

Mr HA and Mrs M Cole

Penerley Lodge Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Penerley Lodge Care Centre provides accommodation and support to up to 28 people aged 65 and over, including people living with dementia.. At the time of our inspection 27 people were living there. The home was adapted from neighbouring period properties, with accommodation over two floors and a large garden.

People's experience of using this service

On the day of inspection, we found that food was not being stored safely. Staff took immediate action to rectify the issues we found. The bathrooms required refurbishment or replacement as they were a source of malodour. The home was otherwise clean and well-maintained.

We identified potential fire safety issues that had not been addressed in the home's fire and evacuation procedures. We have made a recommendation that the provider review their procedures to ensure everyone's safety in case of fire. There were regular, documented safety checks and external assessments of safety and equipment.

Staff had not always been safely recruited. Full pre-employment checks had not been completed.

We received positive feedback about the home from everyone we spoke with. A relative told us, "From the moment I went to view the home I was very impressed... [Parent] is as safe as they can be, they are well looked after and loved by the staff."

The home had a welcoming, happy atmosphere and we saw staff and people having genuine fun together. Many staff had worked there for years, meaning that people had continuity of care from staff who knew them well and enjoyed their roles.

Staff understood the risks faced by the people they cared for and people's risk assessments were documented and updated regularly.

People's medicines were stored and managed safely.

People told us they were able to choose how they spent their time. The home offered regular activities such as bingo, quizzes and arts and crafts. There were seasonal celebrations and outings. People who took part in activities told us they enjoyed them.

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.

The registered manager and his team promoted a positive culture within the home. Staff were trained

appropriately for their roles and understood their responsibilities.

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 was good (published 11 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches of the regulations in relation to the upkeep of the home, safe storage of food and recruitment. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection was carried out by one 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 or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. 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 used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the administrator, the head of care, three care assistants, two kitchen staff and the activities co-ordinator. We spoke with six people and reviewed seven people's care files, including their care plans and risk assessments. We looked at four staff files and various records relating to the running of the service, including safeguarding and quality assurance records. We also looked at records relating to the safety of the premises, such as fire risk assessments and records of various health and safety checks.

After the inspection

We spoke with three relatives and received feedback from two professionals. We continued to seek clarification from the provider to validate evidence found. We reviewed policies and procedures.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Preventing and controlling infection

- The home was not safely managing food hygiene. Although the home had a Food Standards Agency rating of four (out of five), on the first day of inspection we identified significant issues. Food was stored in freezers which were visibly not clean and kept in an area which was also dirty. We also found undated food and very old vegetables in the main kitchen fridge. Records of daily checks were not always being kept. There was no chef in post at the time of the inspection.
- The décor and tiling in the shared bathroom and toilet areas of the home were tired and in need of refurbishment. Although they were cleaned regularly, there was some malodour and they were not a comfortable environment. A member of staff said, "The bathrooms are horrible in the summer."

Failing to ensure that food hygiene standards were maintained and that the home was free of malodour was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service responded quickly to this issue. Staff took immediate action to rectify the shortcomings and when we returned for the second day of inspection the kitchen and food storage areas had been deep cleaned. The registered manager told us he would take immediate oversight of the kitchen and review the home's procedures for the management of food hygiene when there was no chef in post. The provider confirmed there were plans to extend the home in future which would include improving the bathroom facilities.

- Apart from the issues noted above, the home was otherwise generally clean and free of malodour. Housekeeping and maintenance staff were dedicated to their roles and understood their responsibilities around safety and infection control.
- People were protected by staff who had been trained in infection control and adhered to the home's procedures. Staff confirmed there was a plentiful supply of personal protective equipment (PPE), such as gloves and aprons.

Assessing risk, safety monitoring and management

- The home had not reviewed and updated its fire and evacuation policy in response to potentially serious risks to fire safety. Although the most recent external fire risk assessment described the overall risk rating of the home as 'tolerable', the report identified that there was not effective compartmentalisation on part of

the upper floor. This would affect the home's policy of progressive horizontal evacuation, as the seven people living there (of whom four would need to use the stairlifts) would need to be assisted safely downstairs to the nearest safe compartment. Were there to be a fire, the lack of compartmentalisation would enable the spread of smoke, potentially causing harm and delaying this evacuation.

We recommend that the provider review their evacuation policy and procedures to ensure the safety of people on the upper floor of the building, including consideration that one of the two stairlifts may be inaccessible in an emergency.

