Mr HA and Mrs M Cole

Penerley Lodge Care Centre

Inspection report

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Date of inspection visit:
04 August 2016

Date of publication:
01 September 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Penerley Lodge Care Centre on 27 February and 4 March 2016 at which we found three breaches of regulation. At this inspection, we found people had not always received safe and appropriate care. Risks to people's health and safety were not always identified. There was insufficient guidance for staff to ensure they understood how to meet people's needs safely. The provider had not ensured there were sufficient and suitable staff deployed to cover both emergency and routine work of the service. The provider had not ensured they had information about the quality of the service and any necessary improvements required.

Due to our concerns and the breaches of regulations, we issued a warning notice which the provider was required to comply with by 30 July 2016. The provider sent us a plan that described how they would meet the regulations.

We undertook a focused inspection on 4 August 2016 to check that the service now met the legal requirements. This report only covers our findings in relation to this. You can read the full report from our last comprehensive inspection, by selecting the 'all reports' link for 'Penerley Lodge Care Centre' on our website at www.cqc.org.uk.

Penerley Lodge Care Centre provides personal care and nursing care to older people and those living with dementia. The service can accommodate up to 29 people. At the time of our inspection 28 people were using the service.

At this inspection, we found the manager and provider had followed their action plan and met the legal requirements in relation to managing staffing. We saw staffing levels had been reviewed and increased to ensure there were sufficient staff to meet people's needs safely. Staff responded to people's requests promptly and spent time engaging them in conversation and activities. The provider had a plan in place to manage staff shortages during a time of emergency.

The service identified risks to people and had up to date plans in place to keep them as safe as possible. Staff had received additional training and had the right skills and knowledge to provide people with safe care and treatment. Staff followed guidance in place to manage risks to people. The manager assessed people's needs and care plans were in to ensure a person centred approach to care.

Staff received the support they required through regular one to one supervision and appraisal to enhance their knowledge and competence to meet people's needs effectively.

The quality of the service was now subject to regular checks. The provider had put systems in place to monitor the quality of the service. The manager monitored the quality of care planning and risk assessments. The registered manager had taken appropriate action to address the concerns and develop the service.

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

The service was safe. Risks to people's health were identified and staff put into practice plans to manage these risks safely. People's risk management and support plans were updated in response to their changing needs to ensure they were protected from the risk of receiving inappropriate care and treatment.

The service had recruited more care staff and ensured there were sufficient staff to meet people's needs.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Requires Improvement

The service was effective. Staff received training to develop their skills and knowledge.

Staff received support to develop their skills to meet people's needs effectively. The manager ensured staff received regular supervision and appraisal.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service responsive?

Requires Improvement

The service was responsive. People received care and support that met their individual needs. People's individual needs and preferences were assessed. Staff planned and delivered people's support with the involvement them and their relatives.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement

The service was not always well-led. The service has not had a registered manager for some time as required by law. We will be taking action to ensure the service has a registered manager.

The manager had put systems in place to review the quality of service provision. The provider carried out checks on the way the service operated and the quality of recording keeping. The manager and had taken action to mitigate the risks to people's health and well-being.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Penerley Lodge Care Centre

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.

We undertook a focused inspection of Penerley Lodge Care Centre on 4 August 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the manager and the provider after our comprehensive inspection on 27 February and 4 March 2016 had been made. We inspected the service against four of the five questions we ask about services: Is the service safe? Is the service effective? Is the service responsive? Is the service well-led? This is because the service was not meeting some legal requirements in relation to these questions.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the service including any statutory notifications received. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed feedback we had received about the service from people, their relatives and local authority staff. This included the manager and provider's action plan, which set out the action they would take to meet legal requirements We used this information to help us plan the inspection.

During our inspection, we spoke with six people using the service. We also spoke with the manager, and six care staff. We looked at five people's care records which included assessments, care plans and risk assessments. We read management records of the service including incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We viewed records relating to staff including training, supervision and appraisal records. We looked at feedback the service had received from people and their relatives.

After the inspection, we spoke with staff from the local authority that funded the majority of people who had a placement at the service.

We undertook general observations and formal observations using the short observation framework for

inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in February and March 2016, we found the provider had not protected people from the risk of receiving inappropriate care and unsafe treatment. Staff had not monitored health conditions for people who were at risk of becoming malnourished. The provider had not ensured staff had knowledge on how to understand and manage risks to people's health. We saw people were at risk of avoidable harm because staff had not identified risks to people's safety and well-being.

