YMICARE Limited

# Pennsylvania House

## Inspection report

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Tel: 01392256346

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18 February 2016

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23 March 2016

## Ratings

| Overall rating for this service | Inspected but not rated |
|---|---|

| Is the service safe? | **Requires Improvement** |
|---|---|

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 18 February 2016. We carried out this inspection to check whether people using the service were safe following safeguarding concerns which were shared with us. The home is under whole home safeguarding which means it is being monitored by the local authority safeguarding team. Concerns related to the management of risks to people, the management and control of the risk of the spread of infection and staffing levels at night.

The last inspection of the home was carried out on 8 an 17 February 2015. No concerns were identified with the care being provided to people at that inspection.

Pennsylvania House is registered to provide accommodation with personal care for up to 25 adults. It offers a service for people who may have dementia, mental health needs or learning disabilities.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This report only covers our findings in relation to the concerns we received. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pennsylvania House on our website at www.cqc.org.uk.

People were not protected from the risks associated with the control and spread of infection. The vanity units surrounding a sink in two bedrooms were in a poor state of repair, a toilet seat was badly cracked and there were areas in the kitchen which were not covered with an impermeable floor covering. The paper towel and liquid soap dispensers in the kitchen hand wash sink were empty which meant staff could not maintain good hand hygiene.

The standard of cleanliness in people's bedrooms and communal areas was good. However; the standard of cleanliness in the home's kitchen was of an unacceptable standard.

There were sufficient staff available to meet the needs of people during the day however; staffing levels at night were not in accordance with people's assessed needs. For example, it was stated in some people's care plans that they required the assistance of two staff to change position and to support them to use the toilet every two hours. Staff told us there were seven people who required the assistance of two staff. Nights were covered by one waking and one sleep-in carer and records seen showed that people had been supported by only one member of staff.

Following a visit from the local authority safeguarding team the registered manager had taken action to request an assessment from a speech and language therapist for one person identified as being at risk of

choking. However; a risk assessment and plan to manage the risk had not been completed. Although the staff we spoke with were aware of the risks to the person and knew they required supervision, this could potentially place the person at risk of receiving unsafe or inappropriate care from staff who did not know the person well such as agency staff which were used by the home.

Staff had received training about how to recognise and report abuse. They told us they would not hesitate in raising concerns and they were confident action would be taken to help keep people safe.

People looked relaxed and comfortable with the staff who supported them. Staff interactions were kind and respectful and they responded quickly to any requests from the people who lived at the home. People felt safe and well cared for. One person said "It's very good here and the staff are all very nice." Another person said "I am very well looked after. I feel very safe here and I get what I need. I had a new mattress yesterday which is very comfortable." A visitor told us "Things are improving and the staff seem very nice. I have never seen anything concerning."

Equipment used to assist people with their moving and handling needs had been regularly serviced to make sure it remained safe and fit for purpose. Regular checks were carried out on the home's fire alarm, emergency lighting and fire detection systems and staff had received up to date training in fire safety. Personal emergency evacuation plans (PEEPS) had not been completed for each person who lived at the home. This information would assist staff and emergency services if people needed to be evacuated from the premises. We discussed this with the provider and registered manager who informed us they were in the process of completing a PEEP for each person following recommendations from a fire safety officer.

We found the service to be in breach of three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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**

Some aspects of the service were not safe.

People were not fully protected from the risks associated with the control and spread of infection. The standard of cleanliness in the kitchen was of an unacceptable standard.

Staffing levels at night were not determined by people's assessed needs. This meant people were at risk of receiving unsafe or inappropriate care. There were no concerns about staffing levels during the day.

Staff knew about potential risks to people however; some risks had not been documented and a plan to manage risks had not been completed. This could place people at risk of receiving unsafe or inappropriate care.

Regular fire safety checks and servicing of equipment used to assist people with moving and handling needs had been carried out.

# Pennsylvania House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This focused inspection took place on 18 February 2016 and was unannounced. It was carried out by an adult social care inspector.

This inspection was triggered by safeguarding concerns which had been brought to our attention. Concerns related to the management of risks to people, the management and control of the risk of the spread of infection and staffing levels at night. Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

The last inspection of the home was carried out on 8 an 17 February 2015. No concerns were identified with the care being provided to people at that inspection.

At the time of this inspection 22 people were living at the home. During the inspection we met with all the people who lived at the home, one visitor, five members of staff, the registered manager and the registered provider.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who lived at the home and health and safety records.

