

Mr & Mrs P Chellun

Gate Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

This inspection took place on 19 and 21 November 2014 and was unannounced.

Gate Lodge is a residential care home that provides accommodation and personal support for up to 21 older people living with dementia. There were 19 people using the service at the time of our inspection.

We last inspected Gate Lodge in April 2013. At that inspection we found the service was meeting all the regulations that we assessed.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service and their representatives told us they felt safe and well cared for at Gate Lodge. They were encouraged to take part in activities and to continue to be part of their community. People were supported to maintain relationships with family and friends who were important to them.

There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers on each shift were sufficient to help make sure people were kept safe.

Summary of findings

Medicines were stored securely and safely. However, safe practice was not always being followed around the management of medicines and in keeping up to date auditable records. You can see what action we told the provider to take at the back of the full version of this report

Staff were caring and treated people using the service with dignity and respect. They received training and support to help them carry out their role effectively.

A positive culture was evident at Gate Lodge where people using the service, their relatives or friends and staff were included with their views listened to and acted upon.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

One aspect of this service was not safe. The service was not consistently following safe practice around managing medicines.

There were enough staff on duty to meet the needs of people using the service.

Staff were recruited safely and knew how to recognise and report abuse to help keep people using the service safe.

Requires Improvement



Is the service effective?

The service was effective. People were supported by staff who had the necessary knowledge and skills and were well supported by the registered manager.

People had enough to eat and drink. Staff provided appropriate support to those who required assistance with their meals.

Health care needs were met and the home worked well in partnership with the GP and other healthcare professionals.

Good



Is the service caring?

The service was caring. People were treated with kindness and compassion and their dignity was respected.

Relationships between staff and people receiving support were positive and consistent feedback was received about the caring attitude of the staff.

Good



Is the service responsive?

The service was responsive. Staff were knowledgeable about people's care and support needs.

People were supported to take part in activities they enjoyed and to maintain contact with friends and family.

People using the service or their representatives were able to raise concerns.

Good



Is the service well-led?

The service was well-led. There was a registered manager in post and people told us the home was well run.

Systems were in place to monitor the quality of the service so that areas for improvements could be identified and addressed.

Good



Gate Lodge

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 checked 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make. The PIR was well completed and provided us with information about how the provider ensured Gate Lodge was safe, effective, caring, responsive and well-led.

We visited the home on 19 and 21 November 2014. Our first visit was unannounced and the inspection team consisted of an 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 service.

On the first day of our visit we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. The inspector returned to the home to examine staff files and records related to the running of the service.

During our inspection we spoke with five people using the service, two visitors, six care staff and the registered manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to how the home was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Medicines were stored safely and securely and the medicines supplied to the home in pharmacy blister packs were being administered correctly. We found, however, that the records for medicines supplied in their original containers did not consistently correspond with the quantities of medicines being kept on behalf of people using the service. We found two instances where the number of tablets or capsules left exceeded the number that should have been remaining. The systems in use did not allow for accurate auditing of boxed medication to make sure people were receiving their medicines as prescribed. For example, dates were not being routinely recorded when each box was opened to enable tracking of quantities against the records.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People using the service told us that they felt safe living at Gate Lodge. One person told us, “I’m very happy here, I have been able to relax and be myself.” Visitors told us the home gave “a good service” and praised the kind and reassuring approach taken by the staff who worked there.

Staff had a good awareness of safeguarding issues and understood their responsibilities in keeping people safe from harm. They told us they would report any concerns they had about people’s safety to the registered manager or senior staff and would go directly to the local authority safeguarding team or the Care Quality Commission if they felt it necessary. We saw the relevant contact numbers were displayed for staff reference along with written procedures for safeguarding and whistle-blowing.

Risks to people’s health and safety were being managed. Care files included risk assessments to help keep people

safe. These assessments identified hazards people may face and the action for staff to take to ensure people’s safety. This guidance was also reflected in people’s care plans. Risk assessments had been completed for each person in respect of nutrition, pressure care, falls, and moving and handling. Staff had received training in safely moving people from one place to another.

The home recognised the need to allow people the freedom to be independent where possible. One person told us, “I go out when I want” and talked about how they were able to pursue their interests outside of the home. We saw people using the garden which had recently been re-modelled to allow safe access. Some individuals were supported by staff to go to a local post office to get the papers each day.

People told us there were enough staff around to help them when they needed assistance. Staff said that they felt that they were able to meet people’s needs. Their comments included, “There are normally three carers working along with a senior staff member” and “The staffing levels are safe.” Staff said absences were covered where possible and additional staff provided when required for appointments or social events.

