

Westward Care Limited

# Pennington Court Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Pennington Court Nursing Home is a residential care home providing personal and nursing care to 47 people at the time of the inspection. The Registered Provider is registered to accommodate a maximum of 62 service users at Pennington Court Nursing Home. Attached to the building are eight extra care apartments each comprising of a bedroom with attached lounge, bathroom and kitchen area.

Pennington Court Nursing Home accommodates people over two floors. People who live in Ash require residential care. Willow provides support for people who require registered nurses to provide their care and treatment. People living in the extra care flats are provided with personal care support. Not everyone who used the housing with support service received personal care, although the contract provides for two hours support each day. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The quality of care had deteriorated since our last inspection and this service was no longer considered to be providing outstanding care. Some care intervention records were incomplete and contained gaps to evidence care had been provided. Quality assurance processes had not highlighted or addressed issues to ensure improvements were made.

Some of the risks to people's safety and wellbeing had not been recorded, to ensure actions were put in place to protect people from harm. Recorded risk reduction measures did not always show the necessary control measures were in place. Care plans often contained conflicting information, and information in people's rooms did not contain information about how to manage all of their clinical needs. We were not assured infection control measures were consistently managed in line with current best practice. Some communal areas required de-cluttering and deep cleaning.

Medicines were managed safely. Staff involved in handling medicines had received recent training around medicines and had their competencies assessed. The application of cream records was inconsistently recorded.

Most people and their relatives told us they were safe at the home and people we spoke with told us they were happy living there. People were well groomed, and the hairdresser attended on both days of our inspection. We received positive feedback from the advanced nurse practitioner attached to the GP surgery. They told us the service was very proactive when a person's needs had changed and obtained the services of the relevant health professionals.

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 Outstanding (Published 10 October 2018).

#### Why we inspected

The inspection was prompted in part due to concerns received about how the service managed complaints and in relation to end of life care. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. Ratings from previous comprehensive inspections for those key questions not inspected against were used in calculating the overall rating at this inspection.

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.

The overall rating for the service has changed from outstanding to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pennington Court Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our Safe findings below

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our Responsive findings below

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led

Details are in our Well-led findings below

**Requires Improvement** ●

# Pennington Court 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 first day of inspection was carried out by two inspectors and a specialist advisor. The specialist advisor had expertise in end of life care. The second day of inspection was carried out by three inspectors and an Expert by Experience. A second Expert by Experience contacted relatives and people in the housing with support complex remotely. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Pennington Court 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. This service also provides care and support to eight people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

## Notice of inspection

This inspection was unannounced. The inspection activity started on 27 May 2021 and ended on 24 June 2021. We visited the location on 27 May 2021 and 10 June 2021.

## 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

## During the inspection

We spoke with nine people living at the service and three people over the telephone who lived in the extra care section. We spoke with eight relatives over the telephone about their experience of the care provided. We spoke with several members of staff including the provider, operations director, registered manager, deputy manager, clinical lead, care workers, domestic staff and the chef. We observed care in the communal areas to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at staff files to check how staff had been recruited into the service. We reviewed a variety of records relating to the management of the service, including policies and procedures. Offsite 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- People were not protected from the risk of harm through the management of infection prevention and control. There were areas of the home which had not been sufficiently cleaned, including communal bathrooms.
- The provider was not ensuring all staff were following the latest government guidance in terms of PPE, in particular the wearing of the correct type of face masks. We asked one member of staff about this and they said staff had, "never pulled me for wearing it anyway and I can breathe in these better. I change them every day." Care staff providing personal care were observed wearing the correct PPE.
- As part of our process we checked to see whether visitors to the home had undergone a risk assessment to ensure people were protected from harm. Two visitors in a communal area were seen to be wearing visors only and when we asked about the risk assessment in relation to visitor PPE requirements, we were advised these were not recorded.
- We were not assured that the provider was admitting people safely to the service as all staff we spoke with reported incorrect information in terms of isolation on admission. This was not in line with the most up to date government guidance in terms of admission into care homes.

The provider had failed to assess the risk of, and preventing, detecting and controlling the spread of infections. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- People were not consistently protected from harm as care intervention records were not always recorded contemporaneously. Staff assured us care interventions were completed, but there was a lack of evidence to confirm this. For example, records relating to pressure area care, cream applications and pad changes for several people were incomplete. People had charts in their bedrooms to document these interventions, but there were gaps in people's records. This was also an issue with the electronic care records. Staff were not clear who was responsible for recording people's fluid intake.
- People told us agency staff were not always familiar with their care needs. Each bedroom contained a file which contained a summary of care needs document. However, this did not always clearly highlight how people should be cared for and did not include high risk information about people's clinical care needs. There was a white board in the residential office and another one in the nurse's room as a very quick reference which contained information such as the type of diet people were on, which mitigated some of the risks to people. The registered manager said, "It has worked fantastically."
- Risks to people's safety had not always been recorded to ensure people followed a detailed plan. For

example, risk assessments had not always been updated when there had been an incident, such as a choking episode. Moving and handling records did not detail the method required to move people safely or all the equipment required. One person told us they had to advise unfamiliar staff how to move them safely, and also remind them to check their catheter. This further demonstrated the need to have this information accessible in people's bedrooms.

