

R S Oakden

Penkett Lodge

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Penkett Lodge is a care home that provides accommodation for up to 27 people who need help with their personal care. At the time of the inspection 17 people lived in the home. Some of the people living in the home, lived with dementia.

People's experience of using this service

At the last inspection, the provider was rated requires improvement. At this inspection, we found the service had deteriorated to inadequate.

There were no adequate or effective systems in place to monitor the quality and safety of the service. This resulted in people being exposed to ongoing risks. The provider has persistently failed to take action where improvements have been required.

The home's environment was unsafe. Fire safety standards were poor and serious safety concerns were identified with regards to the both the exterior and interior of the home, including the garden. Despite assurances from the provider at the last inspection that they would improve the environment in which people lived, they had failed to do so. The provider's failure to ensure people lived in a safe and suitable environment placed them at serious risk of harm.

The Mental Capacity Act 2005 was not always been followed to ensure people's legal right to consent to their care was respected. Risks in relation to people's health were not clearly identified and staff lacked suitable guidance on the support they required to keep them well. Assistive technology designed to help prevent falls was not set up correctly and as a result was not effective in identifying when people needed help.

Safe recruitment procedures had not always been followed by the provider to ensure staff were safe and suitable to work with vulnerable people. Some staff had not received the training and support they needed to do their job effectively.

People received enough to eat and drink and a diet suitable for their needs. People told us the food and drink on offer was good and that they were given a choice at mealtimes.

The number of staff on duty was sufficient to meet people's needs. People told us they came quickly when they needed help and that they felt safe living in the home. Staff were kind and caring and knew how to safeguard people from the risk of abuse.

The atmosphere at the home was homely and staff spoken with knew people well and spoke about them fondly. The new manager had only been in post a month and they were upbeat and passionate about improving the service. Staff told us they felt they were a positive influence in the home.

Rating at last inspection and update

The last rating for this service was requires improvement (published 06 November 2018). At their last inspection we identified breaches of regulations 10 (Dignity and respect) and 17 (Good governance). After this inspection, the provider completed an action plan to show us what they would do and by when, to improve.

At this inspection, we found that improvements with regards to Regulation 10 had been made but there was a continued breach of regulation 17 (Good Governance). We also identified additional breaches with regards to regulations 11 (Need for consent), 18 (Staffing) and 19 (Fit and Proper Persons). This meant the provider's overall rating has declined to inadequate.

Why we inspected:

This was a planned inspection based on the previous rating.

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.

We will meet with the provider following the publication of this report to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the 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.

Special Measures

The overall rating for this service is 'Inadequate' and the service will be placed in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led

Details are in our Well-Led findings below.

Penkett Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Penkett Lodge is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager currently registered with the Care Quality Commission. The previous registered manager left in May 2019. A new manager is now in post and is in the process of applying for registration.

A registered manager is legally responsible (along with the provider) 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 assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority to gain their feedback on the service. We used all this information to plan our inspection.

During the inspection:

We spoke with seven people who lived in home and three relatives. We spoke with the new manager, two care staff and the activities coordinator during the inspection. We also met and spoke briefly with the provider at the start of the inspection.

