

Westward Care Limited

Pennington Court Nursing Home

Inspection report

Hunslet Hall Road
Beeston
Leeds
LS116TT

Tel: 0113 2284040

Website: www.westwardcare.co.uk

Date of inspection visit: 24 November 2015

Date of publication: 10/02/2016

Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We inspected Pennington Court Nursing Home on the 24 November 2015 and the visit was unannounced. At the last inspection in August 2013, we found the provider was meeting the regulations we inspected.

Pennington Court nursing home provides residential, nursing and intermediate care services for a maximum of

62 people. Accommodation is arranged over two floors with communal lounges, dining areas and bathing facilities available. All bedrooms are single occupancy and a few have en-suite facilities.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers

Summary of findings

they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

We found there were systems in place to protect people from risk of harm and appropriate recruitment procedures were in place. There were policies and procedures in place in relation to the Mental Capacity Act 2005. Staff were trained in the principles of the Mental Capacity Act (2005) and could describe how people were supported to make decisions. Where people did not have the capacity; decisions were made in their best interests.

We found two slings whereby the Velcro had been compromised by debris within the fabric. Debris within Velcro compromises the 'sticking' and as such the Safe Working Load may not be achieved. Therefore putting people at risk of falls.

There were enough staff to keep people safe. Staff training and support provided staff with the knowledge and skills to support people safely.

People told us they received the support they needed with meals and healthcare. Health, care and support needs were effectively assessed. People had regular contact with healthcare professionals, this helped ensure their needs were met.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. People participated in a range of activities and were able to choose where they spent their time.

The service had good management and leadership. People had opportunity to comment on the quality of service and influence service delivery. Effective systems were in place which ensured people received safe and quality care. Complaints were investigated and responded to appropriately.

We found the home was in breach of Regulation 12(2)(e) (Safe care and treatment) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

We found two slings whereby the Velcro had been compromised by debris within the fabric. Debris within Velcro compromises the 'sticking' and as such the Safe Working Load may not be achieved. Therefore putting people at risk of falls.

People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. We found that medicines were well managed.

There were enough staff to meet people's needs. The provider had effective recruitment procedures in place.

Requires improvement



Is the service effective?

The service was effective in meeting people's needs.

The staff training and supervision provided, equipped staff with the knowledge and skills to support people safely.

Staff we spoke with could tell us how they supported people to make decisions. People were asked to give consent to their care, treatment and support. Deprivation of Liberty Safeguards applications were made appropriately.

People's nutritional needs were met and people attended regular healthcare appointments.

Good



Is the service caring?

The service was caring.

Staff had developed good relationships with the people living at the home. There was a happy and relaxed atmosphere. People told us they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Good



Is the service responsive?

The service was responsive to people's needs.

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support.

There was opportunity for people to be involved in a range of activities within the home.

Complaints were responded to appropriately.

Good



Summary of findings

Is the service well-led?

The service was well led.

People who used the service, relatives and staff told us the registered manager was very supportive and well respected.

The provider had systems in place to monitor the quality of the service.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys, meetings and daily interactions.

Good



Pennington Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 November 2015 and was unannounced. The inspection team consisted of one adult social care inspector, a pharmacist inspector, a specialist advisor in nursing and governance, a specialist advisor in dementia care and an expert-by-experience who had experience of older people's care services and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. They returned the PIR March 2015 and we took this into account when we made the judgements in this report. Prior to this inspection we reviewed all the information we held about the service. This included previous inspection reports and any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 61 people living at Pennington Court. During our visit we spoke with 14 people who used the service, five visitors and nine members of staff and the registered manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at nine people's care records.

Is the service safe?

Our findings

People who used the service said they felt safe and they liked living at the home. People's comments included, "Oh yes; very safe. I'm quite happy here." and "I'm very happy here. I definitely feel very safe." Relatives of people who used the service said they felt their family member was cared for in a safe environment. One relative told us, "We feel confident that [relative] is happy and safe. We're very happy with everything. The staff couldn't be more helpful."

We saw positive interaction throughout our visit and people who used the service were happy, relaxed and at ease with the staff. We observed staff treating people with respect and they knew them well. There was a lot of communication, conversation, banter and people being reassured where necessary by staff.

Staff said they were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. Staff had received training in the safeguarding of vulnerable adults. Staff we spoke with said the training had provided them with good information that helped them understand the safeguarding processes. There were effective procedures in place to make sure any concerns about the safety of people who used the service were appropriately reported. We saw safeguarding incidents were reported appropriately to the local authority and to the CQC.

