

HC-One Limited

Pennwood Lodge Nursing Home

Inspection report

Wotton Road
Kingswood
Wotton-under-edge
Gloucestershire
GL12 8RA

Tel: 01453521522

Website: www.hc-one.co.uk/homes/pennwood-lodge

Date of inspection visit:

01 August 2019

02 August 2019

Date of publication:

13 September 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pennwood Lodge Nursing Home is a residential care home providing personal and nursing care to 29 people living with dementia, aged 65 and over, at the time of the inspection. The service can support up to 60 people in one purpose built building. The care is divided up into four separate units. At the time of our inspection visit, two units were closed awaiting refurbishment work.

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

People were safeguarded from the risk of abuse and from risks from receiving care. People were supported by sufficient numbers of staff. People's medicines were safely managed.

Staff received support to develop knowledge and skills for their role. There were arrangements in place for people and their representatives to raise concerns about the service.

People's individual needs and wishes were known to staff who had achieved positive relationships with them. People were supported to engage in a range of activities.

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.

Effective quality monitoring systems were in operation. The manager was visible and accessible to people and their visitors.

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Pennwood Lodge Nursing 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Pennwood Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager in post at the time of our inspection visit. However, arrangements were in place to manage Pennwood Lodge Nursing Home until a manager was appointed who would apply for registration.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from local authorities commissioning 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.

What we did before 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. 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 of this information to plan our inspection.

During the inspection

We spoke with four relatives of people using the service to gain their views 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 spoke with the area director, the manager, one senior care staff, the wellbeing coordinator, three care assistants and an agency nurse. We observed a 'flash meeting' where heads of department discussed the priorities for the day.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- People were protected against identified risks. For example, there were risk assessments for falls, moving and handling and choking. Where assessments indicated, care plans had been created to guide staff on minimising risks to people. Staff had received training in how to intervene if a person was choking.
- People were protected from risks associated with legionella, fire, electrical and gas systems, through regular checks and management of identified risks.
- People had personal emergency evacuation plans.
- In the interests of people's safety, the manager had replaced kettles used in dining rooms with hot water dispensers fitted with a safety device.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. On the day of our inspection we saw there were enough staff to ensure people received support in line with their assessed needs. At the 'flash' meeting the importance of ensuring there were enough staff for the forthcoming weekend was discussed. The manager explained how staffing hours were calculated using a dependency and staffing tool. Some staff felt there was insufficient staff in one of the units. The manager explained staffing deployment and the daily routine in this unit was under review. While recruitment was underway, agency nurses were being used on day shifts. Regular use of the same agency nurses ensured consistency of people's care.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. The provider had completed pre-employment checks to protect people against the employment of unsuitable staff. We examined three staff recruitment files. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Appropriate pre-employment checks were carried out on the registration status of nurses to ensure they remained fit to practice.

Using medicines safely

- People received their medicines as prescribed. Medicines were stored securely with monitoring in place to ensure correct storage temperatures.
- Staff responsible for administering medicines and had received appropriate training and competency checks. Individual protocols were in place for medicines prescribed to be given to people as necessary, for example for anxiety. Where errors had occurred with people's medicines, appropriate action was taken to investigate and remedy the situation.
- To ensure the safe management of people's medicines, regular audits took place of medicine administration records and stock levels.

Preventing and controlling infection

- When we visited we found the care home was clean. People's relatives confirmed they also found the care home clean when they visited. The cleanliness of the environment and procedures to control infection were audited.
- The latest inspection of food hygiene by the local authority in July 2018 had resulted in the highest score possible.
- Staff had received training in Infection prevention and control and food safety.

Learning lessons when things go wrong

- A system was in place to investigate and learn from accidents and incidents. For example, one person fell after monitoring equipment for alerting staff failed. This was replaced and training was organised to ensure staff were familiar with its use.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs including their level of dependency were fully assessed which included ongoing involvement of their close relatives and if needed health professionals.
- Recognised assessment tools were used to assess risks to people for example, developing pressure ulcers and for malnutrition.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training for their role. Staff had completed training such as, health and safety, emergency procedures and moving and handling.
- Staff had regular individual meetings called supervision sessions with senior staff. These were to identify any development needs and support they might require. The manager was working to complete annual performance appraisals.
- Staff told us they received enough training for their role and were well supported.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat a varied diet which reflected their needs. Meals were fortified to ensure people received sufficient nutrition where assessments indicated the need. Snacks were available if people were hungry outside of meal times.
- We observed lunch being served in both units. We found a relaxed atmosphere with staff attentive to people's needs and comfort. Staff ensured people were aware of the meal choices available by showing them examples of each choice.
- We saw how staff supported people who took lunch in their individual rooms.

Adapting service, design, decoration to meet people's needs

- Some adaptations had been made to aid the independence of people living with dementia such as bold colours for toilet seats. Some areas were furnished in a way which people would have been familiar with when they were younger in order to promote reminiscence and discussion around memories.
- A relative described the layout of the care home environment as "ideal" for the person because it enabled them to walk continually around the corridors in the unit they lived in.
- We saw people were supported to access outdoor space such as a garden at the front of the care home and an enclosed courtyard.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals and were supported to maintain good health. People received visits from GPs, specialist nurses and chiropodists.
- People had assessments of their oral health to check if any further assessment or treatment was required.

Ensuring consent to care and treatment in line with law and guidance

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.

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 MCA. In care homes, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The manager was working to complete mental capacity assessments for people's consent to receiving personal care. People's care plans described if they needed any support with decision making in relation to the care and support they received.
- Applications had been made to deprive people of their liberty based on assessments of their mental capacity. One application for authorisation to deprive a person of their liberty had been approved with a condition. We discussed this with the manager and they were working to meet the condition.