We checked three staff files to see if safe recruitment procedures were followed before new staff were appointed. Appropriate checks had been undertaken. Each file contained an application form, written references and evidence of the person’s identity. Criminal record checks had been carried out for these staff. This helped to ensure that only suitable staff were employed.

Regular maintenance checks of the premises took place to help keep people safe. These included regular fire alarm tests, daily fridge and freezer temperature checks and servicing of equipment such as hoists.

Is the service effective?

Our findings

People told us that they were happy with the support provided to them. One person said, "I don't have to worry about anything" and "This is the best home in the country." Both visitors commented that the home kept them well informed, for example, contacting them whenever the doctor had seen their relative or if there were any changes with their health.

Staff were knowledgeable about the people who used the service and were able to talk about their individual preferences and daily routines. They had a regular supervision meeting with their line manager and records kept confirmed this. Regular staff meetings were used to discuss good practice in areas such as record keeping and moving and handling. Rotas showed that senior staff were on duty each day and staff said they felt able to approach them for guidance and support. Their feedback included, "I get every support I need, they listen to me", "I can go and talk to the deputy manager" and "The training is good."

Effective systems were in place to make sure all staff received the training appropriate to their role and updated these skills as needed. Staff told us they received training to help them do their job including a full induction when they first started working in the home. Records showed they received a range of training appropriate to their role including safeguarding, dementia care, safe use of hoist equipment, and equality and diversity. The home worked with the local authority Community Support Team to plan training in order to develop staff skills, for example, in person centred planning. The activities co-ordinator took a lead role in monitoring staff training and were undertaking higher qualifications in dementia care themselves.

Care plans documented any restrictions placed on individuals, looking at their best interests and ensuring the

least restrictive option had been considered. We saw people were not restricted from moving around the home if they were able to. One person was seen to go in and out of the newly re-modelled garden area and staff engaged with them as they walked. Another individual was provided with a blanket to put around them as they moved around the communal areas.

The registered manager had made application to the local authority for Deprivation of Liberty Safeguards (DoLS) authorisations for people using the service. DoLS is a framework to approve the deprivation of liberty for people when they lacked the capacity to consent to treatment or care.

People using the service told us they enjoyed the food provided to them saying, "I'm fed well" and "quite good today." The cook worked from a two week revolving menu with meals based on the known preferences of people using the service. One person told us, "Yes, they asked me to help with the menu." The lunch was served plated and staff told people what was being given to them. The cook told us an alternative meal was provided if people did not like what was being served. They made sandwiches or were ready to cook, "whatever [people] want". A visitor spoke about how the home provided flexible mealtimes for their relative fitting in with their own eating routines.

People were encouraged to eat their meals independently and some people used adapted cutlery to help them do this. We saw other people were provided with unhurried support to eat when this was required.

Arrangements were in place for people to receive support from visiting opticians, dentists and chiropodists. We saw the home worked with the local GP and community nursing team in order to make sure individual health needs were addressed.

Is the service caring?

Our findings

People told us, “The staff work terribly hard, they are polite and respectful” and “Quite hardworking, polite most of the time.” One person told us that the staff were “handpicked” meaning they were helpful and reassuring towards them. Visitors said, “They are well looked after” and “Exceptional, they keep calm and are very kind and patient, especially the manager and the deputy.”

Staff told us that they would recommend the home to people they knew saying, “Yes I would recommend it, people are happy here” and “The staff here genuinely care.”

The atmosphere was very calm and relaxed throughout both days of our inspection. We observed staff interacting positively with people and it was evident they knew people well. They supported people in a caring and kind manner using touch to reassure each person as they spoke to them.

Staff supported people in making choices, such as where they wanted to eat their meal or if they wanted to join in with activities. We observed staff explaining to one person what was being served for lunch and provide an alternative at their request. We saw another person being given their meal later in the afternoon as they had slept late that morning and consequently had a late breakfast.

Person centred information was available about each person including their life history, likes and dislikes. We saw that people and / or their friends and relatives had been asked for memories around areas such as childhood, work and relationships. We saw this information being used by one staff member when a person became upset asking where their family was. We saw them respond by using their knowledge to chat about the area they lived in and their past occupation thus relieving their distress.

Staff told us they acted as named key workers for people using the service and we saw that a notice was displayed in bedrooms reminding the person who this staff member was. Staff told us about their role as key worker ensuring the person had sufficient clothes and toiletries and liaising with the family. Key workers kept monthly notes about the person however we saw that this information was often similar in content.