Risks to people were appropriately assessed, managed and reviewed. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. We looked at nine people's care plans and saw risk assessments had been carried out to minimise the risk of harm to people who used the service. The risk assessments gave detailed guidance and were linked to care plans and the activity involved in care or support delivery. For example, falls, moving and handling and medication risks. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. Staff we spoke with were aware of the risks people faced and what was in place to prevent or minimise them.

We saw there were systems in place to make sure equipment was maintained and serviced as required. However, we found the slings used at the home had not been subject to a thorough examination in accordance with Lifting Operations and Lifting Equipment Regulations 1998. The registered manager told us they were not aware that slings needed to be thoroughly examined. We found two slings whereby the Velcro had been compromised by debris within the fabric. Debris within Velcro compromises the 'sticking' and as such the Safe Working Load may not be achieved. Therefore putting people at risk of falls. The registered manager took action immediately by removing the slings and agreed to thoroughly examine the other slings in the home. This is a breach of Regulation 12(2)(e) (Safe care and treatment) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there were no clinical reasons for the use of some bedrails. One care record stated a person had 'no history of falls' and was 'not at risk at present.' However, bedrails had been installed to this person's bed. In the cases of three other people we found no evidence of what had been considered before bedrails had been installed. For example, one person had them in place for 'safety and security', which is not a clinical reason for the installation of bedrails.

We saw beds were fitted with integral rails and asked the registered manager how they ensured these were checked to ensure they were safe for use. They told us they did not have a process in place, meaning potential risks to people were not being mitigated. The registered manager said they would add a bedrail audit to their quality audit programme.

We saw fire assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw fire extinguishers were present and in date. There were clear directions for fire exits. Staff told us they had received fire safety training and records we looked at confirmed this.

Through our observations and discussions with people who used the service, their relatives and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. One person who used the service said, "There's plenty of staff on. Mostly they come straight away. Depends if they're busy or not. Sometimes you have to wait, but just a few minutes." Staff we spoke with said there

Is the service safe?

were enough staff to meet people's needs, and they did not have concerns about staffing levels. We observed staff were present throughout the service, and responded to people's needs in an unhurried way, giving people time to make choices and express preferences. The rotas we looked at showed staffing levels were provided as planned. Any gaps such as sickness or vacancies were covered by staff working additional hours or bank staff.

We asked one visitor about staffing at the service they said, "I suppose they could do with a few more staff at times; well you could never have too much. But at times this place can get very busy and staff are all over the place." Another visitor said, "Things have got a lot better over the past few months, I think the manager is starting to bring in more staff."

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work. This included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. We found medicines were stored securely and there were adequate stocks of each person's medicines available.

The provider had procedures for the safe handling of medicines. We looked at the storage of medications. Boxed

and bottled medications were seen to be in date, clean and dry with all names and dosages clear and legible. Medication fridge temperatures were documented daily and within safe limits to ensure medications were stored at temperatures that maintained their effectiveness.

Controlled drugs (medicines liable to misuse) were locked securely in a metal cupboard and the controlled drugs log was completed in full for each administration with a running total for stock control.

We observed staff administering medication during the morning 'round'. We saw the medication trolley was locked securely whilst they attended to each person. We saw the individual Medication Administration Records (MARs) were printed and were fully signed by the staff member at the time of each individual administration. We saw no signatures were missing on the MARs we reviewed which indicated people received their medication as prescribed.

Staff who administered medication had been trained to do so. Staff confirmed they received competency checks and the registered manager was aware of the NICE guidance for managing medicines in care homes, which provides recommendations for good practice on the systems and processes for managing medicines in care homes.

We saw there were systems in place to analyse and monitor accidents and incidents. Information showed incidents were reviewed for any patterns or trends and ways of preventing re-occurrence such as referrals to the falls clinic or requests for equipment for people.

Is the service effective?

Our findings

Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. We saw care plans were signed by the person who used the service and/or their relatives. We saw consent to care forms were completed and signed by people who used the service and/or their relatives.

We observed staff supported people to make choices throughout the day. People told us how staff explained things and got their permission before care or supported needs were carried out. One person told us, "The staff always explains what they have come for and what they want to do. Yes I think they do ask permission because they say is it OK if we get you ready for your bath." Another person said, "Yes, they tell you what's what. They always check with me if they can do what they need to do." A third person told us, "They explain everything, they seek your permission for everything."

The registered manager told us staff completed an induction programme which included the home's policies, procedures and training. We looked at five staff records and were able to see information relating to completion of induction.

During the inspection we spoke with members of staff and looked at staff records to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff records we saw evidence each member of staff had received individual supervision along with an annual appraisal.