- During the inspection we observed potential hazards in the event of an emergency. We saw a fire door which had been propped open, items left in corridors and stairlifts left open, obstructing the stairway and presenting a hazard in the hallways. We reported this to the registered manager who said he would rectify the issues and remind all staff about their responsibilities.
- A Personal Emergency Evacuation Plan (PEEP) had been completed for everyone. The support they required to evacuate the building safely in the event of an emergency was recorded and these were reviewed regularly. This information was stored in the home's 'fire box' so it would be available to the fire brigade.
- The provider had systems and procedures in place to routinely monitor the safety of the premises and equipment. There were regular fire drills and alarm tests, and appropriate records of these were kept. The alarm system and fire extinguishers were regularly serviced. Records were up to date and were reviewed regularly by the registered manager.
- Detailed risk assessments were completed to identify risks to people's safety and wellbeing. These were reviewed monthly or when people's needs changed. Staff were familiar with the assessments and understood the risks people faced and how these were managed to keep them safe.

Staffing and recruitment

- Safer employment checks had not always been fully completed before care staff began work. There were not always references from previous care employers, and there were gaps in some staff's employment histories. The registered manager said they would look at staff files and ensure that any deficiencies were addressed.

Failing to complete the required checks is a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- There were usually enough staff to ensure people's safety within the home. People told us, "There are mostly enough staff on, they are on the ball, looking out for you" and "The staff are regulars, so we are all on first name terms." Staff and relatives agreed there were usually enough staff, however some suggested more staff would enable more one to one time and activities such as unplanned walks or trips to the local shops.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were aware of the signs of abuse and knew how to report any concerns. Staff had received training in safeguarding which was refreshed regularly. They understood whistleblowing and how to escalate concerns further to the local authority and CQC if they needed to.
- People and their relatives told us they felt the home was a safe place. People told us, "I have lived here a

long time. I feel safe here, better than when I was on my own" and "I am absolutely safe here. The staff are excellent."

- The home had safeguarding policies and procedures in place. Detailed records were kept of safeguarding concerns.

Using medicines safely

- People's medicines were managed and stored safely. Processes were in place to ensure medicines were ordered and supplied regularly. Audits of records and stock were carried out monthly by the registered manager. The home had suitable policies and procedures in place for the storage and management of controlled drugs, and these were being adhered to.

- People were supported with their medicines by staff who had been trained in the safe administration of medicine. Staff knew the home's procedures and adhered to them. We observed people being supported with their medicines and staff understood what medicines they were giving people and were able to confidently answer people's questions about what they were taking.

- Medicine administration records (MAR) were completed correctly each time a person was supported. Occasional recording errors identified when auditing were followed up appropriately.

- The support people required with their medicines was assessed and clearly documented. Information about people's medicines was detailed and included potential side effects and interactions, and a photograph of the person. There was clear guidance around medicines taken 'as required' and homely remedies.

Learning lessons when things go wrong

- Processes were in place to record any accidents or incidents and learn from them. Appropriate action had been taken and learning was shared with staff appropriately, for example in staff meetings and supervisions.

- The service had reduced the number of incidents through good management. Professionals told us, "There has been a significant decrease in safeguarding cases... and a decline in accident and incident reporting' and 'I have particularly noticed improvements in recording, communication, and risk management at Penerley Lodge in the past eighteen months."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were assessed and recorded clearly. These assessments were in line with current guidance and best practice. They considered people's strengths and abilities and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support them to make choices.
- People's personal care needs were assessed and recorded in an appropriate level of detail for their needs. This included information about their preferred routine and important details such as oral and denture care.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction programme in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. Further training and vocational qualifications in areas such as dementia and end of life care were available to staff to enable them to meet the needs of people living in the home.
- Staff were confident in their roles and told us they felt well supported. They had regular supervision and appraisal with their line manager and detailed records were kept.

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

- People's nutritional needs were assessed and documented. Any potential hazards that might affect their ability to eat independently were noted. For example, we saw a detailed assessment for a person who required a soft diet and faced choking risks. There were clear instructions for how to thicken their drinks and their thickener was labelled and stored correctly.
- The home was providing a simple diet which would meet people's nutritional needs. The home sought feedback from people about the food during the residents' meeting held as scheduled during our inspection. People told staff the food was satisfactory but they wished there was more choice and more fresh food. This tallied with people's comments that we received including, "The food is okay. Sometimes it gets on my nerves that there is not much choice." The home had recently expanded the kitchen and was recruiting to fill the vacant chef position.