Is the service caring?

Our findings

- Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated in a caring way by staff who used a warm, friendly and patient approach with them. We noted staff spoke to people to check on their wellbeing and engaged with them and responded to their requests. Staff spoke with people sensitively when planning care explaining what they were doing and checking for understanding.
- We saw how staff responded sensitively and effectively when a person became distressed. At lunchtime staff intervened appropriately when people left the table in the middle of the meal.
- We heard positive comments about the staff from people's relatives such as "Staff are always ready to help", "Helpful and friendly staff", "The staff are very patient" and "Nothing is too much trouble for them".

Supporting people to express their views and be involved in making decisions about their care

- People's relatives were consulted about people's care and their care plans. One relative told us how they had recently discussed the person's care with the well-being coordinator.
- Information about local advocacy services was available and on display. Advocates help people to express their views, so they can be heard.
- One person had used the services of a statutory advocate to support them to understand their rights under the Mental Capacity Act and participate in decisions about their care and treatment.

Respecting and promoting people's privacy, dignity and independence

- We observed staff ensuring people's dignity and privacy was preserved. Staff ensured doors and curtains were closed when carrying out personal care. This approach was highlighted in people's care plans.
- People were able to keep in touch with family and friends, receiving visitors with no unnecessary restrictions. People's relatives told us they were made to feel welcome and there were no restrictions on visiting times.
- People's care plans highlighted areas where their independence should be promoted such as eating and drinking.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our previous inspection we found some improvements were needed to people's care plans to ensure all necessary care guidance and information was recorded in these. Slow progress had been made in reviewing and developing people's behaviour support plans. At this inspection we found people had behaviour support plans known as 'stress and distress plans' where these were required. Staff told us the approach they would take to manage a person's distress.

- People received personalised care in response to their needs. It was clear from our conversations with the manager and staff that they knew people's individual needs. Additional information was available for staff about people's life stories. This enabled staff to understand people as individuals.
- The provider used an approach to caring and supporting people with dementia. Staff practice was supported through training and regular updates through newsletters.
- People were supported to take part in activities in the home such as music and movement, coffee mornings, crafts, puzzles, musical entertainers, knitting and sewing and a men's group. Activities were facilitated by the well-being coordinator and a volunteer. We saw people being invited to attend activities during our inspection visit.
- People enjoyed visits from school children in line with a national charity initiative. Dolls were available for use in doll therapy, a recognised therapy for people living with dementia. Representatives of a local church visited monthly.
- Arrangements were in place to ensure people who stayed in their individual rooms were not socially isolated, they received individual visits from the well-being coordinator.
- A new minibus was due to be delivered to Pennwood Lodge to enable more activities to be organised in the community. In the meantime, arrangements were in place to use a minibus from another care home.
- A relative told us how pleased they had been to see a person knitting again, which was a pastime they had previously enjoyed. Records in people's care plan folders showed if they had taken part in activities or if they had declined to take part.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager was aware of the need to implement the Accessible Information Standard when required.

- Staff were aware of people's individual communication needs and how to support people to express their wishes and be involved in their care. People had care plans for their communication needs where required. For example, one person was described as "softly spoken" the person's care plan highlighted this so staff were aware when communicating with the person.
- One person was blind and had difficulty hearing. Some staff had attended training to help them communicate with this person.

Improving care quality in response to complaints or concerns

- There were arrangements to listen to and respond to any concerns or complaints. Records showed complaints were recorded and investigated with remedial action taken. The reception area contained information on how to complain and an electronic feedback device for people's representatives to use.

End of life care and support

- At the time of our inspection no-one was receiving end of life care. End of life care had previously been provided to people in partnership with health care professionals. Information about the arrangements for people at the end of their life had been recorded where this was known.
- Where decisions had been made about resuscitation these were prominently displayed in people's care plan folders.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- At our previous inspection we found the quality monitoring of the service needed at times to be more effective to ensure when shortfalls were identified, for example, in relation to people's records. For example, the completion of wound treatment plans and wound records and the completion of a daily medicine audit. At this inspection we found one person had a wound treatment plan, which had been completed following a wound treatment assessment. This plan had been evaluated to ensure its effectiveness. An effective daily medicine check was now being completed.
- The manager was working to an improvement plan drawn up from the findings of quality audits, the previous CQC inspection and any local authority reviews. A number of areas had been completed including a general risk assessment, ensuring directions for taking medicine were clear and improving the decoration of dining areas.
- The manager kept up to date with developments in social care through regular meetings with managers of other care homes operated by the provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had a clear vision for people to receive kindness in their care and support. We found people were cared for in accordance with this provider's value and objective.
- Daily meetings with heads of departments ensured all departments were aware of how people's needs were being managed, priorities for the day and events taking place. For example, in the meeting we observed a discussion about managing a person's weight loss, activities for the day and changes to the menu.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- At the time of our inspection visit there was no registered manager in post. An interim manager was

working at Pennwood Lodge. The provider understood that a new registered manager application needed to be submitted as a priority to ensure they continued to meet their registration conditions and a plan was in place.

- The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.
- The manager was visible and accessible to people using the service, staff and visitors. We heard positive comments about the manager such as "It's nice to have a manager that has made positive changes".

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

- A survey of the views of people and their relatives had recently been completed. The results were awaiting analysis at the time of our inspection.
- Links had been made with a local school with pupils visiting people and a college to provide students with work experience.