

HC-One Limited

Pennwood Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced focused inspection of this service because we had received some information of concern. We have only looked at the areas of Responsive and Well-Led as the concerns sat within these areas.

This report only covers our findings in relation to these specific areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Pennwood Lodge' on our website at www.cqc.org.uk.

Pennwood Lodge Nursing Home is registered to provide residential and nursing care for up to 60 people living with dementia. At the time of our inspection there were 35 people in residence. The home has four 15 bedded units, each with their own communal lounges, dining rooms and bathrooms. However, one of the units was closed in 2015 and has remained closed since. This reduces the capacity of the home to 45. Of the other three units, one is for people with personal care needs (residential care) and the other two are for people with dementia and nursing care needs. All bedrooms were for single occupancy and the majority of rooms had en-suite facilities.

At the time of the inspection there was no registered manager in post. There has been no registered manager since November 2015 and the provider was required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The provider had taken steps to recruit a permanent manager but not been successful. In the interim, the provider had allocated 'turnaround managers' to manage the service. The current turnaround manager commenced the application process to be the registered manager during our inspection visit.

At this inspection we have looked at care plans and other related care documents. We have looked at the staff rota's for a six week period and discussed the staffing arrangements.

We found some shortfalls in the care documentation for two people. The provider took immediate action to address the issues and put measures in place to conduct spot checks and random night checks to ensure the expected standards were implemented and sustained.

Because we did not look at the procedures in place and working practices for all 35 people in residence, we have not revised our rating of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

Good ●

The service was responsive.

We identified where some improvements were required to ensure people's specific care and support needs were appropriately met and clear, with accurate records maintained. The provider took immediate action to address the issues identified.

Is the service well-led?

Good ●

The service was well-led.

The provider was taking steps to recruit a permanent manager and nurses for the service. In the interim an experienced manager was based at the service and provided management and leadership for the staff team.

Following our visit the manager took action to ensure that care records were maintained properly and the records of any concerns raised were organised correctly.

Pennwood Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this focused inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to check on information we had received and to see if the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also rechecked the overall quality of the service, and reviewed the rating for the service under the Care Act 2014. At the previous inspection in June 2015 we found no breaches in the regulations.

We undertook a focused inspection of Pennwood Lodge on 4 October 2016 because we had been provided with information of concern and we wanted to check the service was not in breach of any regulations. We inspected the service against two of the five questions we ask about services: is the service responsive and is the service well-led. The inspection was undertaken by one inspector.

Prior to the inspection we looked at information about the service including notifications. Notifications are information about specific important events the service is legally required to report to us.

Prior to the inspection we had been contacted by the family of one person, one health care professional and one social care professional. The information they provided, formed the plan of our inspection.

The main purpose of the inspection was to look at the areas of concern and this meant looking at specific records. For example, we looked at staff rota's to check the management cover at the weekends, the complaints log and two people's care files and other records relating to the care delivered to them. During our visit we also spoke with three people living at Pennwood Lodge, the interim manager and four members of staff.

People were living with various degrees of dementia and we were not able to speak with the majority of people. We therefore spent a short period of time observing people during the midday meal and noted the interactions with the staff team. 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.

Is the service responsive?

Our findings

At our last full inspection of this service in June 2015 the service was rated as good in this area. We had looked at how people's care and support needs were met, how the service responded to their needs and listened to what they had to say about their care and life at Pennwood Lodge.

At this focused inspection on 4 October 2016 we have only looked at the care planning processes and other care records in relation to two people who we had received information of concern about.

Whilst both people had detailed care plans in place, some of the information recorded was out of date. One family had raised concerns that their relative was not provided with suitable food that met their specific dietary requirements or could be managed without dentures (the person's preference was to not wear their dentures). The kitchen staff told us the person no longer required a gluten free diet however this was still stated in their care plan. The family were also concerned their relative was not assisted to clean up or change their clothing after a meal, and the staff did not clean the floor in the dining rooms after meals. We spent a period of time observing the mealtime in the ground floor residential unit. During the meal food did end up on the floor and at 3pm the dining room had still not been cleaned. The dining rooms in the other two units had however been cleaned. Staff need to be more responsive to this person's specific needs and ensure they did not increase the risk to others and themselves, of slipping on food items left on the floor.

