

Penerley Lodge Limited

Penerley Lodge Care Centre

Inspection report

34-40 Penerley Road
Catford
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Date of inspection visit:
30 May 2023
06 June 2023

Date of publication:
26 July 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Penerley Lodge Care Centre is a care home which provides accommodation and personal care to up to 28 people aged 65 and over, including people living with dementia, in one adapted building. At the time of our inspection 28 people were living at the home.

People's experience of using this service

People told us they felt safe and we found risks to people's health and wellbeing were identified and effective measures were in place to mitigate these. People's medicines were managed safely. There were safe procedures in place to reduce the risks associated with infectious diseases. There were enough staff on duty to keep people safe and respond to people's needs.

The provider had made improvements to the décor and layout of the building to promote people's comfort and sensory needs. People's healthcare needs were met as the staff worked well with other health and social care professionals. The provider was making improvements to the quality and choice of food and the overall mealtime experience.

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.

People received person-centred care from well trained staff that knew them well. There were a range of activities on offer within the home to help keep people active and stimulated. People's religious and cultural needs were being met.

We received positive feedback from people receiving care, relatives, staff and professionals about the culture of the service and the overall management. One relative told us, "The staff make the residents very comfortable. They look after people very well there." Everyone we spoke with praised the registered manager's approach. The registered manager conducted a range of quality assurance checks to ensure safety and quality was maintained.

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

Rating at last inspection:

The last rating for this service under the previous provider was requires improvement (published 15 February 2022).

Why we inspected

The inspection was prompted in part due to concerns we received about the management of the service, including issues with the environment and the availability of food for people receiving care. A decision was

made for us to inspect and examine those risks. As this is the first inspection of the service since the change of provider we inspected all key questions.

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.

Recommendations

We have made a recommendation about reviewing the provision of external activities and opportunities to engage in the community.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led section below.

Good ●

Penerley Lodge Care Centre

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 inspection was carried out by 1 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 care service.

Service and service type

Penerley Lodge Care Centre 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. Penerley Lodge Care Centre 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

The first day of the inspection was unannounced. The provider knew we would be returning to continue the

inspection on the second day of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications of significant incidents reported to the CQC and the previous inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted the local authority commissioning and safeguarding teams to support our planning. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the administrator, the head of care, 3 healthcare assistants, the chef and the activities coordinator. We spoke with 6 people and 2 relatives of people who used the service and reviewed 5 people's care and medicine records. We looked at five staff files and various records relating to the quality and safety of the service.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at samples of policies and procedures and quality assurance records.

We provided formal feedback to the registered manager and the nominated individual via email on 7 June 2023.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes were in place to protect people from harm or abuse. Staff received regular training and showed a good understanding of safeguarding procedures when we spoke with them. One member of staff told us, "Safeguarding is the act of keeping people safe especially the vulnerable ones or protecting them from harm, abuse and neglect."
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC and they conducted prompt investigations when necessary.
- The home had safeguarding policies and procedures in place. Detailed records were kept of safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people were assessed, and precautions put in place to mitigate the risk of harm. Care plans and risk assessments provided guidance on how to reduce and mitigate risks in a range of areas including falls, mobility, nutrition and hydration and skin integrity.
- Staff showed a good knowledge of the potential risks to people and knew what they should do to ensure people's ongoing safety was maintained. Staff were confident in how the team worked to keep people safe. One member of staff told us, "As far as I know, the residents are safe in Penerley Lodge as they are being looked after and supported by capable and well-trained staff."
- People and their relatives told us they were confident staff were keeping them safe. One relative told us, "We've got no concerns with the care of [family member]. We are there regularly so we see the standard of care being delivered."

Staffing and recruitment

- The provider was following safe recruitment procedures to ensure staff were suitable to work with people who used the service. Checks included obtaining a full employment history, appropriate references, right to work documents and proof of identity and DBS checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff on duty to meet people's safety needs which was confirmed by staff and people who used the service. One member of staff told us, "We always have enough staff on shift to care and support the needs of residents." People told us staff responded in good time when they needed assistance. One person told us, "They come quickly when I press the call point. I press the call point very occasionally."

Using medicines safely

- People's medicines were stored, administered, and managed safely. Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area. People were satisfied with how their medicines were managed. One person told us, "Yes my medicine comes on time every day."
- Medicines were checked regularly by senior staff and any issues were promptly investigated. Samples of medicine administration records (MARs) we reviewed had been completed correctly and there were processes in place to ensure medicines were being stored at the correct temperature.
- The service was supported by a local pharmacy service which reviewed people's medicine care needs, supported staff to ensure systems and processes continued to meet current guidance and provided ongoing advice and training for staff. The pharmacy service told us, "We have found Penerley Lodge's processes around medicines streamlined and robust. They are proactive in contacting us to ask for advice around medicines when they need clarity; and have an open and transparent culture when reporting and learning from errors around medicines."

