

Random inspection report

Care homes for older people

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|----------|--|
| Name: | Penwortham Grange and Lodge |
| Address: | Martinfield Road Penwortham Preston Lancashire PR1 9HL |

| | |
|---|-----------------------|
| The quality rating for this care home is: | two star good service |
| The rating was made on: | 03/03/2009 |

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

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|------------------------|--------------|---|---|---|---|---|---|---|--|
| Lead inspector: | Date: | | | | | | | | |
| Marie Cordingley | 3 | 0 | 1 | 2 | 2 | 0 | 0 | 9 | |

Information about the care home

| | |
|-----------------------|--|
| Name of care home: | Penwortham Grange and Lodge |
| Address: | Martinfield Road Penwortham Preston Lancashire PR1 9HL |
| Telephone number: | 08456035498 |
| Fax number: | 01772748580 |
| Email address: | |
| Provider web address: | www.orchardcarehomes.com |

| | |
|--|--------------------------------|
| Name of registered provider(s): | Orchard Care Homes.Com Limited |
| Name of registered manager (if applicable) | |
| Mrs Alison Walker | |
| Type of registration: | care home |
| Number of places registered: | 86 |

| Conditions of registration: | | |
|--|-----------------------------------|---------|
| Category(ies) : | Number of places (if applicable): | |
| | Under 65 | Over 65 |
| dementia | 42 | 0 |
| old age, not falling within any other category | 0 | 44 |

| | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|--|
| Conditions of registration: | | | | | | | | | |
| The registered person may provide the following categories of service only: Care Home only - PC, to people of either gender whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP (maximum number of places: 44) Dementia - Code DE (maximum number of places: 42) The maximum number of people who can be accommodated is 86. | | | | | | | | | |
| Date of last inspection | 0 | 3 | 0 | 3 | 2 | 0 | 0 | 9 | |
| Brief description of the care home | | | | | | | | | |
| Penwortham Grange and Lodge is a large residential home registered to provide care and accommodation for up to 86 people. The home is arranged in two separate units, | | | | | | | | | |

Brief description of the care home

one providing accommodation for up to 44 older people and the other providing accommodation for up to 42 people who have Dementia. The home is situated in the Penwortham area of Preston. It is located in a residential area and there are a number of transport links, facilities and amenities close by. All accommodation at the home is provided on a single room basis. Residents bedrooms are well equipped with en-suite facilities including a shower, television, DVD and a mini fridge. There are four large communal areas as well as four smaller quiet rooms and safe outdoor space for the use of residents. Care is provided on a 24 hour basis including waking watch care throughout the night. At the time of our visit we were advised weekly fees for the home range from £485 to £570. All this information and more can be found in the Service User Guide which is available from the home on request.

What we found:

This inspection was carried out due to a number of concerns raised with the Commission indicating that the home could be failing in a number of areas, to work in accordance with the Care Homes' Regulations, 2001.

The inspection was carried out on an unannounced basis meaning that the manager and staff were not aware it was going to take place until we arrived.

During the inspection a variety of records including residents' care plans and medication records were examined. Discussions were held with the manager, and a number of residents and staff members were consulted.

Health and Personal Care

As part of the visit a pharmacist inspector looked at how medicines were being handled. We found medicines stock and records to be generally well organised and securely stored. We found the records of medicines received into the home, given to people and disposed of were usually clear, accurate and complete for regular monthly medicines. Medicines were usually properly carried forward at the beginning of each monthly cycle so accounting for them was simple and easy to do.

We looked at the times medicines were given and found not all medicines were given at the right and best time. Medicines that needed to be given before food were often given after food. The registered manager said this was happening because a new pharmacy supplier was being used. Giving medicines at the wrong time can stop them working properly.

We looked at how external medicines such as creams were being used. We found the records confusing and unclear. Two sets of records were being used which made it difficult to know which creams were currently in use. There was little or no information about how creams should be used and in one case, a person's record showed it was often being applied four times a day instead of the prescribed twice a day. Another person that had recently been prescribed a new cream had their record only signed once in the last two weeks even though it was supposed to be applied twice a day. On checking this cream it was evident it had hardly been used. Failing to apply creams properly can seriously affect a person's health and wellbeing.

We looked at how one person's nutritional food supplement (given to people who have severe weight loss) was being managed. This was prescribed by a doctor several months previous and was to be given twice a day. Our checks found it had not been given because there had been a mix up with the prescription. Care staff had not acted to obtain sufficient supplies so it meant that the supplement had only been given on two occasions in the last two months. We looked at how this person's nutritional needs were being met and found the paperwork to be inadequate. Their care plan made no reference to the use of nutritional supplements and the risk assessment had not been completed correctly. We discussed this with the registered manager who agreed that the current system of care plan review and risk assessment appeared not to be working well and agreed that this person's nutritional needs were not being properly met.

