

Premiere Care (Southern) Limited

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Penerley Lodge Care Centre is a care home which provides accommodation and support to up to 28 people aged 65 and over, including people living with dementia. At the time of our inspection 25 people were living at the home.

People's experience of using this service

The provider had made some improvements to their recruitment processes, however, we found further improvements were needed as full pre-employment checks had not always been completed. Risks to people's health and wellbeing were identified and effective measures put in place to mitigate these. People's medicines were stored and managed safely. There were safe infection control procedures to reduce the risks associated with the COVID-19 pandemic.

The provider had made several improvements to the building since our last inspection. There were a range of audits and checks carried out to maintain quality and safety. Despite improvements some elements of service delivery such as activities and food choices were not always person-centred. We have made a recommendation about person-centred activities and meal choices. The provider worked with a range of healthcare professionals. However, the service had experienced issues getting regular appointments with the NHS podiatry service. We have made a recommendation about podiatry care.

We received mainly positive feedback about the home from everyone we spoke with. A relative told us, "Honestly the home is fantastic. We've never had any occasions to complain. From our experience the staff including managers are kind and caring."

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 19 March 2020).

Why we inspected

We carried out this inspection following a routine review of information we held about this service which indicated there may be a higher level of risk at this service.

Enforcement

We have identified a continued breach in relation to safe recruitment practices. 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 from 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 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 two inspectors 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, three care assistants, the chef and the laundry assistant. We spoke with six people who used the service and reviewed seven people's care and medicine records. We looked at five staff files and various records relating to the quality and safety of the service, such as policies and procedures, fire risk assessments and the providers quality assurance checks and audits.

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



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 requires improvement. At this inspection this key question has remained the same. 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.

Staffing and recruitment

At the last inspection the provider was failing to complete the required checks when recruiting new staff which was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we found there were not always references from previous care employers, and there were gaps in some staff's employment histories. Although the provider had made some improvements, we found some similar issues with the files we reviewed at this inspection. One person's file did not contain a reference from the most suitable recent health and social care employer. We also identified two recruitment files where gaps in employment history had not been investigated by the provider prior to employment.

The failure to complete the necessary checks was a continued 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 sufficient staff on duty to meet people's safety needs. The provider was using a dependency tool to assess staffing levels which was reviewed monthly to ensure people's changing needs were considered.

Preventing and controlling infection

At the last inspection we found the provider was failing to protect people from harm as staff did not always wear appropriate personal protective equipment (PPE). This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had made improvements and we found the provider was managing infection control and the risks associated with the COVID-19 pandemic. We saw that staff were using PPE correctly.
- There were systems in place to ensure high standards of cleanliness were kept and the home was clean and hygienic when we visited. The registered manager conducted regular audits of the environment.
- The provider had adapted the visitors' protocol as government guidelines changed. Visitors to the home

were asked to complete a COVID-19 test, wear appropriate PPE and follow hand hygiene procedures before entering the home. Visiting relatives told us they were satisfied with the precautions taken during visits to their family member. One family member told us, "They have adapted the visitors' policy throughout the lockdown. At the moment we use the visitors' room which is lovely."

- Visiting professionals were asked to provide evidence of their vaccination/exemption status in line with the new requirements for care homes.

At the last comprehensive inspection, we found the provider was failing to ensure that food hygiene standards were maintained and that the home was free of malodour. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The provider had made a range of improvements to the environment including an upgrade to the kitchen facilities and the shared bathroom facilities which were in need of refurbishment at the last inspection.
- There were systems in place to ensure food hygiene standards were maintained including regular checks of the kitchen equipment and food storage areas.

Assessing risk, safety monitoring and management

- The provider had assessed the risks to people's health and wellbeing and taken action to mitigate these. The home had commissioned a fire risk assessment of the building which identified a range of actions with varying levels of urgency. The action plan showed that urgent works had been completed or were in the process of being completed.
- 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 in relation to falls, continence, 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.
- People and their relatives told us the service was keeping them safe. We received comments such as "We have no concerns on safety. I think they are looking after [family member] very well" and "Yes, [family member] is safe. They wouldn't be there if I didn't think so."