We reviewed a range of records. This included four people's care records and a sample of medication records. Five staff recruitment files, records relating to staff training and support and records relating to the management of 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 requires improvement. At this inspection, this key question has deteriorated to inadequate. This meant that people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection, the home's garden was unsafe for people to use. The provider assured us that improvements would be made. At this inspection, it was clear they had not.
- Garden surfaces remained uneven. Parts of the garden contained decking that would be slippery when wet. The decking had no safety edges or rails to prevent people from falling. There were also two stairwells in the garden that were hazardous for people to access.
- Fire safety arrangements were poor. Some fire doors did not close properly which meant they would be ineffective in preventing the spread of a fire.
- Some people were unable to walk very far or use the stairs. Despite this there was only one evacuation chair available to help them evacuate to safety.
- The car park where people would evacuate to, in the event of an emergency, was cracked and uneven with insufficient exterior lighting. This increased people's risk of a fall. The outside of the home had not been painted for some time. It was heavily stained in parts and there were weeds growing out of the guttering.
- Some of the home's carpets were threadbare, heavily stained or rucked up presenting a trip hazard. Some people's bedding was ripped and shabby. One bathroom was not in use as the bath hoist had not been tested as safe to use.
- Assistive technology is often used to help prevent falls by alerting staff to a person's movements when they are not present so that appropriate support can be provided. Although the home had this technology it had not been set up properly and therefore did not provide an accurate picture of people's movements to alert staff to the real risk of a fall.
- Staff lacked clear information on people's health conditions and the care people required. This placed people at risk of inappropriate care that did not meet their needs.

The above issues were a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risks in relation people's care were not assessed or managed appropriately.

- Checks on the home's moving and handling equipment were two months overdue. The manager told us these were due to take place.
- The home's electrics, gas and fire systems had been inspected and were safe to use.

Staffing and recruitment

- Staff recruitment procedures did not ensure persons employed were of good character and had the skills and experience to do their job role.

- For example, previous employer references were not always verified as being from a reliable and authorised source. Contracts of employments and proof of identity checks were not always in place and there was little evidence that some staff had received an induction into their job role.
- Criminal conviction checks were undertaken but it was impossible to tell if some of these checks were satisfactory, up to date or undertaken prior to employment as appropriate records had not been kept.

Staff recruitment was unsafe as it did not ensure fit and proper persons were employed. This was a breach of regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The competency of some staff to administer medicines safely had not been checked for over 12 months. This was not good practice. The manager told us they were addressing this.
- The times that some medicines were administered were not recorded. This meant it was impossible to tell if subsequent doses were given within safe time periods. For example, every four hours with respect to paracetamol.
- The amount of medication in the home matched what had been administered. This showed that people received the medicines they needed to keep them safe and well.
- Medication was kept safe and secure.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe and liked the staff who supported them.
- Records showed that safeguarding procedures were followed appropriately by staff and the manager to protect people from risk of harm.

Preventing and controlling infection

- The sluice in the home was not locked which meant it was accessible to unauthorised persons. This was not good practice. A sluice is used to clean and disinfect soiled items such as commode pans.
- On the day of the inspection two of the communal toilets in the home did not contain hand soap for staff and people to use.
- Overall the home was adequately clean. There was personal and protective equipment such as gloves, aprons and antibacterial gel for staff to use to prevent the spread of infection.
- Although the risk of legionella bacteria developing in the home's water supply had not been assessed, there were systems in place to mitigate any risks that could occur. The manager told us they had organised for the risk assessment to be undertaken.

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 requires improvement. At this inspection, this key question has remained the same. This meant the effectiveness of people's care, treatment and support was not always consistent.

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.

- Where there were concerns about a person's capacity to consent to a particular decision, the MCA had not always been followed appropriately. Information about people's mental health and capacity was sometimes limited and contradictory.
- For example, one person's care file contained a consent form signed by them giving staff the authority to share their information, open their mail and administer their medication. In discussion with their GP, they had also consented to a decision not to receive CPR (Cardio-pulmonary resuscitation) in the event of ill health. Yet an MCA assessment in their care file stated they had no capacity to consent to their care and treatment. This did not make sense.
- Another person's care file indicated they had capacity to consent to their care and treatment but, a decision had been made not to resuscitate them in the event of ill-health without their involvement.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's consent was not always legally obtained.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- The premises and the home's garden were not safely maintained in accordance with health and safety legislation or best practice guidance. For example, the Health and Safety Executive's guidance 'Health and Safety in Care Homes' or 'Slips and Trips in Health and Social Care'.
- People's capacity to consent to decisions made in relation to their care had not been obtained in

accordance with mental capacity act legislation.

