

HC-One Limited

# Pennwood Lodge Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service effective?

**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 30 people aged 65 and over at the time of the inspection. The service can support up to 62 people. Care is provided across four separate units. At the time of our inspection visit, one unit was closed awaiting refurbishment work.

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

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. 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 had access to a balanced diet and were supported to eat and drink in a safe way. Referrals to health professionals were made when required. The environment was appropriately designed and adapted to meet people's needs.

The service was well-led by a management team who were passionate about improving care and achieving the best possible outcomes for people at the home. Quality assurance systems were effective in monitoring the safety and quality of the care provided through robust audits and checks. People, relatives, staff and professionals spoke positively about the leadership of the service. One professional told us, "I would say things have improved over the last couple of years. The permanent staff seem on the whole pretty clued up and caring. One of the positive things to come out of COVID is probably we are in closer contact than we were before March 2020."

The provider had infection control processes in place to protect people and prevent the spread of infection. There was plenty of personal protective equipment (PPE) available, and staff followed the provider's guidance and expectations.

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

The last rating for this service was good (published 13 September 2019).

### Why we inspected

We received concerns in relation to staff practice. As a result, we undertook a focused inspection to review the key questions of effective and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pennwood Lodge Nursing 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 until we 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?

We were assured the service was following safe and correct infection control processes.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

**Good** ●

# 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.

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 two inspectors.

#### Service and service type

Pennwood Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 two people who used the service and one relative about their experience of the care provided. We spoke with ten members of staff including the area director, registered manager, care leader, care workers, the activities lead and a member of the domestic team.

We reviewed a range of records. This included a selective review of six people's care records. 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 staff training information and quality assurance records. We spoke with three relatives of people who used the service about their experience of the care provided. We gathered feedback from three professionals who visit the service.

# Is the service safe?

## Our findings

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

# 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 now remained the same. 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

- Care plans were regularly reviewed to make sure they accurately reflected the person's needs and wishes. Care plans contained evidence of promoting choice in all areas of daily activities. The registered manager told us they were organising the care records to ensure they only contained current information for staff to follow.
- People's needs were fully assessed and, where necessary, based on input from healthcare professionals. Care records clearly showed people's likes, dislikes and preferred ways of being supported. People and others, such as relatives or friends, had contributed to the care assessments and reviews.
- Assessments included social, emotional and lifestyle information. Staff could access this information to ensure people's care was individually tailored to them.
- People's needs were assessed using universally recognised assessment tools. The home used the Malnutrition Universal Screening Tool to identify people who were at risk of malnutrition. Where the tool highlighted a concern, action had been taken and the relevant healthcare referral had been made.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. We saw the training matrix which the registered manager used to ensure that people received care from well trained staff. One professional said, "I feel the staff know the residents and their family members very well." A staff member said, "I have all the training I need. I have the skills."
- Staff felt supported by the registered manager and provider. One staff member said, "I feel supported. We have a new manager, and things are getting better. You can ask the manager anything."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were recorded in their care plans, including any specific dietary arrangements and textured diets. Staff were aware of people who required a texture altered diet, including pureed food or thickened fluids. Staff understood and followed Speech and Language Therapist (SALT) guidance to ensure people were protected from risks associated with choking or inhaling their food or drink.
- People had access to a varied and balanced diet. Where people were at risk of malnutrition, information had been clearly documented so that staff could support them appropriately. Staff were observed to regularly invite people to drink to avoid dehydration.
- People were observed dining in a relaxing atmosphere. Information about the menu was clearly displayed and people were supported to make choices.
- People's and relatives' feedback about meals was complimentary. One person said, "Food is good here. If



there is something I don't like they will get me something else." A relative said, "I know that they take a lot of time to support my [relative] to eat. I am told that the food is good."

- People were supported to enjoy food. One person had a modified diet but had told staff they missed afternoon tea. The chef had created an afternoon tea suitable for their specific dietary requirements. Staff then dined with the person in their bedroom and took flowers to complete the afternoon tea experience.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff sought advice from the GP and other associated healthcare professionals to meet people's needs and respond to any changes in their health. There was good evidence this had been applied during the period of the pandemic. One healthcare professional said, "[the registered manager] was very keen to get a fortnightly GP virtual ward round going to offer better care for [people] at Pennwood Lodge. If there are any issues in the meantime the staff always contact the surgery for advice."

- People's oral care needs had been assessed. Where necessary people were referred to specialist dental services. People were supported to maintain their oral health, which included prompting or support with cleaning their teeth or maintaining their dentures.

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

- People could move around inside and outside of the home easily. People could orientate themselves around the home and access facilities including communal lounges, dining rooms and quiet areas for contemplation. Surfaces and pathways were even and the service ensured trip free access.