We also checked the care records of one other person who had recently had a short stay at the service. Whilst they were resident in the service they had become unwell, been admitted to hospital and then returned to their home address. The person's GP raised a safeguarding alert with the local authority stating the person was, on admission to hospital, profoundly dehydrated, had an infection and a low body temperature. The GP said this person was living with dementia and reliant on care staff to adequately monitor their fluid intake and ensure adequate fluids were offered. We looked at this person's care records and found there were significant gaps in the recordings. Their care plan stated they needed encouragement with food and drink but the food and fluid charts we saw for the period 16 September to 22 September 2016 did not evidence that sufficient fluids had been given. On the 19th and 21st September the records showed they had only drunk 110 mls and 250 mls respectively. On the 20th and 21st there were no recorded drinks given after 4.30pm. On 18th no drinks had been recorded after 5pm and on 16th and 17th, no drinks after 8.15pm. When this person was transferred to the hospital the transfer information that was sent with them did state the person had a poor dietary and fluid intake.

The written entries in the daily care records for one person were not written in date order. These should be contemporaneous and clear and provide an account of the care and support provided. For the other person their records included an account of what actions the staff had taken when the person presented challenging behaviours. Staff had written, "Told X it's not acceptable to hurt staff" and "Informed X it was not acceptable to throw....". This person was living with dementia and these responses were not appropriate or helpful in understanding the person.

Our findings were shared with the manager at the end of the inspection. Following the inspection the

manager advised they had held meetings with the care staff, nurses and the night staff. They had been informed about the poor recording on the documentation and given clear instructions about the expectations and their responsibilities. All care staff had a supervision meeting (this is a meeting with their line manager) outlining the procedures for recording and checking the charts. The manager had instigated a programme of spot checks and random night checks had been conducted.

At the previous inspection the service was rated as good and the shortfalls we have found on this occasion were in relation to two people. At this inspection we did not look at the care plans for the other 33 people residing at Pennwood Lodge. As a result of our findings it would be inappropriate to revise the rating at this time.

Is the service well-led?

Our findings

At our last full inspection of this service in June 2015 the service was rated as good in this area. We found the service had good leadership and management in place, records were well maintained and provided an accurate account of the care and support provided to people and feedback was sought from people, their families and friends and acted upon.

At this focused inspection on 4 October 2016 we have only looked at how the service handled any complaints or concerns raised by families. Prior to this inspection we had information reported to us about how the service handled concerns and complaints and the management of the service. One family had been concerned that the service had been "without a manager" for over two years.

Whilst the service was currently without a registered manager, there had been a number of interim managers in place. The long standing registered manager had left the service in March 2015, then there was an interim manager until November 2015 who was registered with CQC. The provider appointed a permanent manager in September 2015 however these arrangements were not satisfactory so the manager left their post. Since this time the service has been managed by several different interim managers. The current interim manager had started the process of applying for registration with CQC. Meanwhile, the provider was actively trying to recruit a permanent manager for the service.

We had been told there was rarely management cover at the weekends. We looked at the previous six weeks of staff rotas. Whilst the manager did not work at weekends, there was a senior member of staff on duty plus a qualified nurse on the upstairs floor (the nursing unit). We noted that the deputy and one unit manager had been allocated to work the same weekends on three out of the six weekends, with the alternate weekends being covered by a nursing assistant. There was always a qualified nurse on duty. The provider was experiencing great difficulty in recruiting qualified nurses but was taking steps to address this. In the interim, qualified agency nurses were being used. The nurse we spoke with during the inspection worked at the service regularly and said, "I know the residents very well".

Since the inspection a clinical lead nurse had taken up post and commenced on 10 October 2016. This nurse will also provide management cover at the weekends on a rota'd basis.

We looked at the records in respect of the concerns raised by one family. They had stated their concerns were not being listened to or addressed properly. We found there was a disorganised approach with the handling of the concerns raised. Email correspondence from the family to the previous manager had not been recorded in the complaints log. However in the person's care file, discussions were recorded between the unit manager and the relatives. There was a lack of a joined up approach in acting upon the issues raised and it was difficult to track what actions had been taken. The new interim manager advised us a meeting was in the process of being set up with the family and the operations director. They also advised from then on, any complaints would be logged and handled accordingly to their complaints procedures and recorded correctly.

At the previous inspection the service was rated as good. The provider was actively taking steps to recruit a permanent manager and qualified nurses. In the meantime, regular agency nurses were being used and there was an interim manager in place. The shortfalls we found in respects of the management of complaints were in relation to one person/family only. As a result of our findings it would not be appropriate to revise the rating at this time.