The quality and safety of the service did not adhere to recognised standards or mitigate risks to people's health and well-being. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Catering staff had information on people's special dietary requirements and people received the diet they needed.
- People were able to have their meals where and when they wanted. Regular access to drinks and snacks was also provided. People told us they got enough to eat and drink.
- People who choose to go to the dining room for their lunch waited over 30 minutes for their meal to be served. People also became visibly frustrated with the constant ringing of assistive technology that had not been set up correctly. This did not promote a pleasant dining room experience.
- People told us the food and drink on offer was good. People's comments included "Food is very good, there is a choice including a little bit of fruit"; "Excellent, enough and choice. They cook my own fishcakes" and "Excellent, plenty and a choice. They ask you what you want the day before".
- Some people needed help to eat their meals. Staff supported people at their own pace offering positive encouragement and talking to them socially. This was good practice and it was obvious that this was a natural part of the person's lunchtime experience.
- People's weights were regularly monitored with referrals made to the community dietician if staff were concerned that people were not eating or drinking enough.

Staff support: induction, training, skills and experience

- Gaps were evident in the training and supervision of some staff members. For example, some staff had not completed training in fire safety, food hygiene, infection control, moving and handling
- Two new staff had not completed any of the provider's required training programme and one staff member had not received any supervision in their job role.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as some staff had not received adequate training or support to do their job role.

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

- People received support from a range of health and social care professionals. For example, dieticians, mental health teams, speech and language therapy, opticians, chiropody and falls prevention.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has stayed the same. People's right to privacy and independence was not always respected or promoted.

At our last inspection the provider had failed to ensure staff treated people with dignity and respect at all. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

Respecting and promoting people's privacy, dignity and independence

- People were unable to independently access the garden for their own personal enjoyment as it was unsafe. This meant the provider failed to respect people's right to use the home's facilities independently and without restriction.
- Some staff were heard discussing people's needs and care in the communal lounge in front of the person and their peers as if 'they weren't there'. Although this was not done with any malice, the fact that people were discussed openly is not respectful or good practice.
- Throughout the visit staff were kind, caring and patient when supporting people's needs. Support was provided discreetly to maintain their dignity.
- People's confidential personal information was kept secure to maintain their privacy.

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

- Records showed that some people were not always involved in decisions about their care. For example, decisions relating to CPR (cardio-pulmonary resuscitation). This was not good practice.
- The manager had started to set up resident's meetings to involve people in decisions relating to the running of the home and their care. This was a positive development.
- People's care plans showed that people and their families were involved providing important information about their needs and wishes so that their care could be planned specifically for them.

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

- People we spoke with told us that staff treated them well. One person said, "Staff treat me well and they sit and chat. They ask how I am getting on and what I need". Another person told us, "There are plenty of staff, they are wonderful".
- Relatives we spoke with felt the same. One relative said, "Caring staff they are extra ordinarily good".
- During our visit, there was a relaxed, homely atmosphere and staff interacted with people warmly and in a positive way.

- One member of staff had brought in new hair rollers for a person living in the home, which they had bought in their own time. This person told us "She is a gorgeous young girl who responds to my needs like this".
- People's care plans reflected their likes and dislikes, personal history and their religious or spiritual beliefs. A priest visited the home without restriction to provide religious services to people whose faith was important.

Is the service responsive?

Our findings

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

At last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some people's needs were not fully met.

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 provider had an Accessible Information Standard Policy but it was not always followed. For example, information about the service was primarily in written format. There were no alternative formats for example, large print or pictorial aids to share information such as the complaints procedure, with people. This aspect of service delivery required improvement.
- People's communication needs were identified in their care plans with regards to how they communicated (verbal or non verbal) and what aids they may require to communicate effectively such as glasses, hearing aids etc.
- During our visit we observed that staff were responsive to people's communication needs. For example, staff noticed that one person was without their hearing aid and was struggling to hear. They rectified this immediately.
- One person living with dementia liked to have two soft toys as constant companions. Staff chatted to the person about these companions in day to day conversations. This helped staff connect with the person in a positive way.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

- People's end of life care planning was limited and required improvement to ensure people's wishes and preferences were respected.
- The home just recently achieved accreditation with the NHS End of Life Six Steps Programme. This meant staff had received training in how to provide good end of life care.
- People had a choice in how they lived their lives at the home. Their preferred daily routines were identified known and respected by staff.