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

- Staff helped people to have access to healthcare services and receive ongoing healthcare support. People

living at the service had regular access to a range of healthcare professionals in the community or who visited the home as appropriate. Detailed records were kept. People told us, "I have seen a physio and a chiropodist several times. They are very good, it's what keeps me on my feet" and "When the staff noticed I had a bruise around my eye the optician was in that day, so I saw them straight away which was very fortuitous."

- The home supported people to live healthier lives and promoted their general wellbeing. A person told us, "I had a lot of falls before I came here but not since I have lived here." Staff were aware of the signs and symptoms of common threats to people's wellbeing, such as dehydration and urinary tract infections.
- People were supported to receive good care when they had to transfer between services. There was a system in place to ensure that a person being taken to hospital would have with them their important personal items and medicines, and that they had up to date medical information and a summary of their support and communication needs.

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

- The home was a period property which had been adapted to be accessible for the people who lived there. There were stair lifts in place. The home was decorated in contrasting colours and had clear signage. People's bedrooms were customised with their own possessions and decorations.
- As a period property the home had character and a homely feel. A relative told us, "[Person] has a very nice bedroom, en-suite, which overlooks the garden." However, being a converted property did bring some limitations. For example, several of the bedrooms were not en-suite, and this meant that it was not always possible to meet people's preferences for having a bath or shower due to demand on the shared facilities. A person told us, "I have a shower, but prefer to have a bath which isn't always possible." The provider confirmed there were plans to extend the home which would include improving the bathroom facilities.
- The home had a well-maintained garden which was used for seasonal activities and events. There was a shelter to provide shade.

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.

- At the time of the inspection, there were current DoLS authorisations in place for the people who were being deprived of their liberty. The registered manager ensured any conditions were met and the arrangements were regularly monitored and reviewed. There were policies and procedures in place for assessing people's mental capacity and making decisions in people's best interests.
- Staff understood the principles of the MCA and used the guidance in people's plans to enable them to support people appropriately. Staff gave us examples of when and how they sought consent, and supported choice in people's day to day decisions such as choosing what to wear and what to eat.
- Where a person's relative or representative had powers of attorney, this was appropriately recorded and evidence was seen.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Staff were caring and kind, and treated people with respect. People told us, "They are such a kind lot of staff; you feel they are there for you" and "If I need help, staff are kind and considerate." We observed friendly, natural interactions between people and staff during our inspection. A person told us, "The manager is a very friendly man who is always around and will have a chat."
- Staff knew people well and what was important to them. A relative told us, "[Person] loves hugs, so staff are always hugging them, little things like that." Each person had an allocated key worker. Key workers knew their key people especially well and what was important to them.
- Equality and diversity were respected at the home and people's needs were being met. People's protected characteristics were considered during their assessment. Staff were trained in equality and diversity as part of their induction. The home celebrated festivals and supported people to access cultural activities and attend church.

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

- People were able to express their views and make decisions about their own care and support. They spoke about their care with their key worker and there were regular residents' meetings. People's views and preferences were included in their support plans. A person told us, "I would tell staff if I am unhappy and they would sort it out."
- Staff routinely sought feedback from people as they supported them. We observed people comfortably expressing their feelings to the staff, and staff responded appropriately and with good humour. During the inspection staff encouraged people to speak with us and advised us how best to communicate with people.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, they were supported to access advocacy and related services. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted by staff. People told us they thought staff were respectful of their privacy, and that they remembered to knock on their doors. Staff described the good practice they followed to maintain people's privacy and dignity when assisting with personal care. One staff member said, "I am very passionate about privacy and dignity. I always remember being in hospital with seven people at the foot of the bed all looking at me. I can relate to what it feels like!"

- People's independence was respected and promoted. They told us, "I am self-caring as much as I can be" and "I can look after myself quite a bit, I can dress myself. I am sure staff would help me if I needed it."
- Personal information and records were stored securely. Filing cabinets and offices were secure and computer systems were password protected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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's support plans were personalised and included how they wished their assessed needs to be met. The information in the plans was detailed and reflected the knowledge and understanding staff had of people's personal histories and how they now wished to be supported. A staff member told us, "Each one of them has a different story." Staff were familiar with people's care plans and read them often. A professional confirmed, "Staff have a good knowledge of each resident."
- Care plans were drawn up with the appropriate support of relatives and representatives. This meant staff were aware of people's preferences even if they could no longer express them. A relative told us, "[Person] has always been meticulous... the carers make sure they are co-ordinated."
- Staff told us they were comfortable using the home's computer-based systems, which were used for support planning, risk assessment and record keeping.