Staff spoken with told us they received the training they needed to meet people's needs and fulfil their job role. There was a rolling programme of training available which included; safeguarding vulnerable adults, medication, moving and handling, first aid, nutrition and hydration awareness and dementia awareness.

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, 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. (The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had a good understanding of the MCA and the DoLS application process. We saw that DoLS requests for a Standard Authorisation had been completed following capacity assessments which identified when people lacked capacity to make certain decisions.

We asked staff about the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions. Staff gave examples, such as making sure people were given time to make decisions which included what to wear, what to do and what to eat and how they did this. Staff spoke about always making sure everything they did with people was in their best interests. Staff we spoke with confirmed they had received training on the MCA. However, the training records we looked at showed not all the staff had completed some training on the MCA. We saw evidence of future training dates planned.

We observed how staff supported people to make choices throughout the day. People told us how staff explained things and got their permission before care or supported needs were carried out. One person told us, "They always explain what they have come for and what they are doing." Another person said, "Yes I think they do ask permission. They always check with me if they can do what they need to." A third person told us, "Oh they explain everything."

Records showed that people's health needs were met and prompt responses were made when a change in health needs were identified. Staff told us people had regular health appointments and their healthcare needs were carefully monitored. This helped ensure staff made timely and appropriate referrals when people's needs changed. The records we looked at showed the home involved other professionals where appropriate, and in a timely manner. For example, it was recorded that GPs, dieticians, chiropodist and district nurses had been contacted for people who used the service. We saw where a person was

Is the service effective?

nutritionally at risk, the dietician had been contacted for advice and the person's care plan was updated to reflect this. We saw a person at risk from falls had been referred to the falls team for equipment to prevent further falls.

We observed the lunch time meal. Most people were able to eat independently and did so, some chatting with other people at their table. Those people who needed support had a member of staff assisting them. Support was focussed and unhurried; with gentle encouragement given. The food looked appetising, well presented and portions were generous. People who used the service were

complimentary about the food. Comments included; "The food is excellent. We get a choice of mains, and the puddings are really out of this world", "The food's good. Cooked well and presented nicely on your plate." "They do ask me what I like and they try to please." Menus were seen to show there was a choice of food. We saw tea/coffee and biscuits being taken around in the morning and tea/coffee and homemade cakes mid-afternoon. There were jugs of water and glasses in the communal areas to ensure people's hydration needs were met.

Is the service caring?

Our findings

People we spoke with told us they were very happy living at the home and staff were kind and caring. Comments we received included; “[Name of staff] are brilliant, they look after us very well.” “This is a lovely home. I think everyone loves it here.” People told us they felt the care workers treated them with dignity and respect and listened to them. Relatives we spoke with said they found the staff caring, kind and thoughtful. One relative said, “They’re absolutely brilliant here with such attention to individual need.” Another said, “They are perfect.”

We observed staff reassuring people if they became distressed, and distracting them from worrying thoughts. For Example one person was getting distressed because their relative had not arrived. A member of staff sat down with them and explained in a calm way that their relative was running late and they would be with them soon. We saw staff responded to people promptly and discreetly when care interventions were required. Staff clearly knew people’s needs and how they wished to be cared for. For example, one staff member told us they had looked into what people liked, and what their life history had been.

Relatives told us they could visit at any time and felt comfortable to do so. One relative said, “I can come any time, day or night. I’ve not had any problems at all. I can always talk to [Name of staff] about any concerns. They have sat down and discuss [Name of person] care with me.”

We observed all the people who used the service were appropriately dressed and groomed. Throughout our inspection we observed people being treated with dignity and respect. Staff we spoke with told us they were confident people received good care. They gave examples of how they ensured people’s privacy and dignity was respected. One staff member said, “It’s so important to treat people properly and with dignity.” Another staff member said, “I love to care for people in the way I would expect to be cared for myself.” Another staff said, “Privacy and dignity just comes naturally, we knock on doors and we try to ensure people maintain their independence.”

Staff knew what people were able to do for themselves and supported them to remain independent. One staff member told us they supported people to have choice and control over their lives. They gave examples of offering people choices of drinks, asking if they liked something done in a certain way and encouraging people to be mobile. We saw staff addressed people by their preferred name and always asked for their consent when they offered support.

We looked at people’s care plans and found they contained information about people’s past, current lives, family, friends and interests and hobbies. We saw specific information about people’s dietary needs, likes, dislikes and the social and leisure activities they enjoyed participating in. People and their relatives said they had been involved in developing and reviewing their care plans. One relative told us that they were actively involved in discussions about their family member’s care and they felt fully involved and informed about their wellbeing.