- The home was well presented and homely. An established gardening facility had been created in one unit to allow people to garden inside. The registered manager told us this was beneficial for people with nursing needs who might not be able to freely access the outdoors.

- People's bedrooms were observed to be tailored to their preferences and provided a homely setting. Personal touches such as photographs and ornaments were appropriately displayed for people to remember and reflect on important aspects of their lives.

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, and some hospitals, 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.

- Mental capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests. Where appropriate, the decision making process involved those who were important in the person's life.
- Staff had received training and guidance on MCA and DoLS, and supported people to make informed choices regarding their care. We observed staff seeking consent from people before providing support with

daily tasks.

- The registered manager and provider ensured Deprivation of Liberty Safeguards (DoLS) had been applied for people whose liberties were being restricted. A clear record of those awaiting authorisation had been completed when required. Where the authorising body had added conditions to the DoLS, the service had tracked these conditions and updated the authorising body on any changes.
- People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were included in decisions regarding the person's care.

# 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 good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff told us there was a positive workplace culture at the service. One person said, "I love the staff, they are very good to me." One staff member said, "Kindness is inherent in everything we do. Everyone works well as a team." An agency staff member added, "The values of the home suit the type of care [that I want to provide]. Staff morale is good."
- The registered manager was open and transparent throughout our inspection and was clearly committed to providing good quality care. They talked passionately about the importance of upskilling the staff team to ensure that people received the best possible care. Supervision and training records supported this.
- Staff told us they felt supported by the registered manager. One staff member said, "Management has changed many times, but the leadership now is fantastic. There is an open office; [the registered manager] is very approachable."

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 service demonstrated transparency if things went wrong. They communicated in an open way with people, relatives, staff and other external stakeholders such as the local authority to provide necessary information.
- Concerns and complaints were actively listened to and acted upon. One relative said, "We've complained in the past. They have responded appropriately, and the matter has been dealt with."
- The provider displayed their Care Quality Commission (CQC) rating within the service and on their website.
- The registered manager had started to build strong relationships with staff, people and relatives and shared appropriate information freely. One relative said, "The registered manager is good. She is very empathetic and listens to what I say. I've recently raised an issue and I have every faith [the registered manager] will do what [they] say."
- The registered manager was aware of their responsibilities and of their duty to notify us of significant events. The registered manager submitted notifications in a timely manner.

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

- There was a clear management structure in place. The management team provided continuous support for people, relatives and staff. The registered manager and area director had a visible presence throughout

the operation of the service and in the everyday support offered to people.

- A robust system of audits and checks were in place to monitor and review the safety and quality of the care and service. The information collated showed that, when necessary, prompt action was taken to ensure risks were addressed. Care planning training was being provided to all staff following recent feedback from an internal quality review.

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

- The service actively sought feedback from people, staff, relatives and friends. This was used to shape the service's care and management practices. A relative stated, "I think [my relative] likes it there; [they] seem to be comfortable. [They] have good relationships with staff. I've been told staff have a lot of respect for my [relative]."
- Feedback was received from multiple sources, and always recorded for review and sharing. Out of office hour checks were routinely completed by the registered manager to ensure that the home operated consistently .
- Staff told us people were always kept up to date with what was happening and had the opportunity to voice their views and opinions. One person said, "I could talk to staff if I was unhappy, but I'm always okay so I don't need to. Nothing could be better here."
- Surveys and meetings were carried out by the provider to ensure people's needs were met. The feedback gathered from people and their relatives was overseen and acted upon appropriately by the registered manager. A family member said, "I want to speak to the registered manager I can speak to her. My [relatives] immediate carers will ring me and keep me updated. I'm very reliant on communication and so I'm in the hands of the staff. From what I can see they care for [people] and have their best interest at heart."

Continuous learning and improving care

- The service operated within a continuous learning culture. A quality assessment report was regularly completed by the area quality director to identify areas that were working well, and areas which needed to be improved.
- The registered manager and area director had regular meetings to discuss the service. There was a clear record of actions and a focus on continuously achieving the best possible outcomes for people.
- Staff were nominated to be 'champions' (role models) in specific care subjects such as dementia. The champions shared their additional learning with their colleagues to improve the care people received.

Working in partnership with others

- The service demonstrated partnership working. There was clear evidence the service worked closely with other agencies during the pandemic and lockdowns. One professional said, "I feel that the service they provide has improved generally and that they managed admirably over the peak of the pandemic."
- Staff had formed positive relationships with health and social care professionals. Staff had sought advice and worked in partnership with others to ensure the best support for people. One visiting healthcare professional commented, "Communication is good with a recent meeting with the staff having been undertaken to hopefully improve this further going forward; the pandemic made patient care challenging for them and us."