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.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. There were no restrictions in place and people could visit their family member when it suited them.

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager who ensured all necessary steps were taken to maintain safety after incidents occurred.
- The provider was analysing accidents and incidents and specific events such as falls to ensure patterns and trends could be identified to help reduce the risk of similar incidents happening again.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider was supporting people to eat and drink enough. Before the inspection we received concerns the provider was not providing sufficient food. During the inspection we found no evidence that people were not being given sufficient food. However, during the inspection we observed the food being served was not very appealing and the choice on offer was very limited. Our observations corresponded with feedback from relatives. One relative told us, "The food is sometimes a bit bland with not much choice."
- We raised these concerns with the registered manager who told us they had already identified the food options needed to improve and they were in the process of introducing an outsourced catering company which would provide a wider range of nutritionally balanced options.
- The provider had assessed the risk of dehydration and staff completed fluid charts. Although we did not find any evidence that people had not received sufficient fluid we could not be assured that the recording process was robust as there were no fluid targets in place and no process for checking people had received sufficient fluids each day. We raised this with the registered manager and they have now introduced fluid targets for all people at high risk of dehydration.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an assessment of their needs before they came to live at the service. This ensured the service was appropriate and staff were competent to meet their needs. Assessments, care plans and risk assessments captured all of people's health and social care needs.
- Care plans contained information about people's protected characteristics such as religion, culture, sexuality and these were respected. Staff had completed training in equality and diversity and knew how to support people appropriately.
- Staff were kept up to date when people's needs changed. One member of staff told us, "If any changes in the care plan or risk assessment, we are told on handover or the manager will email staff of any major changes."

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

- The provider worked in partnership with a range of health and social care professionals such as GPs, tissue viability nurses, pharmacists and chiropodists.
- The service also made referrals to community mental health teams when they had concerns about people's mental health. Recommendations from healthcare professionals were incorporated into people's care plans to ensure all staff were aware and would follow the relevant guidance when supporting people.
- We received generally positive feedback from professionals about how the service worked in partnership

to support people's health and wellbeing. However one professional noted that on some occasions monitoring forms had not always been completed by all staff in line with recommendations. We didn't identify any gaps during the inspection however, we shared this feedback with the registered manager who has agreed to review the process for ensuring staff complete all necessary monitoring forms.

- People and their relatives were satisfied with how the provider supported people's health and wellbeing. One relative told us, "It is done very efficiently. [family member] is seen by the doctor within the week."

Staff support: induction, training, skills and experience

- Staff were supported through an induction and ongoing training and supervision. The induction programme included completion of the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

- Staff told us they felt supported with appropriate training although some staff told us they would benefit from more face-to-face training. The registered manager told us they were looking into additional training resources to provide staff with different types of training.

- The registered manager had a supervision and appraisal tracker, to ensure all staff received supervision in line with the provider's policy.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. The provider had recently made improvements to the design of the premises to improve people's comfort and sensory needs. Each person's room had a personalised memory box to help people identify their room.

- The registered manager has also improved the mealtime experience with brightly coloured table settings to help people with dementia and cognitive decline, orientate during mealtimes.

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. 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.

- The registered manager and staff acted when people were unable to make decisions for themselves.

- Deprivation of Liberty Safeguards (DoLS) assessments were completed by the local authority and an authorisation granted if agreed. Staff ensured people were cared for in line with the guidance of a DoLS authorisation, so people had the least restrictive care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported and familiar staff that knew them well. We saw many positive interactions between people receiving care and staff and this corresponded with feedback we received. Comments from people included, "The staff are very kind and caring" and "Staff like me and I like the staff."
- Staff respected people's needs in relation to equality and diversity and had completed training which helped them build on the skills to treat people equally and fairly and respecting their individual needs.
- Care plans considered people's sexuality needs and we saw examples where staff supported people to meet these individual needs in a sensitive way. A professional who regularly visited the service told us, "I've observed very compassionate care at Penerley Lodge."

