

R S Oakden

Penkett Lodge

Inspection report

39 Penkett Road
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22 September 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Penkett Lodge is a care home that provides accommodation for up to 27 people who need help with their personal care. At the time of the inspection 14 people lived in the home. Some people living in the home, lived with dementia.

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

People told us they felt safe and were treated well. People and relatives were very positive about the staff and manager. They told us they were happy with the care provided.

Risks to people were assessed and their safety was monitored. Improvements made to the environment offered safer living facilities that had been improved and maintained especially within the gardens and grounds of the service.

People's safety was monitored and records showed ongoing support to keep people safe and comfortable. People were safeguarded from the risk of abuse. Staff were knowledgeable about the different types of abuse and followed guidance in line with the providers and the local authority safeguarding procedures.

Staff followed safe infection, prevention and control (IPC) practices. They had continual access to the required personal protective equipment (PPE) used to prevent infections and keep people safe.

Safe recruitment processes were followed to assess the suitability of staff to work at the service. Staff had received regular training to ensure they were able to meet the needs of the people they supported.

Medicines were safely managed by staff; they received up to date training and had the relevant skills to support people with their medicines.

The providers systems and processes for monitoring and improving the service had shown a lot of work and investment to improve records, management of health and safety, recruitment, training and supporting staff and improving the environment. Further development was needed to continue the refurbishment and decoration of the home, continue the development of all care records and training records for staff.

Within the context of the Covid-19 infection risk, 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

Rating at last inspection and update

The last rating for this service was inadequate published December 2019 and there were multiple breaches

of regulation. 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 improvements had been made and the provider was no longer in breach of regulations. This service has been in special measures since November 2019. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in special measures. The evidence that inspectors could review was limited as many of the improvements were recently made and improvements needed to be embedded and sustained over a longer period of time to achieve a rating of good.

Why we inspected

A decision was made for us to inspect, examine and follow up what improvements had been made since the last inspection in November 2019. Due to the COVID-19 pandemic, we undertook a focused inspection to only review the key questions of Safe and Well-led. 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 coronavirus and other infection outbreaks effectively.

Our report is only based on the findings in those areas reviewed at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

Follow up

We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led

The improvements needed to be embedded and sustained over a longer period to achieve a rating of good.

Details are in our well-led findings below.

Penkett Lodge

Detailed findings

Background to this inspection

Background

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 Care Act 2014.

Inspection team

The inspection visit was carried out by one inspector and an assistant inspector.

Penkett Lodge is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with CQC. 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.

Notice of inspection

We announced the inspection visit when we arrived at the car park due to arrangements needed for the service to allow people into the building due to COVID-19 guidance.

Inspection activity started on 17 September 2020 and ended on 22 September 2020. We visited the service on 17 September 2020.

What we did before the inspection

We reviewed the information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experiences of the care provided. We also spoke with the manager, the deputy, three staff including care workers and ancillary staff. 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.

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 infections.

We reviewed a range of records. Records included two people's care records and several medication administration records, two staff personnel files in relation to recruitment and staff supervision. As well as a variety of records relating to the management and governance of the service, including policies and procedures.

After the inspection visit

Due to the impact of the COVID-19 pandemic we limited the time we spent on site, and were unable to speak with family members, due to visiting restrictions. Therefore, we requested records and documentation to be sent to us and reviewed these following the inspection visit. We contacted three family members by telephone about their experiences of the care provided. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'inadequate'. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to manage people's risks relating to their health, safety and welfare. This was a breach of regulation 12 (Safe Care and Treatment) 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.

- People told us they felt safe and happy at the service. Relatives told us they felt their relatives were safe and reassured by how their care was managed.
- People had a range of individual risk assessments in place; staff familiarised themselves with people's support needs and knew how to mitigate any risks. Staff received up to date and consistent information to enable them to provide a safe level of care.
- Repairs of fire doors since the last inspection ensured safe facilities were available to support people's safety. Relevant fire safety procedures were in place and compliance safety certificates were in date and safely maintained.
- Regular equipment, safety checks and repairs were carried out within the environment. Safety records were maintained, these showed prompt actions had been taken to mitigate any risks identified. The gardens and outside areas had been completely renovated to provide a safe and comfortable outdoor area.
- The service had undergone extensive renovation, maintenance and decoration. The registered manager advised they were continuing to renovate many aspects of the home as they continued with improvements and developments especially with scarp door frames, sash windows and further decorating.