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

- An activities co-ordinator was employed at the service and provided a range of activities to occupy and interest people. People responded to the activities co-ordinator positively and it was clear they were well liked.
- On the day of our inspection, people enjoyed an adapted game of darts and hooping throwing. Trips out

were in the process of being organised and shortly before our visit, a Halloween/Bonfire Party had been organised with people's family and friends invited.

- A relative also told us the new manager "Is putting a lot of new things in place including improved activities and trips out for fresh air".

Improving care quality in response to complaints or concerns

- The provider's complaints procedure required updating. It did not contain contact details for the manager and other organisations that people could contact if they wish to make a complaint.
- One complaint had been received since our last inspection and this has been responded to appropriately by the previous manager.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has deteriorated to 'inadequate'. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At the last inspection, the provider's quality monitoring systems did not always operate effectively to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

At this inspection, no improvements had been made to service and the provider's governance of the service had declined further. This meant there was a continued breach of Regulation 17.

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

- This is the fourth year the service has been rated requires improvement or below. This means the provider has consistently failed to ensure that the care people receive and the conditions in which they live are good.
- At the last inspection, the provider gave assurances to CQC that the home's environment and garden would be improved and made safe. They submitted an action plan of improvements to CQC and the local authority. At this inspection, their action plan had not been completed. This indicated a lack of concern and commitment on the provider's behalf about people's welfare and safety.
- The systems in place to ensure the quality and safety of the service were safe and well-led were ineffective. Where improvements had been identified, the provider had not adequately addressed them to ensure good outcomes for people.
- During our inspection, we identified concerns with regards to risk management, environmental safety, the implementation of the Mental Capacity Act and staff recruitment, training and support. Day to day records relating to people's care handwritten by staff, were also meaningless and difficult to read as the quality of the handwriting was so poor.

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

- The previous manager left the service in May 2019. Since then, the provider has failed to provide adequate oversight of the service provided.
- Two separate managers were subsequently employed. Both left the provider's employment within two to three months of appointment. Records showed that robust recruitment, induction or supervision policies had not been followed with regards to their employment.

The above issues were a continued breach of Regulation 17 (Good Governance) of the Health and Social

Care Act 2008 (Regulated Activities). This was because provider oversight and commitment to improve the service continued to be poor and ineffective.

- At the time of our inspection, the new manager had been in post for only a month. They had previously worked as the deputy manager so knew the home, and the people living there well.
- The provider had met with the new manager regularly to support them during their first month of employment. The new manager had also been enrolled on a management course to help them with their duties.
- During the inspection, we found the new manager to be open and honest. Staff told us that they were having a positive influence on the service.

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

- Statutory notifications had been made by the previous manager in accordance with their legal responsibilities. No new notifiable incidents had occurred since.
- The new manager was aware of their responsibility to report notifiable incidents to CQC.

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

- The service made appropriate referrals to other health and social care professionals in support of people's needs.
- Handover information on people's needs and care was shared between staff shifts.
- Staff meetings took place to discuss the running of the service and people's care.

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 11 HSCA RA Regulations 2014 Need for consent People's consent had not always been sought in accordance with the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The environment in which people lived was not well maintained and was unsafe. Fire safety standards were also poor. People's risks were not always properly assessed or planned for.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The governance arrangements in place were ineffective in identifying and driving up improvements to the service and mitigating risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment procedures had not always been followed when new staff were appointed.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff had not always received the training and support they needed to do their job role.