- The service had not taken all possible action to assess and reduce the risk of injury caused by people's living environment. For example, the lack of appropriately sited plug sockets, meant wires were trailing across one bedroom and the hot water in two taps was extremely hot. The provider acted immediately we raised the issue in relation to the hot water and trailing wires.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We noted an issue with hot water in two taps which was addressed immediately by the maintenance officer. Some areas of carpet required attention as it was frayed or uneven, and this had been highlighted in the health and safety audit, but action remained outstanding.
- The provider employed a maintenance person who ensured all equipment was regularly serviced and maintained in line with legislative requirements. Equipment to support people was regularly serviced and well maintained.

#### Staffing and recruitment

- The registered manager used the provider's dependency tool to help determine the numbers of staff required. They told us they were using more care staff hours than the tool indicated, and the records confirmed this. Our observations on site confirmed there were enough staff to support people. We asked people whether their needs were met promptly. Some people told us staff were always available to help them when required, whilst others said they had to wait particularly during the night.
- The registered manager advised there had been no recent recruitment of permanent care staff at the home. They reported a low turnover of staff. They were due to start the recruitment processes for registered nurses shortly after the inspection. Recruitment had not been an issue at the last inspection and there had been no new staff, we were satisfied with the provider's process.
- The registered manager advised us the home used bank staff and agency staff. They advised bank staff had the same training as permanent staff, although records did not confirm this. People reported an increase in agency staff since the pandemic and this did impact on people's experience of care by having unfamiliar staff care for them. One said, "They should read the notes before coming to care for them."
- In addition, one person was not confident some of the staff had the necessary skills to care for them. They said, "It's knowing that they can look after your needs. I feel some can't, it's more on an evening, the night staff, they just seem to do a quick in and out. If I am unwell, I do wonder if staff can cope. Some of the staff are very caring about 70%, the others who just come in and out for them it's just a job."

#### Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines and had their competencies assessed.
- The application of cream records was inconsistently recorded in the topical administration records kept in people's bedrooms. The registered manager assured us staff who were designated to administer prescribed creams to treat particular ailments recorded these.



Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe. One person said, "I am very safe here, they are kindness itself. I heard so much about the place before I came in from friends, one of whom is a carer."
- People living in the support flats, told us they felt safe and they had no concerns about their care staff. One said, "There are two dedicated staff here who are brilliant, right through the pandemic they have kept us safe. Infection control has been excellent". They told us they never felt rushed by staff and were extremely happy with their living arrangements.
- Staff had received safeguarding training and knew how to report this. However, a relative told us of a recent incident which had been reported to the home and this issue resolved. We discussed this matter with the registered manager who advised they had not been informed of this incident and they would follow this up. This demonstrated not all incidents were being reported to the registered manager.

Learning lessons when things go wrong

- The recording of incidents was inconsistent and there wasn't always a clear analysis of the event to ensure lessons were learnt and shared with staff when things went wrong.

# 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 outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- The provider used an electronic care records system which required staff to input data to produce a plan of care. Some areas of the care plans we looked at were not sufficiently personalised and contained contradictory information. For example, one person who required their food to be pureed, contained conflicting information about the support they required to eat, including the need for their food to be cut up. Staff had added to the document without removing the incorrect information.
- Information in relation to people's mental capacity was also conflicting. There was a lack of decision specific capacity assessments and best interest decisions balancing the benefits and burdens of each specific decision. Copies of people's lasting powers of Attorneys or checks with the office of the Public Guardian had not taken place in every case to ensure the service was aware of the legality of decisions made on behalf of people.
- Some relatives told us they had been involved in building their relatives care plans whilst others said they had not. One person said, "I'd be aghast if she didn't have a care plan, but we haven't been involved in one. She is being well cared for; I am very confident about that."
- In the extra care apartments, people told us they were involved in their care planning. One said, "We have all got care plans. They sit me down every few months and discuss it all with me, reviews are done regularly".

Improving care quality in response to complaints or concerns

- Prior to this inspection, CQC had been contacted in relation to how the service handled complaints. And although CQC does not investigate individual complaints, we used this intelligence to see how complaints had been managed. There had been very few recorded complaints at the service and those that were recorded evidenced the provider had investigated in line with their own processes. The provider was not recording informal complaints such as a relative complaint about their relation wearing clothes that did not belong to them. Informal complaints provide an opportunity to learn and improve services.
- The complaints policy was out of date and contained information that was no longer relevant to the current service.
- The majority of people and their relatives were very complimentary about the care at Pennington Court. They told us they had never needed to complain. One said, "I've never made a complaint, but I would just contact the home and take it from there." Another said, "I know how to complain, but I've never needed to."
- One person we spoke with during the inspection told us, "I can speak to the manager or the assistant manager any time. They said, talk to us in private if there is anything you want." One person said they had complained about the food, but we saw no record of this complaint and another said they had complained often about the lack of en-suite toilet facilities.