We checked the records of a resident whose medicines had been frequently changed over the last several months and found they were not always well handled. On one occasion a handwritten record was written incorrectly resulting in the wrong dose of a strong anti-anxiety medicine being given for 10 days, our checks showed this could have affected this person's behaviour. On another occasion a medicine that had been discontinued by the hospital was incorrectly given for several days because the doctor had prescribed it by mistake. The manager agreed that care staff should have checked why it had been prescribed before giving it. This person was also prescribed another strong anti-anxiety tablet that was sometimes given as 'when required' but we found no clear information about how and under what circumstances it should be given. We checked several other 'when required' medicines including those used for pain and anxiety and found information missing or not up to date meaning there was a risk they might not be used properly.

We checked how medicines were ordered and how stock was controlled. Regular monthly medicines were usually in stock and the systems for re-ordering were usually efficient. However, we found three instances of medicines being out of stock including one person's cholesterol lowering medicine for one week, an anti-anxiety medicine for one day and a nutritional supplement (as previously described) for the last two months. Going without prescribed medicines can seriously affect a person's health and wellbeing.

A number of concerns had been raised with us prior to the visit regarding the standard of personal care provided to some people who live at the home. We discussed this with the manager and viewed a selection of people's care plans to assess the level of information recorded about people's needs in this area.

We found that in general, there was a good level of information in people's care plans regarding the assistance they required with personal care and how they wanted it to be provided. People's individual needs and preferences were recorded including their right to refuse personal care.

We spoke with a number of residents, the majority of who felt that they were well supported in this area and carers we consulted said that staffing levels were ample to ensure that residents were provided with a good level of personal care. However, a number of carers and the manager commented that some residents chose not to engage in some aspects of personal care.

The manager advised us that systems had been improved since the concerns had been raised to ensure that careful records were maintained of all personal care provided and records of any refusals by residents would also be maintained. The manager also advised that auditing systems within the home had been improved to ensure that regular checks were made by managers in relation to all residents and the care they receive.

We viewed a selection of residents' care plans and found that they contained a great deal of information about people's care needs and daily preferences. However, we found evidence that carers did not use care plans effectively at all times. For example, the care plan of one resident clearly stated instructions regarding the application of creams. We spoke to a number of carers and found that none of them were familiar with this part of the resident's care plan because they were not able to tell us what the correct instructions were.

Concerns had been raised with us that the home had failed to seek medical advice on behalf of some of the people who live at the home when they had needed it. We tracked the care of a number of residents and found that in all cases, the home had identified concerns and acted promptly by seeking medical advice. We were unable to find any examples where the home had failed to respond effectively when concerns had been identified in relation to people's health.

We were advised that a number of residents' relatives had expressed concerns about a lack of communication from the home. The manager had also been made aware of these concerns and had investigated the issues. It was identified that there was room for improvement in this area and additional measures had been implemented recently to ensure that communication improved. In addition, the manager had written to the relatives of all residents of the home to invite them to take part in care plan reviews for their relatives.

Daily Life and Social Activities

Prior to our visit, a number of concerns were raised with us about the quality of food provided to people who live at the home. One particular concern raised was about the service of residents' meals. One complainant stated that people's meals were often served before they were in the dining room so that by the time they sat down for their meal it was cold.

During our visit we observed the lunch service. We noted that carers were serving people's meals individually and not until they were sat at the table and were ready to eat. We also noted that there was a choice of two starters, two main meals and two deserts.

Meals served were nicely presented and looked appetising. The residents who we observed eating their meals appeared to enjoy them.

We spoke with a number of residents about the food provided during our visit and received some mixed feedback. The majority of residents said that they were happy with meals provided and comments included "It's always very tasty," and "I look forward to my meals." However, two residents said they did not always like the food. One person told us "It's a bit hit and miss really," and another described the food as sometimes being 'a bit bland.' It is recommended that the manager explore this area further to ascertain where improvements can be made.

There appeared to be ample staff to provide assistance with eating for those residents who required it and we noted this assistance was provided in a discrete and dignified manner.

Complaints and Protection

Prior to our visit we were made aware of some people's concerns relating to the way the home deals with complaints. Some people had commented that they were not aware of the home's complaints procedure and others stated that they felt their complaints were not always dealt with effectively.

During our visit we noted that the complaints procedure was posted at various points

around the home. We also noted that the home's complaints procedure was included in the Service User Guide and on the company's website.

We viewed records of complaints and concerns raised with the home since the last inspection. Records including details of issues raised as well as action taken by the home and a copy of the home's response to the complainant. We noted that all the complaints recorded appeared to have been dealt with appropriately.

We discussed the area of complaints with the manager and several staff members. It was confirmed that the home routinely record formal complaints but not necessarily verbal concerns raised by relatives, particularly if the person receiving the concern had been able to deal with it straight away.

We spoke with the manager about the recording of complaints and advised that this needed to be reviewed to ensure that all concerns raised are recorded. This means that the home will be able to identify any patterns or recurrent themes and deal with them accordingly.

During our visit we became aware of an alleged incident that should have been reported in line with the home's safeguarding procedures but was not. This was of great concern. We advised the manager that the home's safeguarding procedures must be followed at all times to help ensure the safety and wellbeing of people who live at the home. We have also made a requirement in relation to the matter.

Staffing

We spoke with a number of staff during our visit who appeared to show a good understanding of their roles and told us that they were provided with a good level of support and guidance by the manager.

