

Mrs Maudlyn Cecilia Andall

Gordon Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 22 and 24 July 2015. The visit on 22 July was unannounced and we told the provider we would return on 24 July to conclude the inspection.

We last inspected the service in August 2013 when we found no breaches of the regulations.

Gordon Lodge Nursing Home provides accommodation for people who require nursing or personal care. When we inspected there were nine older people using the service. People using the service had general nursing care needs and some people were living with dementia.

The registered provider, Mrs Andall, is also the registered manager of the service. 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.

We found four breaches of the regulations. The provider did not always follow systems for protecting people who used the service. The provider did not always assess the risks to people using the service and did not always act

Summary of findings

on assessments of possible risks. Staff did not always follow systems to ensure that people consistently received their medicines safely and as prescribed. Checks and audits the provider / manager carried out did not identify issues that they needed to address.

You can see what action we told the provider to take at the back of the full version of the report.

People told us they were well cared for by staff who understood their needs.

The provider ensured staff completed the training they needed to work with people using the service.

Where people were not able to make decisions about the care and treatment they received, the provider acted within the law in people's best interests.

People told us the nurses and care staff working in the home were caring and during the inspection, we saw staff treated people with kindness and patience.

There was no evidence of analysis or learning from accidents and incidents involving people using the service.

The provider had systems in place to monitor the day to day operation of the service but these were not always effective and there was a lack of clarity about the management of the home.

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?

The service was not safe.

The provider had systems for protecting people who used the service but they did not always follow these.

The provider did not always assess the risks to people using the service and did not always act on assessments of possible risks.

There were systems in place to ensure that people consistently received their medicines safely and as prescribed but staff did not always follow these.

Inadequate



Is the service effective?

The service was effective.

People told us they were well cared for by staff who understood their needs.

The provider ensured staff completed the training they needed to work with people using the service.

Where people were not able to make decisions about the care and treatment they received, the provider acted within the law to make decisions in their best interests.

Good



Is the service caring?

The service was caring.

People told us the nurses and care staff working in the home were caring.

During the inspection, we saw staff treated people with kindness and patience.

Staff supported people to choose where and how they spent their time.

Good



Is the service responsive?

The service was responsive.

People told us they enjoyed the activities arranged in the service.

Staff recorded people's personal care needs and the provider gave staff clear guidance on how to meet these needs in people's care plans.

There were systems to manage and respond to people's complaints.

Good



Is the service well-led?

Some aspects of the service were not well led.

There was no evidence of analysis or learning from accidents and incidents involving people using the service.

There was a lack of clarity about the management of the home.

Requires improvement



Summary of findings

<p>The provider had systems in place to monitor the day to day operation of the service.</p>	
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Gordon Lodge Nursing Home

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.

This inspection took place on 22 and 24 July 2015. The visit on 22 July was unannounced and we told the provider we would return on 24 July to conclude the inspection.

The inspection team consisted of two inspectors.

Before the inspection, we reviewed the information we hold about the provider. This included the last inspection report and notifications the provider sent us about significant events affecting people using the service.

During the inspection, we spoke with five people using the service, interviewed four members of staff and spoke with the provider / registered manager and deputy manager. We also used the Short Observational Framework for Inspection (SOFI) during lunchtime on the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records for four people using the service and looked at other records, including medicines records, staff recruitment records and records related to the management of the home.

We spoke with a community nurse and a social worker during our visit. Following the inspection, we spoke with two relatives and a tissue viability nurse.

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, “I very well looked after here” and said they felt safe. A second person said, “I’m well cared for, I feel very safe here.” A relative said, “I visit regularly and they never know when I’m coming. There are always enough staff.” This person added, “I’m sure my [relative] is safe at Gordon Lodge.” A second relative told us, “There are usually enough staff but sometimes at weekends you have to wait for them to answer the door.”

