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 48 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 8 extra care apartments each comprising of a bedroom with attached lounge, bathroom, and kitchen area.

Pennington Court Nursing Home accommodates people over 2 floors. People who live in Ash require residential care. Willow provides support for people who require nursing care. 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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People's experience of using this service and what we found
Some care intervention records were incomplete, and some evidenced contradictory information. 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.

Medicines were not always managed safely with gaps in stock checks and MAR charts. Medication was not consistently stored safely including the fridge temperatures being incorrect.

Most people and their relatives told us they were safe at the home and most people we spoke with told us they were happy living there. We observed that people were well groomed and dressed appropriately.

People were not supported to have maximum choice and control of their lives. staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 6th September 2021). The service remains rated requires improvement. At this inspection we found the provider remained in breach of regulations.

Why we inspected
This inspection was prompted by a review of the information we held about this service. We carried out an unannounced focused inspection of this service. Breaches of legal requirements were found. You can see what action we have asked the provider to take at the end of this full report

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.

Enforcement and Recommendations
We have identified breaches in relation to safe care and treatment, need for consent and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
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 alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

**Is the service safe?**

Requires Improvement

The service was not always safe.

Details are in our safe 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?**

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

# 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 Health and Social Care Act 2008.

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 2 inspectors and a specialist advisor. The specialist advisor had expertise medicines. The second day of inspection was carried out by 2 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.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced. The inspection activity started on 23rd May 2023 and ended on 7th June 2023. We visited the location on 23rd May 2023 and 7th June 2023.

What we did before the 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 9 people living at the service and three people over the telephone who lived in the extra care section. We spoke with 5 relatives over the telephone about their experience of the care provided. We spoke with 6 members of staff including the registered manager, 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 8 people's care records and multiple medication records. We looked at 3 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.

Requires Improvement

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

Using medicines safely

- Medicines were not received, stored, administered, and disposed of safely for example we saw evidence of medication prescribed for people not being evidenced on the MAR chart. Where medicines were to be crushed, no crushing instructions were in place. Rotation sites were not being managed as required for the medication prescribed. Time specific medication administered for Parkinson's disease, Prescriber has stated midday and evening. Medication has been scheduled for midday and tea rather than evening with no info on how these times had been agreed. There was no data to show exact times the medication was given. Fridge temps were not within correct limits. Some medication stock checks were incorrect on day of inspection. Evidence seen of medication that was no longer required left in cupboards and not returned to pharmacy as required.
- The application of cream records was inconsistently recorded in the topical administration records kept in people's bedrooms. Creams were not always dated when opened.
- Staff involved in handling medicines had received recent training around medicines and had their competencies assessed.

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

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The principles of the MCA had not been followed. For example, one person had a bed/ chair sensor in place no mental capacity or best interest decision was recorded and this was not referenced within the persons care plans or risk assessments.
● MCA and best interest were not referred to appropriately in care plans, many people care plans stated both that they had capacity and did not have capacity within the same care plan. For example, one person's care plan stated '[Person] has capacity to make her own decisions, as she has no impairment of, or disturbance in the functioning of the mind and brain as determined by stage 1 of the MCA test, then states An application for a standard deprivation of liberty authorisation has been submitted however an urgent authorisation I not required.

We found no evidence that people had been harmed however, consideration had not been made to ensure that appropriate applications had been made and that people mental capacity had been considered and acted on. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management
●The environment was not always safe for example people had fire risk assessments to use by the fire service in the event of a fire. The fire records were confusing and did not provide adequate emergency evacuation information. Window restrictors were in place and staff had access to fire equipment.
● 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.
● Risks to people were not assessed and managed. For example, nutrition and hydration information received from the [speech and language team] SALT was not reflected in care planning records.
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.
At our last inspection an effective system to monitor and mitigate the risk of infection was not in place. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(h)

Systems and processes to safeguard people from the risk of abuse
● People and their relatives told us they were safe. One person said, "It's alright here; everything is done for you, no problem whatsoever I can do things for myself now, I'm putting on weight. I feel safe because I get everything I want; the staff are cheerful and pop into see me."
● People living in the support flats, told us they felt safe, and they had no concerns about their care staff. One person said, "I feel safe because staff around, staff good at their job, very friendly, have a good chat to me and come to me when time to get up and go to bed."
● Staff had received safeguarding training and knew how to report this.

Staffing and recruitment
● Safe recruitment procedures were in place.
●The registered manager used the provider's dependency tool to help determine the numbers of staff required. Our observations on site confirmed there were enough staff to support people, however at certain times of day, staff were busier. For example, mealtimes when many people required assistance with eating and drinking. Some people told us staff were always available to help them when required, whilst others said they had to wait.
● The registered manager advised there were difficulties in recruiting registered nurses and explained that they have advertised repeatedly with no appropriately qualified people applying for the role. This was an ongoing issue that the registered manager was working to resolve.