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.

- People's communication needs were assessed and recorded in line with the AIS. There were clear instructions for staff to follow and we observed staff comfortably communicating with people in a variety of different styles. People's behaviour as communication and the non-verbal ways people expressed pain and discomfort were clearly described.

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

- The home supported people to follow their interests. Their hobbies and interests were recorded in their care plans and linked to the home's activities. For example, we saw that it had been noted if people particularly enjoyed reminiscence. This enabled staff to ensure people were aware of activities they would enjoy.
- Staff encouraged people to participate in activities but respected their wishes. A person told us, "I am a bit too old for anything but gentle activities, I join in sometimes with what's on offer if I feel like it. We aren't pressed into doing things if we don't want to."

- The home's activity schedule included activities to promote people's physical and mental wellbeing. There were traditional social activities such as bingo, and arts and crafts. People told us, "I like the quizzes they have here, and the chair keep fit exercises" and "I like doing anything. Bingo is a favourite of mine as we have a bit of a laugh."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People and their relatives told us they understood how to complain if they needed to, and what to do if they needed to take it further.
- Records were kept of all complaints and concerns raised by people or their representatives. A person told us, "If I have a concern I speak to the staff, but that rarely occurs."

End of life care and support

- People's wishes about what should happen when they were nearing the end of their life had been recorded. As well as their preferences for medical treatment, this included their spiritual and religious wishes and personal details like the music they would like to listen to and the books they would like to have read to them.
- People's wishes about what should happen after their death had also been recorded in detail. Their funeral wishes, personal beliefs and their religious and cultural preferences had been recorded and any arrangements already in place were noted.
- The service ensured staff had the knowledge and skills to effectively support people at the end of their life. There was an end of life lead, a senior member of staff who had been given further training for the role. Staff had all been trained in end of life care. They told us that they had been, or knew they would be, supported by their colleagues and the management team when people passed away at the home.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was not always consistent. 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; Continuous learning and improving care

- The system of quality monitoring was not always effective. Checks and audits were in place, but these had not identified the poor food hygiene or other issues we identified with fire safety and recruitment.
- The registered manager was knowledgeable about current best practice and stayed up to date using appropriate resources. These included CQC publications, National Institute for Health and Care Excellence (NICE) guidance and online resources.
- Staff were also knowledgeable and were confident in their roles. There was a noticeboard for staff including up to date information about good practice, and reminders of important information such as safeguarding and whistleblowing.

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

- The home had a positive atmosphere. People told us they liked living there and were able to do things they enjoyed. Staff told us, "The best thing is the atmosphere, we get on like a family" and "It doesn't feel like work." However, some staff did comment that although they felt appreciated by the registered manager and the people they supported, they sometimes felt "taken for granted" by the provider organisation. One said, "We're just bodies, keeping the business going." We gave this feedback to the provider.
- The registered manager was liked and respected by people, staff and professionals. People, relatives and professionals spoke highly of the registered manager and his staff. A person told us, "I see [the registered manager] around a lot, and he is very nice, he often comes over for a chat." A relative said, "They are all very approachable."

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. A professional from the local authority told us, "I have observed management and staff to be responsive and forthcoming with information and feedback and very open in their engagement with us... Reports provided by Penerley Lodge are generally of a high standard."
- The home was displaying their most recent rating. A copy of the most recent report from CQC was

available at the service and accessible through the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's feedback was sought in formal and informal ways. Staff routinely sought feedback from people when supporting them. People's feedback was more formally sought during resident meetings and an annual survey of people, their relatives and professionals. Feedback and results were positive. A person told us, "There is a residents' meeting about once a month, it's important to go to take a part in what's going on."
- The home worked closely with the local authority quality team and commissioners to improve the service. Professionals told us, "Any recommendations made after the monitoring visit are acted on in a timely manner and the home has been proactive at improving on standards" and "I have particularly noticed improvements in recording, communication, and risk management in the past eighteen months."
- The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in the home.

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider has failed to ensure that the premises are free of malodour.</p> <p>The provider has failed to ensure that the kitchen was clean and that food hygiene standards were maintained.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment processes were not established or operated effectively to ensure persons employed for the purpose of carrying on a regulated activity were of good character.</p>