The provider did not always assess the risks to people using the service and did not always act on assessments of possible risks. For example, a pressure care risk assessment for one person identified a high risk to the person but there was no specific care plan to show how staff would keep the person’s skin in a healthy condition. Another person’s care plan said they could be physically challenging. However we found no risk assessment to indicate how the staff should support this person when they became physically challenging and there was no information on possible triggers and situations that might lead to these challenges.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had systems for protecting people who used the service but they did not always follow these. The provider had a copy of the local authority’s safeguarding adults procedure and these included clear guidance for staff on identifying possible abuse and reporting any concerns they had. However, the provider had failed to notify, without delay, the local authority and the Care Quality Commission (CQC) about an allegation of abuse that had happened shortly before our inspection visit.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There were systems in place to ensure that people consistently received their medicines safely and as prescribed but staff did not always follow these.

One medicines administration record chart did not include a photograph of the person using the service. Staff did not give one person their medicine on the morning of our inspection. We checked the medicines record and saw staff

had recorded the medicine was unavailable. We discussed this with the nurse in charge and the registered manager, who told us the medicine had run out a day early and they had not ordered extra to complete the month’s medicines for this person.

A second person’s medicines records showed they were prescribed calcium tablets to take once every day. Records showed staff did not give the person their calcium tablet every Monday. We spoke with the registered manager and the nurse in charge, who told us the person’s GP had advised the person should not take the calcium with another medicine they took every Monday. However, staff had not recorded this advice and amended the medicines administration record chart to reflect the GP’s advice.

The provider’s medicines audit tool was unclear and did not show if the service’s procedures for ordering and recording people’s medicines were effective. It was not possible to see from the audit record how many tablets the home held for each person, how many had been given to people and the remaining balance.

These were also breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Nursing and care staff told us they would act if they suspected someone was abusing a person using the service. One staff member said, “We know we must tell somebody if we think there is abuse. I would tell the nurse-in-charge straight away.” A second staff member told us, “We have been told we must report any abuse.”

The provider told us all staff completed safeguarding adults training as part of their induction. Staff told us they had completed the training and the records we looked at confirmed this. The records also showed the provider had arranged for all staff to complete a three-day refresher course that would cover all the training the provider considered mandatory in August 2015.

The provider had systems to assess risks to people using the service and guidance for staff on managing identified risks, although these were not always followed. We saw people’s care plans included risk assessments and guidance for staff on how to reduce risks to individuals. The risk assessments covered falls, mobility, nutrition and pressure care. We saw staff had reviewed the risk assessments recently and where reviews identified the need to make changes, we saw the manager and staff took

Is the service safe?

appropriate actions to make sure people received safe and appropriate care. For example, following a fall, staff reviewed and updated one person's risk assessment and reviewed guidance for staff to meet the person's increased care needs.

The provider ensured there were enough staff to meet people's needs and people told us there were enough carers. Their comments included, "There are usually enough staff" and "I never have to wait for help, the staff are always available."

Nurses and care staff told us, "There are enough staff, we have time for people." A second member of staff said, "It's a good home, the staff are good and we work well together."

During the inspection, we saw there were enough staff to provide people with the care and support they needed and

we did not see people having to wait for help. The nurse in charge gave people their medicines safely. They took time to administer medicines to people in a caring manner without rushing.

The provider had systems in place to make sure staff were suitable to work with people using the service. Staff recruitment files we looked at included application forms, references, proof of identity and Disclosure and Barring Service checks.

We saw the provider had policies and procedures for responding to emergencies, including power failure and the need to evacuate the premises. We also saw records of safety checks of the home's hot water and fire safety systems and service records for hoists, assisted baths, the passenger lift and portable electrical equipment. All of the checks and service records we reviewed were up to date.

Is the service effective?

Our findings

People told us they were well cared for by staff who understood their needs. One person said, "I've lived here a long time. It's a good home, it's what you make it." A second person told us, "It's a very good home, wonderful." A relative told us, "All the staff are good, they know my [relative] and I can ask them anything."

The provider ensured staff completed the training they needed to work with people using the service. The training records we looked at showed most staff were up to date with training the provider considered mandatory. This included safeguarding adults, fire safety, medicines management and food safety. In addition, we saw the provider had arranged for all staff to complete refresher training they needed to bring all their training up to date.

Staff told us they had completed the training they needed to do their jobs. One member of staff said, "I haven't been here that long but I have done some training and I know there's a lot planned." A second staff member told us, "The training has been good."

The service had good links with local health services. The provider told us the GP visited each week and the Clinical Commissioning Group's lead nurse also visited to audit and advise on the development of care planning and risk management.