Requires Improvement

# Is the service safe?

## Our findings

We received concerns about the standard of cleanliness in the home and of the risks posed to people by poor infection control procedures. During our visit we viewed all communal areas, people's bedrooms and the kitchen. The communal areas and people's bedrooms were clean and smelt fresh. A visitor told us the standard of cleanliness had improved significantly. However; the standard of cleanliness in the kitchen was poor. A deep fat fryer was caked in grease and contained dark coloured saturated fat. The tiled splash back behind the cooker was dirty and greasy as was the top of the cooker. The skirting boards and some window surrounds were dirty and there was one window surround which had what looked like masonry dust on it. There were a number of baking trays stored on the floor in the kitchen which were rusty and did not look clean.

This was a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In two bedrooms and a bathroom we found the vanity units surrounding sinks were badly worn exposing permeable chipboard. There were several tiles missing from around the bath in the bathroom next to room 6. The toilet seat in room 4 was badly cracked. These issues would increase the risk of the control and spread of infection. We asked a member of staff to show us the hand washing sink in the kitchen. The soap dispenser and paper towel dispenser were both empty. However records showed staff had ticked to confirm that both were full. The food store and area where the fridge, freezer and dishwasher were located had no floor covering. This would pose a risk to the control of the spread of infection as the concrete was permeable. There were plastic containers in the pantry which contained dried foods. Four of these were not sealed with an airtight lid.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received concerns about staffing levels at night and whether they were sufficient to meet the needs and number of people who lived at the home. The registered manager told us nights were covered by one waking care staff and one sleep-in carer. Staff told us there were seven people who required the assistance of two staff to change position and to assist with their continence needs. The care plan for one person stated "requires assistance of two carers for all personal care needs." The care plan also stated that the person was incontinent and required assistance with toileting needs every two hours. The person was being treated for a pressure sore and their care plan stated they required assistance to change position every two hours. In the person's bedroom there was a record of each time the person had been supported to change position. During the day, two staff had signed to confirm they had supported the person to change position however; during the night, only one member of staff had signed the records. Staffing levels at night were not based on the assessed needs of people who lived at the home which meant people were at risk of receiving unsafe or inappropriate care.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

There was a good staff presence on the day we visited and we observed staff responded to people's requests in a timely manner. People looked relaxed and comfortable with the staff who supported them and we observed staff interacted with people in a kind and respectful manner. One person told us "It's very good here and the staff are all very nice." Another person said "I am very well looked after. I feel very safe here and I get what I need. I had a new mattress yesterday which is very comfortable."

During a visit by the local authority safeguarding team on 12 February 2016, concerns were raised about one person who appeared to be at high risk of choking. The registered manager was asked to make an urgent referral for an assessment by the speech and language team (SLT) and to ensure the person was supervised when eating and drinking. We read this person's care plan. There was evidence that a referral had been sent to the SLT team on 12 February 2016 however, a risk assessment and plan of care had not yet been developed. Although the staff we spoke with were aware of the risks to the person and knew they required supervision, this could potentially place the person at risk of receiving unsafe or inappropriate care from staff who did not know the person well such as agency staff which were used by the home.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received concerns that people were at risk because not all windows above ground floor level were restricted to a maximum of 100mms opening as stated by the Health and Safety Executive (HSE). At the time of our visit we found the provider had taken appropriate action to address this. We checked all windows above ground floor level and found them to be appropriately restricted. This helped to minimise risks to the people who lived at the home.

Mobile hoists and bath hoists had been regularly serviced by an approved contractor which ensured they remained safe to use. Servicing was carried out every six months and was next due on 26 February 2016.

There were regular checks on the home's fire alarms and emergency lighting systems. Staff told us they had received fire safety training and updates. There were fire procedures and policies in place for staff however; personal emergency evacuation plans (PEEPS) had not been completed for each person who lived at the home. This information would assist staff and emergency services if people needed to be evacuated from the premises. We discussed this with the provider and registered manager who informed us they were in the process of completing a PEEP for each person following recommendations from a fire safety officer.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>People who use services and others were not protected against the risks associated with the control and spread of infection because of inadequate maintenance and infection control procedures. Regulation 12(2) (h).<br><br>People who use services were not protected against the risks of receiving unsafe or inappropriate care because risks to people were not always documented and there was not always a plan to manage these risks. Regulation 12(2) (a). |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment<br><br>The standard of cleanliness in the kitchen was of an unacceptable standard.<br>Regulation 15(1)(a). |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>People who use services were not protected against the risks of receiving unsafe or inappropriate care because staffing levels at night were not based on people's assessed needs.<br>Regulation 18(1). |