Is the service responsive?

Our findings

People told us they felt they had choices in how they spent their day. We spoke with one person who said, "We get choices, I can choose when I want to go to bed and when I get up, nobody forces me to do anything." Another person said, "I can do what I like; they just let me get on with it. I can read or watch TV. The staff are very friendly they always ask me if there's anything I need."

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. Care plans were well organised with clear sections including pre and post-admission assessments completed prior to individual care plan development.

Staff were provided with clear guidance on how to support people as they wished. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines. For example, one person liked to go to their bedroom and have a rest after meals. Staff said they found the care plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed.

Care plans were developed following appropriate risk assessments with involvement of the person who used the service, their families and external health professionals, when required. We saw care plans were reviewed monthly and changes made as appropriate. The care plans were clear and detailed with comprehensive information about people's needs and how best to support the person. For example, what provoked a person's anxieties. This meant care could be provided in a sensitive way.

There were activities provided for people on a daily basis. We saw a noticeboard for up and coming events. This included sing-alongs, bingo, games and reminiscence sessions. We saw Christmas activities had been organised, which included a party and entertainment. We asked people if they took part in activities. Many said they joined in any games that happen in the lounge after lunch.

They were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We looked at records of complaints and concerns received in the last 12 months. It was clear from the records people had their comments listened to and acted upon. The registered manager said any learning from complaints was discussed with the staff team once the investigation had concluded. Staff confirmed they were kept well informed on issues that affected the service. They said they were given feedback on the outcome of any investigations such as; accidents/incidents, safeguarding concerns and provider visits to prevent any re-occurrence and to improve the service.

We saw there was information displayed in the home about how people could make a complaint if they were unhappy with the service. When asked who they would speak to if they had a complaint, everyone we spoke with said, "Any member of staff, or [name of manager]." One person said, "If you have a complaint they put it in writing to you and try to solve it. I made a formal complaint about something and it was sorted out to my satisfaction. They can't do more than that can they?"

One relative said, "I've been to a meeting with [My relative]. Everyone has a voice and can say what they want. [My relative] raised the thing about having their meals on warm plates and that was taken on board, they're really good."

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the CQC. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

The relatives we spoke with told us they had confidence in the registered manager and staff team and were pleased with the standard of care and support their family member received. One person said, "I have every confidence in the manager and staff, they do a brilliant job." Another person told us, "I have found the manager and staff to be approachable and willing to listen."

People spoken with told us they knew the manager. One person said, "We've met [Manager's name], they very nice. The home is well managed and we're really, really pleased." Another person said, "I've no idea who the manager is but it seems well run." And another person said, "The home is spotless, the atmosphere is fine and you can't fault the staff."

The staff we spoke with told us the registered manager operated an open door policy and were confident that any issues they raised would be dealt with promptly. We asked staff if the registered manager was open to change and they told us they felt they could make positive suggestions and people could speak up if they had concerns or ideas.

We saw that both staff and resident meetings were held on a regular basis so that people were kept informed of any changes to work practices or anything which might affect the day to day management of the service.

The registered manager told us there was a system of a continuous audit in place. This included audits on support plans, medication, health and safety and the premises. We saw documentary evidence that these took place at regular intervals and any actions identified were addressed. When we looked at the health and safety checks, we saw these included regular fire checks; alarm system, fire fighting equipment and fire drills.

We were told that a senior manager visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the service, staff and the management team during these visits.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences. We saw one person had had a high number of incidents of falling. We saw the falls team had been involved, a falls assessment had been carried out, an emergency care plan had been put in place, the falls risk assessment had been updated and an observation chart had been put in place. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

We looked at the results from the latest surveys undertaken quarterly throughout 2015 by the provider to people who used the service. These showed a very high degree of satisfaction with the service. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. People's comments included; 'very satisfied with service received, cannot fault it'.

We found the registered manager was extremely receptive to constructive feedback. Throughout the day of our inspection we saw the registered manager provided visible leadership within the home. People who used the service, relatives and staff spoken with confirmed this to be the case.

Our examination of care records indicated the registered manager submitted timely notifications to the Care Quality Commission (CQC) indicating they understood their legal responsibility for submitting statutory notifications. People's care records and staff personal records were stored securely which meant people could be assured their personal information remained confidential.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who used the service were not protected against the risks associated with unsafe care and treatment. We found equipment, namely moving and handling slings, used by the service for providing care were not safe to use. This equipment had not been subject to regular examination to ensure they remained safe to use.