A health care professional who worked with people using the service told us, "This is my first visit to my client. The staff seem to understand their care needs but I cannot comment on working together at this stage."

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The provider / registered manager understood her responsibility for making sure staff considered the least restrictive options when supporting people and ensured people's liberty was not unduly restricted. We saw they had worked with the local authority and had completed applications for authorisation where people's liberty was restricted in the service. For example, most of the people

using the service were unable to go out alone and needed staff supervision and support. The provider had recognised this was a restriction and had completed applications to the local authority for authorisation, as required by the Safeguards. However, the provider had not sent the applications and they told us they would do so following this inspection. The provider / registered manager was aware of the need to inform CQC of the outcome of each DoLS application.

Where people were not able to make decisions about the care and treatment they received, the provider acted within the law to make decisions in their best interests. People's care records showed the provider had arranged meetings with relatives and other people involved in people's care to agree decisions in the person's best interests, a requirement of the Mental Capacity Act 2005.

People were complimentary about the food provided in the home. One person told us, "The food is good." A second person said, "The food is usually good." A relative commented, "My [relative] always seems happy with the food. I've always thought it looks very good."

At lunchtime, we saw that the people we observed had a positive experience during their meal. The atmosphere in the dining room was calm and relaxed, staff supported people appropriately and ensured they spent time with one individual who needed assistance. Staff engaged in conversations about the food and other topics while they supported people.

People's nutritional care needs were assessed, with support from a dietician where required. Where staff recorded people's food and fluid intake, the registered manager had ensured staff recorded accurate amounts.

The provider arranged for and supported people to access the healthcare services they needed. The care plans we looked at included details of people's health care needs and details of how staff met these in the service. We saw staff supported people to attend appointments with their GP, dentist, chiropodist and hospital appointments.

A health care professional told us staff referred people appropriately for advice and support regarding their health care needs. They also said nurses and care staff followed the advice they gave about treatments.

Is the service caring?

Our findings

People told us the nurses and care staff working in the home were caring. One person commented, “They always care, we come first and they stay after hours.” This person added, “They are devoted, they care.” Another person told us, “The girls are wonderful, they really do care about us.”

A relative told us, “The care is excellent, no problems at all.” A second relative said, “We think the care is very good, they have some very caring staff.”

A visiting health care professional told us they found staff friendly and said they interacted well with people using the service. They told us they had visited the service twice and felt the staff followed their advice.

During the inspection, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and individuals did not have to wait for staff to help them. Staff ensured they respected people’s dignity and privacy when they received support with their personal care needs. We saw nurses and care staff knocked on bedroom doors before entering

people’s rooms and they always made sure they closed bedroom and bathroom doors when they supported people with their personal care. At lunchtime, staff were calm, patient, caring and attentive.

We also saw staff supported people to choose where and how they spent their time. While most people came to the main lounge, others chose to stay in their rooms. During the inspection we saw staff support people to return to their rooms during the day, as well as spending time in the lounge and the garden.

All of the people we saw were clean and well dressed. Staff told us they supported people to choose the clothes they wore each day and they were able to tell us the clothes each person preferred. One member of staff said, “All of the people here like to be smartly dressed.”

People’s care plans included information about their needs in respect of their gender, religion and culture. For example, we saw staff asked people about the gender of staff who supported them with their personal care and this was respected.

Is the service responsive?

Our findings

A relative told us, “We’ve never come close to making a complaint, never needed to.” A second relative said, “No, I’ve never made a complaint. I’d talk to the manager if I needed to.”

People told us they enjoyed the activities arranged in the service. One person said, “There’s usually something happening or the TV is on.” Another person told us, “There are some activities but they’re not all for me. I go to my room or the garden if I don’t want to join in.”

The provider arranged activities that reflected people’s interests and that people enjoyed. There was a programme of daily activities that included exercise classes, sing-alongs and quizzes. During the inspection, we saw the home’s activity coordinator and care staff working with small groups and individuals. Staff encouraged individuals to join, but also respected people’s choice if they preferred not to do so. The activity coordinator kept records of the activity sessions they organised and this included details of each person’s involvement in the planned activity and whether or not they had enjoyed it.

Staff brought in copies of a free daily paper for people to read and one person told us they ordered a daily paper and it was delivered to the service.

