

Penn House Limited

Penn House Residential Home

Inspection report

169-171 Penn Road
Wolverhampton
West Midlands
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Tel: 01902345470

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09 January 2024

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Pen House is a residential care home providing personal and nursing care to up to 26 people. The service provides support to older people some of who were living with dementia. At the time of our inspection there were 16 people using the service.

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

Systems were not ensuring medicines administration records were completed accurately; however, medicines had been administered as prescribed. People were kept safe as staff understood how to recognise and report any concerns about potential abuse and could manage known risks to people's safety. There were enough staff to support people safely, and when incidents occurred there were systems in place to learn from these and prevent things from happening again. The home was kept clean, and staff understood how to protect people from the risk of cross infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Systems were in place to check on the care people had received and ensure accurate care records were in place. There were opportunities for feedback about the service to be sought and this was used to support learning and development of the service. There were other professionals involved in people's care and people received person centred support. The registered manager was approachable and responsive to any concerns raised.

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 2 October 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about risk management and medicines. A decision was made for us to inspect and examine those risks.

This inspection also followed up on action we told the provider to take at the last inspection.

We carried out an unannounced comprehensive inspection of this service on 25 July 2023. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they

would do and by when to improve governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Penn House Residential Home on our website at www.cqc.org.uk.

Follow up

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Penn House Residential 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.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience making calls to relatives following the site visit. 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

Pen House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Penn House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 6 relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 5 staff, including the registered manager, nominated individual and care staff. We looked at a range of records including 4 peoples care plans and 5 peoples medicines administration records. We also looked at a range of management records including staff recruitment files, training records and quality audits.

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 changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The provider had an electronic medicines administration system in place. The system was not yet fully embedded and there had been some issues with medicines administration prior to the inspection. This had not had any impact on people's health and well-being.
- On the day of the inspection one person had not had their medicines recorded as administered on one occasion several days prior to the inspection and this had not been identified by staff or the registered manager.
- Stock checks confirmed the person had received their medicines, but the missed recording had not been identified and investigated. The registered manager confirmed this and told us they would introduce changes to medicines checks to ensure this did not happen again.
- People and relatives told us medicines were administered as prescribed by staff. One relative told us, "The staff give what is prescribed and it is always given at the right time."
- Medicines were stored safely. Checks were in place to ensure medicines were stored at the correct temperature and medicines were stored in a locked room.

Staffing and recruitment

- At our last inspection improvements were needed to staffing levels at the home. At this inspection we found these had been made and there were enough staff to support people safely.
- Staff told us there were enough staff to support people. One staff member told us, "Staffing levels have been quite good there is enough staff to meet people's needs, this has got much better since the last inspection."
- People and their relatives told us there were enough staff on duty. One relative told us, "There is always staff around, including at the weekends and at night."
- Staff were recruited safely. Checks were in place to ensure staff working with people were safe this included the Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- At our last inspection people did not have their fluid and repositioning records completed accurately. At this inspection the provider had made improvements and records were accurately completed.
- Staff told us there were checks in place to ensure all repositioning and fluid intake was checked 4 times a day and any concerns about people were escalated and actions taken. Records supported what we were told.

- People had risks to their safety assessed and plans put in place to minimise the risks, these were reviewed monthly or when things changed including risks related to falls, infections and malnutrition. Relatives told us people were supported to manage risks including through the provision of equipment. One relative told us, "[My relative] has a wheelchair when needed and their walking frame is always close by."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives' said people were safe living at the service. One relative said, "[My relative] says they feel safe. I would speak to someone in charge if I was worried about anything. They are approachable, they want to hear any concerns we have."
- Staff had received training in how to recognise abuse and could describe how they would report any concerns for investigation.
- There were systems in place to ensure any incidents were reported to the appropriate body, these were monitored for outcomes and any learning shared with staff.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.'

Preventing and controlling infection

- People and relatives told us the home was kept clean. One relative said, "The home is always clean and well maintained. The provider is always decorating."

The provider had systems in place to ensure the home was clean and well maintained to minimise the risk of cross infection.

- Staff understood the policies and procedures in place to respond to risks of infection including the use of personal protective equipment and we saw them following these procedures.

Visiting in care homes

There were no restrictions on visiting at the home.

Learning lessons when things go wrong

- There were systems in place to learn when things went wrong. The registered manager had a system which identified any incidents, accidents and complaints or concerns were reviewed to identify the root cause and analyse what actions could be taken to prevent reoccurrence.
- Actions were taken to address any changes to peoples care plans, make referrals to other agencies and tracking incidents allowed for any themes to be considered. Staff told us they were updated on any issues which had occurred and the changes which had been implemented.

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 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.

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

At our last inspection the provider had failed to ensure sufficient oversight of the service and ensure actions were taken to address areas of improvement. This was a breach of regulation 17 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 17.

- At the last inspection systems were not monitored to ensure people were consistently receiving the care they needed at the time they needed it. At this inspection the provider had made improvements in these areas, but more improvements were needed.
- The electronic medicines administration system was not effectively monitored to ensure all medicines were recorded when administered. This meant when issues occurred it was unclear how and when this would be identified to allow for investigation. The registered manager told us they would implement a system to ensure checks were carried out on medicines. We will check for improvement at our next inspection.
- Repositioning charts and other care delivery notes were checked 4 times a day to ensure people received the care they needed.
- Actions were now taken to respond to any concerns raised about low fluid intake. The electronic record system enabled a fluid watch alert to be activated when people had a low fluid balance and escalation to health professionals was in place where required.
- The registered manager had implemented a system to check the dependency levels of people living at the service. This was updated daily to ensure they had enough staff to support people and the registered manager was staffing above the indicated number everyday as they were having new admissions to ensure this was sufficient.

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

- People and their relatives were aware of the registered manager in post and were happy with the contact and response they received. One relative told us, "I have met the registered manager. If you have any

concerns, they listen and are very approachable."

- Staff understood people's individual preferences and how people liked to be supported. One staff member told us, "[Person's name] has not been here long but I have got to know them well. I know how [person's name] likes things to be done and how best to speak with them they respond well to me."
- The registered manager had reviewed care plans, and these were person centred. Staff told us care plans helped them to understand how to support people and could describe how they kept people safe and provided person centred care.
- People were calm and relaxed throughout the inspection. We saw positive interactions between people and staff. One relative told us, "The staff are friendly when you go in, ask how you are. They are friendly to the residents. I have no concerns; they are doing a good job and people are well supervised."

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

- The provider understood their responsibilities under duty of candour and notified relevant people when incidents occurred.

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

- There were systems in place to seek people's, relatives and staff views. We saw surveys had been conducted with people, relatives and staff. The feedback had been used to make improvements. For example, people had recommended changes to the menu at the home.
- People told us they were happy at the home. One person said, "I am enjoying being here the staff are learning all about me."
- Relatives felt they were kept informed about people and any changes in their needs and they felt able to raise any issues or concerns with the manager and get a response. One relative told us, "If I had concerns, I would go to the registered manager, I have raised things in the past and these have been dealt with."

Continuous learning and improving care; Working in partnership with others

- The registered manager had a system in place to continuously learn. They had taken on board the feedback from the last inspection and visits from other professionals and made improvements to the service.
- There were processes in place to learn from complaints, incidents, safeguarding concerns and all the feedback they received about the service. This was used to make changes for example, staffing levels had been increased above those indicated by the dependency tool following feedback from relatives.
- The registered manager worked in partnership with other agencies such as local health professionals and quality teams to enhance people's care and improve the service. For example, the speech and language therapy team were working to deliver additional training for staff to improve their knowledge and skills.