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. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- 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.

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.
- The registered manager checked medicines regularly 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 with medicines management 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.

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 had produced a COVID-19 report which detailed the lessons learnt during the pandemic and the improved ways of working that had been identified.

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 provider had made improvements to their quality assurance systems and processes and there were a range of checks and audits being carried out. Despite these general improvements the issues we found with recruitment files had not been identified during the provider's own audits and checks.
- The provider had plans to develop and improve the service. For example they had purchased an interactive exercise bicycle system which included a visual simulation of a range of journeys which people could watch why they exercised.

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

- Not all elements of the service were person-centred. The service had been without a dedicated activities coordinator for some time which meant another member of staff was providing the structured group activities as well as attending to their own duties. Many of the structured activities were not available when this member of staff was attending to their regular duties and we observed people were not always engaged with meaningful activity. The registered manager told us they had been trying to fill the activities coordinator post and would continue to try to do so in order to have a dedicated member of staff delivering activities.
- Group activities such as bingo and quiz were being held in the communal lounge area which was also a place for people to watch television. During our visit we observed these activities were on at the same time as some people were watching television and there was also a radio which could be heard from the adjoining room. The use of the communal space meant people would potentially find it difficult to engage in their chosen activity with conflicting audible noises on at the same time.

We recommend the provider reviews the way communal activities are organised to ensure they are person centred.

- Meal choices were not always offered in a way that met the needs of people with dementia or communication difficulties. We saw that people were asked what they wanted for their main meal without any visual aid to help them understand the choices being offered. We raised this with the registered

manager who explained their policy was to show everyone a plated version of each meal option, however, this was not done at the lunchtime service we observed.

We recommend the provider reviews their staff practices to ensure meal options are presented in a way that meets people's communication needs.

- Notwithstanding the issues we observed we received mostly positive feedback from people and their families about the service they received. We received comments such as, "I think Penerley have been brilliant. They really do care" and "We are confident that [family member] is well cared for by kind and caring staff."
- Staff were happy with the support they received from senior staff including the registered manager. We received comments such as, "We can go to the [registered] manager if we have any worries. He has an open-door policy and is very supportive" and "The [registered] manager really looks after us."

Working in partnership with others

- The home worked with a range of health and social care professionals. However, we identified some people had been visited by the podiatrist only twice in the previous 12 months and the provider had not taken action to meet the shortfall in this provision. We discussed this with the registered manager who explained the NHS podiatry service was very limited and people were reluctant to pay for a private podiatry service.

We recommend the provider seeks advice on how they can mitigate the risks of shortfalls in this service.

- The service worked in partnership with a range of other health and social care professionals including district nurses, GPs, opticians and dieticians. One professional who visited the service regularly told us, "There is never any delay in communication, and it appears that any problems are dealt with swiftly and appropriately. From what I've seen, the staff treat the residents with kindness and respect and seem well aware of the residents' individual needs."
- The home worked closely with the local authority quality team and commissioners to help drive improvements.

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.

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

- 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.
- Relatives felt well informed and told us the registered manager and staff regularly contacted them with updates about their loved ones and any changes to service delivery. We received comments such as, "They call me if anything major happens. It is very reassuring" and "They email me on a regular basis and keep let me know what's going."
- The provider sought feedback from people 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. Meetings were also used to discuss the ongoing pandemic and ensure staff were aware of all the changing government guidelines for care homes.
- The service assessed people's equality and diversity needs and supported people to meet these. Care plans considered people's sexuality needs and we saw examples where staff supported people to meet these individual needs in a sensitive way which maintained their dignity. The service engaged with the local community faith groups who visited individuals to support them with their preferred religious observance and on other occasions visited all residents to help celebrate religious festivals.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not establish and operate safe recruitment procedures to ensure all staff were of good character and had the appropriate competence and skills to safely perform their roles and responsibilities. Regulation 19 (1) (a) (b)