Staff were available to support people throughout the day in the communal areas and people were not left alone. Staff were aware of people’s individual needs and were attentive to these. For example, at lunchtime one member

of staff spent time with one person, encouraging them to eat independently. When they had to leave to attend to another person, they apologised to the person they were supporting and explained they would return shortly.

Staff had access to information about people and their care needs. People’s care records included assessments of their care needs and dependency levels completed by staff from the service or local authority social workers. Staff had used the information from these assessments to develop a care plan for each person using the service. The care records we reviewed had recently been updated and nurses and care staff had incorporated suggestions from clinicians to improve the quality of care planning documents.

Staff recorded people’s personal care needs and the provider gave staff clear guidance on how to meet these needs in people’s care plans. Each of the care records we reviewed included basic information about the person, their care needs, preferences, family and friends and daily routines.

Care records covered people’s personal and health care needs. Areas covered in people’s care plans included personal care, nutrition, safety, pressure care, night care, choice and autonomy and communication.

Nurses and care staff told us there was good communication between shifts and they knew where to find information they needed about people using the service.

The provider’s complaints procedure was last reviewed in May 2013 and the provider told us an external consultant was currently reviewing it. There was one recorded complaint and the deputy manager told us they were currently investigating the concerns raised.

Is the service well-led?

Our findings

The home's owner and registered provider is also the registered manager. They have a professional qualification and have run the home since 1983.

The provider had systems in place to monitor the day to day operation of the service but these were not always effective. For example, the provider's checks and audits failed to identify issues we found with the medicines some people received, did not review accidents and incidents effectively to mitigate risks to people using the service and did not evidence that people using the service and others were consulted about the care and support they received.

Accident reports lacked detail and there was no evidence of analysis or learning from accidents. Nurses and care staff used an accident form to record accidents and incidents involving people using the service. Most of the forms included basic details of the accident / incident and actions taken by staff. There was no evidence the forms were reviewed by the registered manager to identify patterns and action that could be taken to mitigate risks to people.

We could not make a full assessment of the management of the service, as we did not have all of the information we needed to make a judgement. During the inspection, we asked the provider for information about some aspects of the running of the home. They told us they would send this following the inspection but we did not receive it.

These were breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider has a responsibility to inform the Care Quality Commission (CQC) about any changes to the ownership or management of the home and any absence of the registered manager. However, we found there was a lack of clarity about the management of the home. Nurses and care staff told us they knew who the provider / manager was and said they would go to them with any concerns or

questions. However, most of the people using the service, visitors and health care professionals we spoke with were uncertain about the management arrangements in the home. Two people using the service told us the deputy manager was the manager and two relatives also believed this. A visiting healthcare professional told us the provider used to manage the service but more recently, the deputy manager had been in charge. Before this inspection, the provider told us they planned to retire and transfer the running of the home to other family members but this had not yet taken place when we inspected.

During the inspection support staff worked well as a team to meet people's care and support needs. During our inspection, we saw examples of good team work where staff supported each other to make sure people using the service did not wait for support or attention. One care worker said, "You have to work well together to get things done." A second care worker told us, "We are here for the people who live here. I want to look after them the way I'd like my relatives to be looked after."

The provider told us their priorities were "to provide the best possible nursing care with zero tolerance for pressure sores." They also said they wanted, "To work with other agencies to provide the best possible care."

Records showed the provider checked the service's fire alarm system monthly and held regular fire drills, the last in January 2015. The fire alarm system was serviced in January 2015 and all firefighting equipment was serviced in July 2015. All hoists used in the home were serviced between January and July 2015.

During our inspection, the atmosphere in the home was welcoming and open. Nurses and care staff spoke with people in a kind and friendly way and we saw positive interactions between all staff and people who used the service. Staff told us that they enjoyed working in the home. One care worker said, "It's good, a good home. We have had problems but we care about the people we look after." A second care worker said, "We try to do the best we can, I think people are well cared for here."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not assess or take action to mitigate risks to the health and safety of people using the service.

The registered person did not ensure the proper and safe management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person did not operate effective systems to prevent abuse of service users.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not maintain records relating to the management of the regulated activity.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The registered person did not inform the Care Quality Commission of allegations of abuse.