## End of life care and support

- Some of the complaints CQC had received prior to this inspection involved end of life care so we focussed on this aspect of care during this inspection. There was no one nearing the end of life at this inspection, but we were able to look at the systems in place to support people at this time in their life.
- Advanced care plans were not sufficiently detailed. We were shown a blank document for people in the last few days of life which once completed fully would provide the necessary details to support end of life care. This document was very detailed, and the registered manager said, "That is done in conjunction with the hospice. That is completed by the nurse, family. Just about anyone has an input into."
- One of the nurses told us the end of life care they provided was "fantastic." An advanced nurse practitioner from the GP surgery told us staff recognised people's deteriorating needs and were quick to see support from external professionals.

## 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 registered manager told us they supported people with hearing impairments and had made adjustments in how they communicated. One relative told us staff were going to learn British Sign language, but the pandemic put a stop that. They said, "I have no concerns at all about how they communicate with [relative], they make great efforts, writing things down, they take time to explain things to her. the big thing for me was her hearing and the care and I'm very happy".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to maintain relationships with people that matter to them, throughout the pandemic with the provider supporting people to use electronic medium to contact relatives. There was no WIFI throughout the building but there are plans in place to consider this and some people had their own devices which worked over a cellular network.
- The provider employed an activities coordinator for 40 hours each week. They provided group and 1:1 activity. They were not present on the first day of inspection and there was very little going on at the home. The registered manager explained that they usually had a lot of entertainers coming into the home but since the pandemic this had been curtailed.

# 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 outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance processes had not identified all the areas which needed to improve. For example, the issues we found with record keeping and infection control had not been identified by the provider. Risk assessments had not been completed or regularly updated in relation to Covid-19
- Audits had not picked up the issues we found with daily care intervention records which did not provide an accurate account people's needs were being met.
- During our walk around the service we identified hazards which could detrimentally affect people's safety. For example, the extremely hot water in two hot water taps in communal bathrooms, the use of cloth masks amongst some staff in communal areas and the trailing wires across one person's bedroom. These issues had not been picked up, reported and addressed by care staff or management.
- Information within some policy and procedure documents contained out of date information and did not direct staff to current best practice.
- The service was employing staff through an employment agency to ensure adequate staffing levels. We found a lack of oversight of checks on temporary care staff. For example, there were no agency staff profiles for temporary staff who were on duty during this inspection. The provider did have an agency checklist and induction, but this was not completed for these staff. This meant the provider was unable to evidence how they has assured themselves in relation to the training and competency of these staff.
- The statement of purpose was not current and had not been reviewed to reflect the regulated activities. It is a requirement of registration that statements of purpose are kept under review and the registered manager agreed to address this.

There had been a failure to consistently monitor the service to ensure the continuous and sustained quality of care provision. There had been a failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user. This failure was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were procedures in place for reporting any adverse events to CQC and other organisations such as the local authority safeguarding and deprivation of liberty teams.

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

- Staff at the service were very happy and told us how much they enjoyed their jobs and that was one reason why they had worked together for several years.
- The provider had supported the deputy manager to gain a leadership qualification and they had some good ideas they wanted to develop such as around dementia care mapping.
- The provider had supported staff throughout the pandemic with wellbeing packages once a fortnight. The registered manager said, "They got toilet paper, pasta and all the things they couldn't get in the shops. We provided them wellbeing sessions, run by a counsellor and a GP. Talk about covid and looking after the mental health."
- The deputy manager also recognised the challenges over the pandemic and said, "The biggest challenge has been the whole of last year. Supporting the staff anyway we can. We have had a tough year. We have done a lot verbally with staff. They just wanted someone to listen, even if you didn't have the answers. We have a very good culture of supporting each other. Its very resident focussed. It's a culture where residents are treated as individuals."

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

- Residents meetings had re-started and we were provided with the minutes of the latest meeting. A relative said, "They ask residents how they feel about things like the food and activities. They recently changed the menu after a resident asked. They listen to residents and try to accommodate them".
- Most relatives told us communication from staff had been good. However, this was not everyone's experience and some relatives would have welcomed more communication in relation to appointments and visiting arrangements. One relative suggested the provider, "Put on the website when policies change, some clarification on when and how we could visit."

Working in partnership with others

- As part of this inspection we contacted various stakeholders for feedback about the service. A community matron who provides weekly support told us the service was particularly good at recognising when people's health needs were changing and where there was a need to refer to professionals for additional support. They held a virtual weekly multi-disciplinary meeting where all people using the services were discussed to ensure clinical issues were addressed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	12(2)(a)(b) The provider had failed to assess the risks to the health and safety of service users of receiving the care and treatment and do all that is reasonably practicable to mitigate the risk. 12(2)(h) The provider had failed to assess the risk of, and preventing, detecting and controlling the spread of infections.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	17(2)(a) There had been a failure to consistently monitor the service to ensure the continuous and sustained quality of care provision. 17(2)(c) There had been a failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.