At this follow up inspection of August 2016, we saw the manager had taken action to ensure people were protected from the risk of harm. Risk assessments were in place for concerns such as people becoming malnourished, having a fall and managing behaviours that challenged the service and others. There was sufficient guidance in place which staff had followed to monitor and manage people's health. We saw staff acted on information they gathered on a person's health condition and made an appropriate referral to healthcare professionals. The manager had ensured staff managed known risks to people's safety and well-being. Staff had received further training on how to manage specific risks to people's health such as the use of nutritional assessment tools in managing people's eating and drinking needs.

At our previous inspection on 27 February and 4 March 2016, we found the provider and the manager had not ensured they were sufficient staff on duty to meet people's needs safely. The provider had not ensured sufficient staffing to cover staff emergency and routine work at the service. Healthcare professionals had expressed their concerns about inadequate staff levels. People had not received the support they required which caused them and others discomfort. Staff did not always respond promptly to people's requests in a timely manner.

On this inspection, we saw there were enough staff to meet people's needs. We found that since our last inspection the service had reviewed staffing levels based on people's needs and the support they required. People confirmed they were able to choose what they wanted to do each day and there was staff to support them when required. The provider had recruited more care staff to ensure there were sufficient numbers of staff with the appropriate skills mix. Staff told us there were now sufficient staff to meet people's needs as they wished and in a timely manner. Staff were able to provide people with the individual support they required without being hurried or interrupted by more urgent issues. We saw staff speaking with people and engaging them in activities of their choice. Staff told us they completed their other duties as required without being hurried.

The manager explained to us how staffing levels were planned throughout the service and took account people's needs. Additional permanent staff were on the duty rota and management provided an oversight in the covering of shifts for all absences. Rotas showed shifts were by regular staff which enabled them to understand people's needs and support them safely. During our inspection we observed they were enough staff to cover all areas of the service to ensure people's safety.

During our inspection of 27 February and 4 March, we found the service was not adequately prepared to deal with incidents that could disrupt the provision of support and care to people. At this inspection of 4 August

2016, we saw the manager and provider had put in place a robust plan to ensure there was sufficient staffing arrangements to provide cover in case of emergencies that could stop a service from running.

We found the service was now meeting Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service effective?

Our findings

At our inspection of February and March 2016, we found the provider had not ensured the service effectively met people's needs. People's nutrition and hydration were not monitored to ensure they met their needs. Staff did not maintain records on food and fluid intake for people at risk of becoming malnourished to ensure people received appropriate support with their nutrition. Staff had inadequate training on how to manage risks.

At this inspection of 4 August 2016 we found the manager had taken appropriate action to ensure the service met staff's training needs to manage risks to people's health. Staff had received training to ensure they understood people's needs and how to support them effectively. Records showed staff had completed training on managing people's nutritional needs and weight management. Staff were able to explain to us what they had learnt from their training on meeting people's nutritional needs and how it impacted on people who use the service. Care records showed staff monitored people's weight and took action to support them to maintain a healthy lifestyle. Records showed staff had contacted the GP and dieticians in order that any medical reasons for a person's loss of appetite could be identified.

The provider had put plans in place and staff had started to receive regular supervisions and an annual appraisal. The manager continued to monitor that all staff received regular supervisions to minimise the risk of people receiving support from staff who may not have had the appropriate support, skills and experience

Requires Improvement

Is the service responsive?

Our findings

At our inspection of 27 February 2016, we found people had not received care and support appropriate to their current level of needs. The service had not maintained up to date and accurate records on people's care plans we read in line with the provider's policy.

At our follow up inspection of 4 August 2016, we saw people received care and support that met their individual needs. Care records showed assessment information on people's background, health care needs and preferences. The manager had reviewed people's care plans to ensure staff had accurate information on people's needs and the support they required. Staff told us they involved people and their relatives in reviewing their care plans. The service now maintained accurate records of people's needs and the support they required. This meant staff met people's needs effectively.

We found the service was now meeting Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service well-led?

Our findings

The service was not well-led. At our inspection of 27 February 2016, we found the provider did not have robust audit systems to monitor the quality of service and to address concerns at the service. The provider had not monitored risks to people which resulted in staff not managing the identified risks appropriately. Staff had not kept sufficient records on people's health conditions and had not taken action to ensure they received the support they required.

At the focussed inspection of 4 August 2016, we saw the provider had ensured the quality of planning and delivery of the service was subject to regular checks. The manager and provider had put plans in place to carry out audits of the service. For example, the service had carried out a care plan audit which identified areas of improvement in relation to people's needs assessment and reviews. The manager had ensured people's care plans were person cantered through regular reviews of people's needs. Care plans were appropriately set up to ensure staff provided people with individualised support. The manager had taken appropriate action to minimise the risks to people because of the accurate and up to date records on people's needs and the support they required.

The service did not have a registered manager. The manager had started their application to be a registered manager in line with CQC regulations. We are keeping the situation under review to ensure the service has a registered manager as soon as possible.