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. For example, within one person care records there was evidence of three incidents, however only one of these was evidenced on an accident and incident form. Although some analysis of accidents and incidents was seen, how this then fed into future care planning and learning was not always evidenced.

Requires Improvement

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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 plan we looked at were not sufficiently personalised for example one person had a diagnosis of a mental health condition, there was no information regarding how to support the person, support plans stated general information regarding the condition, not what this meant to the individual.

●Care plans lacked personal information and guidance, and some contained contradictory information. For example, one person had no sheet on her bed or duvet, staff said that they did not like bedding on, this was not reflected within the persons support plan.

● Some relatives told us they had been involved in building their relatives care plans whilst others said they had not. One person said, "I am very happy here, but I haven't been involved in my care plan.' Their relative who was visiting at the time also confirmed that they had not been involved. No past history was in place, when asked if anyone had asked about their family, friends, hobbies, previous work they confirmed that they haven't.

● In the extra care apartments, people told us they were involved in their care planning. One said, 'I am involved in my care plan, we have two regular staff members on here, who know us all well and sit down with me to update my care plan.'

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.

● We saw evidence that not everyone had an up-to-date communication plan in place, evidence was seen of these not being in place for all people who lived at Pennington Court.

Supporting people to develop and maintain relationships to avoid social isolation;

● People were encouraged and supported to maintain relationships with people that matter to them. We saw visitors coming in and out throughout the inspection visits, people were welcomed by both staff and management.

● The provider employed an activities coordinator. They provided group and 1:1 activity. We observed a knit and natter group taking place and although this was appropriate for the two people involved may other people were sat with no activities to do for long periods of time.

● Many people were nursed in bed, this meat that they spent periods of time alone, and although their

needs were generally being met, staff did not have time to spend time in people's rooms chatting to them, this was a particular issue on Willow the nursing unit.

Improving care quality in response to complaints or concerns

●The complaints policy was in place and being followed.

● During the inspection visit and following this people told us that they had complained about the amount of food received and that food was sometimes cold, this was fed back at the end of the inspection visit and the registered manager confirmed that they would investigation this further.

● Most people and their relatives were very complimentary about the care at Pennington Court. One person told us they had made a complaint to the registered manager and a statement had been taken, they said this had all been dealt with to their satisfaction, the registered manger, evidenced how they had dealt with the complaint.

End of life care and support

● At the time of the inspection no one was receiving end of life care.

● The registered manager confirmed that they work with other health professionals alongside the person and their relatives to ensure end of life care is tailored to the individuals needs and wishes.

Requires Improvement

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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 fire safety had not been identified by the provider. Risk assessments had not been completed or regularly updated.
- 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.
- A resident of the day process was in place; however this was not always being used effectively.
- No evidence of daily notes being audited by the registered manager or this being a delegated task, the manager confirmed this did not take place. There was also no evidenced of call bells being monitored, this was confirmed as not taking place by the registered manager.

At our last inspection, systems to manage risk and improve quality were not effective and proper management processes were not followed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had/was being taken; further improvements were required, and the provider remained in breach of Regulation 17.

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.
- The provider understood their responsibilities under DOC and had been honest and transparent when things went wrong.

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

- Feedback from staff members was variable. Some staff members stated that they felt short-staffed and overworked to others saying they were very happy and saying how much they enjoyed their jobs
- The registered manager informed us and showed evidence of future action planning regarding decoration and reconfiguration of the home. The registered manager told us that they felt supported by the provider.
- We saw evidence a reward scheme in place to recognise when staff had gone above and beyond or where they had recently completed an achievement.

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

●There was no evidence of residents' meetings taking place. One person told us "No residents meetings but if I had something to say they would listen.'

● The chef informed us that they speak with people after lunch to gain feedback on their meals however this only usually takes place with the people who use the dining room and not always for people who take meals in their rooms. The chef confirmed that the menu is changed at least 6 monthly, and this is reflective of feedback gained from people at the service.

● 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. ● Not everyone knew the registered manager, they were generally aware that there had been quite a recent change but not who this was or what their name was.

Working in partnership with others

● As part of this inspection we contacted various stakeholders for feedback about the service. Flash meeting were held daily, these assisted with the day-to-day communication. We saw evidence 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 11 HSCA RA Regulations 2014 Need for consent<br><br>Consideration had not been made to ensure that appropriate applications had been made and that peoples mental capacity had been considered and acted on. DoLs application had not been made where required and best interest meeting had not always been held. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Safe medication practices were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. |