Staffing and recruitment.

At our last inspection the provider had failed to follow safe recruitment processes. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had not provided staff with the training and support they needed to do their job role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations 18 and 19

- Staff personnel files contained the required information which showed safe checks were in place to recruit suitable staff.

- Staffing levels were safely monitored, and the registered manager often worked alongside her staff team.
- People received care and support from a consistent staff team who were familiar with their support needs.
- Staff received recent training to keep them up to date with all aspects of their work and people's needs.

Using medicines safely; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Medicines were safely managed. Staff with responsibilities for managing medicines had completed required training and had their competences levels checked.
- Staff knew how to report any safeguarding concerns and the importance of keeping people safe. Managers and staff completed safeguarding training and had access to information and guidance regarding local safeguarding procedures.
- Staff completed relevant documentation and identified any necessary support measures following accidents and incidents to ensure people were supported to stay safe. Accident and incidents were clearly recorded.

Preventing and controlling infection

- Risks relating to infection prevention and control (IPC), including in relation to COVID-19 were assessed and well managed to keep people safe and reduce risks.
- We were assured that the provider was preventing visitors from catching and spreading infections. The provider was meeting shielding and social distancing rules making sure PPE was safely used. The provider was accessing regular testing for people using the service and staff.
- The manager had safe systems in place to mitigate any risks of legionella bacteria developing in the home's water supply.
- The environment, furnishing and equipment were kept clean, tidy and hygienic. Some areas of storage were kept in vacant bedrooms. The manager advised they were taking action to remove large amounts of storage within the building. .

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 promoted an open, fair culture.

At the last inspection this key question was rated as 'inadequate'. At this inspection this key question has now improved to 'requires improvement'. This meant the service management and leadership had improved but we need assurances that the service is 'well-led' over a longer period. We will check this at our next comprehensive inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection, the provider's quality monitoring systems did not always operate effectively to assess and improve the quality of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities.)

At the last inspection, there were shortfalls within records to appropriately manage people's consent. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's consent was not always legally obtained.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 17 and 11.

- The systems in place to ensure the quality and safety of the service were much improved and evident of effective quality and oversight of the service. Audits and action plans were completed and used to improve and enhance the provision of care.
- Following the last inspection, the provider's action plan detailed everything they set out to improve compliance and safety at the service. Evidence was in place to show improvements to the management of risks, maintenance, landscaped gardens, management of Deprivation of Liberty (DoLs) and the Mental Capacity Act, improving care records and documentation including records for consent, recruitment arrangements for new staff, training and support for all staff.
- Managers and staff worked positively as a team to make various improvements. The registered manager discussed further realistic plans for development.
- Care files showed updated information to enable staff to meet people's needs. Care plans included detailed guidance for any types of medical conditions such as diabetes, infections, delirium and asthma. The registered manager advised of their continued development of everyone's care records.

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; Continuous learning and improving care

- The registered manager was aware of their responsibility to report incidents to CQC and was transparent in all aspects of their work.

- The registered manager was open and honest throughout the inspection and continued to have positive influences in developing the service.
- Staff and people we spoke with were positive about the management of Penkett Lodge. Relatives told us they were regularly kept up to date and had noticed lots of improvements since the manager had been in post.
- There were clear systems and processes in place to manage accidents, incidents and actions from ongoing audits that occurred at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Family members were engaged and involved in people's care. One relative told us, "I think it its brilliant the care is excellent, the care has much improved with the manager in charge. We always get letters, phone calls, garden visits have been offered. They really got on top of covid and put arrangements in place, so they have done really well with no covid at all."
- We observed positive communication and interactions between staff and people they supported in a gentle and respectful manner. Staff acknowledged each person's different ways of communicating.
- There was evidence of regular and effective communication and partnership working with other agencies such as the local authority, doctors and infection prevention control team.
- The registered manager and staff team positively engaged with the inspector team throughout the inspection, were responsive to our feedback and provided us with all the relevant documentation we required.