. However, there was no system in place to ensure this was actioned when people had low fluids during the day. This meant people were exposed to the risk of dehydration.
- The provider had failed to ensure people received their care at the time they needed it. There was a system in place to monitor when people were repositioned; however, where the system identified people had been left for longer than recommended in the same position there was no action taken to address this. This meant people were exposed to the risk of their skin breaking down.
- The provider had a system in place to identify how many staff hours were needed to meet people's care needs. The system had not been updated when people's needs had changed, and we found there were not consistently enough staff deployed to support people when they needed it leaving people at risk of not having their needs met in line with their care plan.

There was still insufficient oversight on the service and the measures in place were not always effective in ensuring actions were taken to address 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People expressed mixed views about being given choices and having their preferences considered. One

person told us they were always given a shower and some days they would just prefer to have a wash. Another person told us, they were able to make their own choices about all aspects of their care.

- People also expressed mixed views about being involved in the service. One person told us, "They don't ask me what I like, nothing. But they are very nice, so busy all the time." Another person told us, "The staff do a good job, they ask you what sort of thing you like." Surveys were used to gather people's views and the registered manager had meetings planned with people to encourage their feedback.
- Despite the mixed views the atmosphere in the home was calm and friendly, and people appeared relaxed and comfortable with staff.
- People's care plans were not person-centred. Information about how people liked to have their needs met was not consistently recorded in care plans; however, people's protected characteristics had been considered throughout the care plans.
- The manager was aware of the need to make care plans more person-centred and had developed plans to review these with people.
- Staff told us they were supported by the current manager and there had been many changes since they had been employed at the service. Staff were positive about the training they had received and the improvements which were happening in the home.

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 provider understood the understood their responsibility around the duty of candour.
- The manager submitted notifications to CQC of significant events and informed other agencies the local safeguarding teams when things went wrong.

Continuous learning and improving care; Working in partnership with others

- The manager had been in post for about 5 weeks at the time of the inspection. They had introduced an audit process to identify where improvements were needed. For example, there had been improvements in the medicines management system following the introduction of an audit tool.
- There was an action plan in place to monitor the delivery of change in the home. The manager had identified areas for improvement. For example, changes to people's care plans, the environment and staff training were all included in plans. We saw work had started to make improvements to the outside areas and create a garden area for people.
- The manager worked in partnership with other agencies to provide people's care. For example, working with the local authority to improve the quality of the care people received and with health professionals to plan people's care.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 had failed to ensure there were systems in place to monitor peoples care delivery and take action when this was not carried out in line with peoples care plans.</p>

The enforcement action we took:

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