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

- People and their relatives were involved in the planning and review of their care and support. One relative told us, "I know about [family member's] care plan and agree with it."
- Care plans captured people's views and decisions about their care. People's preference for the food and drinks they liked, how they had their medicines, and the gender of the carer who supported them was very clear.
- Staff understood their responsibility to ensure people's views were obtained before delivering care. One member of staff told us, "I don't make assumptions about residents and I offer them choices and respect their decisions."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected and staff maintained their dignity.
- Staff told us how they ensured people received a person-centred service and their privacy and dignity was maintained. One member of staff told us, "I ensure people's dignity is maintained by giving them privacy when they need it."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs and preferences. The provider was working on creating a background history document with photographs for all people to help people and staff reminisce about people's lives and backgrounds. We saw a few of these had already been completed.
- Care plans contained a good level of detail to ensure staff would understand people's personal preferences in all aspects of their care and support. Daily logs detailed how people responded to their care, social activities they took part in and their mood.

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

- People were supported to take part in a range of communal activities. The service employed an activities coordinator who worked with people and the rest of the staff team to provide daily communal activities and regular cultural events to keep people active and stimulated.
- People told us they were happy with the activities on offer and the support they received to engage in religious services. Comments included, "I am Roman Catholic and take mass every week at church. The home helps arrange this." and "[Family member] does some activities. They always do the physical exercise activity, quiz and bingo."
- Despite generally good in-house activities we found there was very limited opportunities for trips and excursions outside. The registered manager confirmed the provision for external trips was restricted as the service no longer had the use of a van to transport people. A professional who worked with the service also observed that the communal activities did not always appeal to all residents.

We recommend the provider reviews the reviews the activities to enable people greater opportunities for external activities and community engagement.

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 care workers.

- The provider was meeting people's communication needs. People's communication preferences were assessed and recorded in their care plan with directions for staff on how to support better communication including the use of specific aids or adaptations.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place which enabled people to make a complaint about any aspect of the service. People told us they knew what to do if they had any issues or concerns about their care. One person told us, "I have never complained but I could if I wanted to. I know how to complain."
- The registered manager followed the complaints policy and process to manage each complaint received. We saw complaints received had been recorded and actions taken to resolve them.

End of life care and support

- There were established systems in place to support people with care, support and treatment at the end of their lives. Staff completed training in end-of-life care which gave them knowledge of how to care for people living with a life limiting illness.
- People shared their end of life and funeral plans with staff and these details were recorded on their advanced care plan.
- People made decisions regarding resuscitation. People's records contained Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). DNACPR is a document issued and signed by a doctor, which tells the staff team not to attempt cardiopulmonary resuscitation. Each person had a DNACPR record in place which clearly described people's choices and a clinical decision for resuscitation.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and regulatory requirements. There were a wide range of audits and quality assurance checks to ensure high standards of care and safety were maintained.
- Prior to the inspection the provider had been instructed by the local authority to resolve some fire safety issues that had been identified through the provider's internal audits last year but had not been resolved. At the time of the inspection the remedial works were in progress and the provider has informed us that all outstanding fire safety works have now been completed.
- Staff were extremely positive about the support they received from the registered manager. We received comments such as, "I do feel supported by the [registered] manager, he is in fact one of the best managers I ever worked with" and "I am able to raise concerns or share ideas with my colleagues and the manager."

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

- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve good outcomes. One relative told us, "I am incredibly grateful for all they do and have done for [family member] and wish to thank all the staff."
- Staff were proud of how they worked together to achieve positive outcomes for people. Comments from staff included, "The atmosphere and staff are just a place you want to work" and "The service is like a family. Teamwork is very strong."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- The provider engaged with people receiving care, their relatives and staff. There were regular residents' meetings to discuss the running of the home, health and safety, menu planning and activities. One person told us, "I have attended residents' meetings where we are asked what we think about things."
- Relatives felt well informed and told us the registered manager and staff regularly contacted them with updates about the service or their family member. One relative told us, "The service are prompt to inform me when something occurs."
- The provider sought feedback from people and their relatives by asking them to complete satisfaction surveys. Results of the surveys were analysed, and action plans put in place to address any areas of concern. The most recent survey showed that people were overall very happy with the care and support they

received.

- The registered manager arranged regular staff meetings to discuss the quality of the service, plan improvements and to keep staff informed of relevant information. One member of staff told us, "We are given the opportunity to discuss any improvement in the care home. This can be done through staff meetings, supervision and one to one with the manager."

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 registered manager understood their duty of candour and the regulatory responsibilities around reporting to the CQC and sent the required notifications.

Working in partnership with others

- The service worked in partnership with a range of other health and social care professionals including district nurses, GPs, opticians and dieticians. We received positive feedback from professionals who worked with the service. One professional told us, "I feel that the team leaders and management are highly skilled and knowledgeable. They are open-minded to consider different ideas and will usually try what is suggested."
- The home also worked closely with the local authority quality assurance team and commissioners to help drive improvements.