All staff members interviewed were asked about their views on staffing levels and they all told us that they felt these were adequate.

During our visit there appeared to be ample numbers of staff on duty to meet residents' needs and staff were seen going about their duties in a relaxed and unhurried manner.

Rotas showed that the home's staffing levels were continually reviewed in line with residents' changing needs.

What the care home does well:

During our inspection we received some positive feedback from people we consulted.

Several residents spoke highly of staff and the manager and expressed satisfaction with all aspects of their care. One person commented "I find everyone very kind here, I feel happy to be here," and another said "We are well looked after, they (the staff) do anything for us."

Staff consulted were generally very positive about the home and told us that they received a good level of support and guidance. Carers felt that the home had achieved

significant improvement under the current manager. One carer said "The home is very well run now and everything is better."

During our visit we noted that there had been a number of improvements made to the environment and thought had clearly been given to how people's accommodation could be made more homely and interesting.

Such improvements included the development of a reminiscence room and a number of interesting displays on walls around the home.

What they could do better:

As previously stated in this report, the home must improve aspects of their medication procedures to ensure that residents get their medicines at the correct times and when they need them. Not receiving medicines at the correct times could compromise the health and safety of people who live at the home.

Carers need to be fully aware of the contents of people's care plans so that they have a good understanding of people's individual needs. More care needs to be taken in relation to the completion of records relating to personal care provided for example, bathing charts and creaming charts so that they are accurate and up to date at all times.

We have made a recommendation that care plan and risk assessment processes be reviewed to ensure that any significant events or changes in a resident's needs are taken into account immediately, for example, sudden weight loss.

Communication with residents' representatives is an area that has been identified for development. The manager should consider ways in which communication can be improved, such as regular care plans reviews that involve residents' families and group meetings with residents and their relatives.

The way complaints are recorded needs to be reviewed and it should be ensured that all verbal concerns raised with staff are recorded. This is to help the manager to monitor all aspects of the service and quickly identify any patterns or themes in terms of concerns raised.

The home's safeguarding procedures must be followed at all times and any allegations made must be reported to the relevant bodies without delay. This is to help ensure the safety and wellbeing of people who live at the home.

Due to the number and nature of concerns that have been raised about the home recently, it is strongly recommended that the home's quality assurance processes be reviewed. Effective quality assurance processes should help the manager identify any areas for improvement promptly.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|--|----------------------|
| 1 | 16 | 22 | <p>A record of all complaints received, action taken and subsequent outcome must be kept within the home.</p> <p>This is so that the manager can demonstrate that all complaints have been dealt with appropriately.</p> | 30/04/2009 |

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
| | | | | |

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|---|----------------------|
| 1 | 7 | 15 | <p>All residents' care plans must be kept under constant review and provide an accurate and up to date picture of their individual care needs.</p> <p>This is to help ensure that carers have a full understanding of people's needs and the action required to meet their needs.</p> | 31/01/2010 |
| 2 | 8 | 12 | <p>The manager must ensure that all residents are provided with personal care which is in line with their individual needs and wishes.</p> <p>This is to help ensure the safety and wellbeing of people living at the home.</p> | 07/01/2010 |
| 3 | 9 | 13 | <p>Records of medicines administered to people must be clear, accurate and complete.</p> <p>This is to help ensure that medicines are handled safely.</p> | 30/01/2010 |

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|--|----------------------|
| 4 | 9 | 13 | <p>Medicines must be administered to people as prescribed.</p> <p>This is important because giving medicines at the wrong time, wrong dose or not at all can seriously affect a person's health and wellbeing.</p> | 30/01/2010 |
| 5 | 18 | 13 | <p>Any allegation of abuse must be reported in line with the home's safeguarding procedures without delay.</p> <p>This is to help ensure the safety and wellbeing of people who live at the home.</p> | 07/01/2010 |

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

| No | Refer to Standard | Good Practice Recommendations |
|----|-------------------|--|
| 1 | 7 | The manager should consider ways in which residents' relatives can have increased involvement in their loved ones' care planning, such as regular review meetings. Records of any such contact should be maintained. |
| 2 | 8 | Processes for assessing risk and care planning should be reviewed to help ensure that any significant changes, for example weight loss is taken into account straight away. |
| 3 | 8 | Processes for recording personal care provided to residents should be improved to help ensure that such records provide accurate and up to date information. |
| 4 | 8 | It is recommended that the nutritional risk assessment currently used by the home is reviewed, in particular the 'clinical triggers'. |
| 5 | 9 | Information about 'when required' medicines should be |

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

| No | Refer to Standard | Good Practice Recommendations |
|----|-------------------|---|
| | | detailed and up to date to help make sure they are given to people correctly. |
| 6 | 33 | Quality assurance systems used by the home should be reviewed to ensure that they are effective in assisting the manager to identify areas for improvement in a timely fashion. |

Reader Information

| | |
|----------------------|--------------------------------------|
| Document Purpose: | Inspection Report |
| Author: | Care Quality Commission |
| Audience: | General Public |
| Further copies from: | 0870 240 7535 (telephone order line) |

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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