We saw that people who used the service were supported to maintain relationships with their family and friends. We were told by people using the service that their family members were able to visit freely and the visitors spoken to confirmed this. One person told us they were very appreciative of the fact that could visit whenever they chose and said this flexibility was very helpful to them.

Is the service responsive?

Our findings

People using the service said, “The activities are very good” and “Yes, [there is] enough to do.” A part-time activities co-ordinator worked at the home for three days each week. We saw them facilitate a quiz and later chatted to people about their families and past experiences. Memory books were used to help prompt individuals in sharing memories. For example, we saw one person engaged in conversation about their past holidays. Other memory books had been compiled around gardening and World War Two.

Activity records kept included outcomes of each session which were then used to inform future planning. Guidance was made available for staff in engaging people in things that they enjoyed and were meaningful to them. Staff said that they provided activities when the co-ordinator was not on duty and worked to a structured plan. This included jigsaws, quizzes, chair exercises, manicures and dancing.

Trips and events were arranged outside of the home. Some people using the service had recently participated in a war memorial service held locally and a Christmas outing was being planned to a local nursery at the time of our inspection.

People’s needs were assessed before they came to live at Gate Lodge. An assessment form was completed that helped staff to discuss with the person and / or their

representative how they wanted to be supported. Care plans were then developed and we saw new documentation was being introduced at the time of our inspection.

One new care plan seen addressed the person’s strengths and needs and detailed the support they required across areas such as pain, medication, privacy and dignity and meaningful activity. Staff told us, “The focal point of the care is now the person” and the attitude of the registered manager was, “Why don’t we try this” when trying to meet individual needs. The older care plans seen were focused on tasks rather than people and these were due to be updated in the weeks ahead.

One visitor told us that they were consulted about their relative’s care plan which was updated each year and they signed it. People were aware they had a care plan and felt their identified needs were being met. One person said, “I can’t speak highly enough” when talking about the care provided to them.

People told us they felt able to raise any concerns or complaints should they have any and would speak with the registered manager, their key worker or a member of staff. We saw that there was a clear procedure for staff to follow should a concern be raised with them. One staff member told us, “We have a complaint book where I would record the issue and then inform the manager”. There had not been any complaints raised by people or by their relatives in the last twelve months.

Is the service well-led?

Our findings

People using the service said, “I trust the care manager here implicitly” and “Generally the managers are very good here.” Visitors told us they felt able to approach senior staff to discuss any issues and said that the home communicated well with them and felt the home was well managed. Healthcare professionals involved with the service reported that senior staff were keen to provide good quality care and worked well in partnership to achieve this.

Staff told us that the service was well-led and they felt able to approach senior staff to raise issues or to access further support as required. They said the team worked well together saying, “My colleagues are very helpful” and “They treat staff well here”. An ‘employee of the month’ scheme had been introduced to recognise individual performance and there were plans to introduce a similar award for good team work. One staff member told us the registered manager and provider were “very good at listening and making improvements”. An example given was the need for an improved garden area and the detailed planning work that had taken place to provide this. Individuals said that the home had improved over the past two years saying, “The atmosphere is better” and “a massive improvement.”

Regular meetings were held to involve people in the running of the service, for example, to choose ornaments and flowers for the new garden area or to decide on

favourite hymns for a Communion service. People had been asked for their views on how staff treated them and if the service could be improved in any way. We saw meeting minutes documenting these actions and separate records of the individual improvements requested by people. These included suggestions for particular indoor and outdoor activities along with favourite meal choices. Dates were logged when these actions had been completed.

Relatives were formally asked for their views via an annual questionnaire that had last been conducted in March 2014. We saw the feedback was positive with comments such as, “unfailingly kind and patient” and “excellent caring”. A ‘resident of the day’ scheme was used to review the support provided for each person including a check of their room, care plans and documented any feedback sought from involved relatives or friends.

A development plan was in place for Gate Lodge including further development of the environment to be ‘dementia friendly’, improved lighting and further activities. The registered manager was aware of sector guidance to guide best practice and this had been applied, for example, in the planning of the garden area.

Regular audits were undertaken to help identify any risks that may compromise the quality of care provided. Accidents and incidents were monitored and falls audits used to identify any trends. We saw these were discussed in staff meetings and practice addressed in supervision as necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person was not protecting service users against the risks associated with the management of medicines.