

Gibson's Lodge Limited

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Inspection report

Gibson's Hill
London
SW16 3ES

Tel: 02086704098

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

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

Gibson's Lodge is a care home which provides personal and nursing care. Gibson's Lodge accommodates up to 53 adults some of whom were living with dementia. At the time of the inspection, there were 36 people living at Gibson's Lodge which is located on a residential road in Streatham.

People's experience of using this service and what we found

People received their medicines when they were due. However, the service did not follow the correct procedures when people might lack capacity to make decisions about taking medicines and when they may need to be given without their knowledge or consent.

People's needs were assessed and they received care which met their needs. People were satisfied with the quality of care they received. However, people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests.

People felt safe and were protected from avoidable harm as staff had been trained to recognise signs of abuse and knew who to report this to if they had concerns.

There were enough staff to support people safely and meet their needs. People were supported by staff who were well trained and received regular performance reviews. Staff were caring and treated people with respect.

People received effective support to maintain their health and had access to external healthcare professionals. People had personalised risk assessments and staff understood the actions required to help minimise these risks. This included close monitoring of food and fluid intake for people at risk of malnutrition and dehydration

People had a choice of healthy meals and enough to eat and drink. People had the opportunity to take part in organised activities.

People were protected from the risk and spread of infection. All areas of Gibson's Lodge were clean, well-furnished and well-maintained. The home was fully accessible and people moved freely around the home regardless of any mobility difficulties.

People, relatives and staff were kept informed about the plans for the service and had the opportunity to give their feedback. People knew how to make a complaint. There were appropriate systems in place to assess and monitor the quality of care people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was inadequate (the last inspection report was published in January 2019). We found multiple breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since 11 January 2019. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We inspected Gibson's Lodge on 2 July 2019. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We found evidence that the provider had made significant improvements but further improvements need to be made. Please see the Safe, Effective and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Following the inspection, the provider sent us evidence that new procedures have been put in place in relation to capacity assessments, best interest meetings and people receiving their medicines covertly.

Follow up:

We will request an action plan for the provider to understand what they will do to improve and maintain 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Gibson's Lodge Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and a nurse specialist advisor.

Service and service type

Gibson's Lodge 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 who was in the process of registering with the Care Quality Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced. This meant the staff and provider did not know when we would be visiting.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We spoke with seven people, three relatives, seven staff members and the manager. We looked at nine people's care records, five staff files as well as records relating to quality assurance and management of the

service. We also observed interactions between people and staff.

After the inspection

The manager emailed us records relating to people who received their medicines without their knowledge or consent and additional records regarding maintenance.

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 inadequate. At this inspection this key question was rated requires improvement. This meant some aspects of the service were not always safe and people's rights were not always protected.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection we found that the provider did not adequately protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- People told us they felt safe living at Gibson's Lodge. Relatives were also of the view that people were safe. They commented, "I'm confident [the person's] safe. [The person] would tell me if she wasn't" and "I'm here all the time and I've never seen or heard anything that would make me think anyone here isn't safe."
- There was a safeguarding policy and procedure in place which staff were familiar with. Staff had been trained in how to protect people from abuse.
- Staff spoke knowledgeably about how to recognise the signs of abuse and how to report any concerns. The manager had reported incidents to the local authority and CQC as required.
- Staff supported people to prevent and manage behaviour that might challenge others which helped reduce the risk of harm to people and others.
- Staff understood their responsibility to record and report accidents and incidents involving people living in the home.
- When things went wrong the manager investigated and took action to help prevent the incident happening again. Learning from accidents and incidents was shared with staff during supervision and staff meetings.

Preventing and controlling infection

At our last inspection we found that the provider did not adequately protect people from the risk and spread of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People were protected against the risk and spread of infection.
- Staff had been trained in infection control and their training was supported by the provider's infection

control policies and procedures.

- Staff had enough personal protective equipment such as gloves and aprons to support people safely with personal care.
- The provider had systems in place to make sure that clinical and non-clinical waste was safely stored and disposed of.
- All areas of the home were well-maintained, clean, tidy and free from unpleasant odours. The furniture and paintwork throughout the home including in people's rooms and communal bathrooms were free from dust.

Staffing and recruitment

At our last inspection we found that there was not enough staff to meet people's needs and appropriate checks had not been made before staff were allowed to work with people. This was a breach of regulations 18 and 19 (Staff and recruitment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations 18 and 19.

- Staff had been recruited using safe recruitment practices to make sure that only applicants suitable for their role were employed.
- Appropriate checks were carried out before staff began to work with people including their right to work in the UK, criminal record checks and checking they were physically and mentally fit to carry out their role.
- We observed there were enough care staff and nurses to support people safely and meet their needs. This was confirmed by the people we spoke with who commented, "There are lots of staff around and I don't have to wait long when I call them and "There's plenty of staff."
- The staffing arrangements were flexible enough to ensure that replacement staff were available if a staff member was off through sickness or other unplanned event.

Using medicines safely

- People did not always receive their medicines safely and in a way which upheld their rights.
- The provider did not follow the correct procedures to give people medicines without their knowledge or consent (covertly). This meant the decision to give people medicines covertly was not in line with the principles of the Mental Capacity Act 2005 or national guidance and may not have been made in people's best interest.
- Four people's care plans showed that the provider had not assessed whether they had capacity to make that particular decision. The provider did not consult relatives and healthcare professionals involved in people's care in the decision making process. Furthermore, there was not a plan in place to make sure that the need for continued covert medicines was regularly reviewed for every person receiving their medicines covertly.
- We were concerned and raised this with the manager who told us she had already identified this issue and showed us a new assessment process she had created and was going to start using.
- The manager sent us evidence that following the inspection mental capacity assessments had been carried out, best interest meetings held and decisions made by a multi-disciplinary team including relatives and pharmacists to give individuals their medicines covertly.
- This is a new process and we will need to check that staff are using the new system all the time at the next inspection.
- There were appropriate arrangements in place to make sure that people's medicines were ordered on time, stored and disposed of safely.

- Staff kept records of the medicines people received. People told us and the records we looked at confirmed that people received their medicines at the right time and in the correct dose.

Assessing risk, safety monitoring and management

- People's care was planned to limit the risk of avoidable harm.
- The risks associated with people's health, their environment and medicines were recorded and staff had detailed guidance on how to manage the risks identified.
- Staff knew the individual risks people faced and how to manage these risks safely and effectively.
- People's risk assessments and risk management plans were reviewed monthly, and promptly updated following an accident, incident or change of circumstances.

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 requires improvement. At this inspection this key question remains requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- People's legal rights were not protected and they were not supported to have maximum choice and control of their lives because staff did not follow the principles of the MCA or national guidance.
- Staff did not conduct capacity assessments where it was believed a person might not have capacity to make specific decisions regarding the covert administration of medicines.
- Best interest meetings were not held. The purpose of such a meeting is for relatives, staff and any other professionals involved in the person's care to decide whether the decision to administer the person's medicine without them knowing was in their best interest.
- This meant that some decisions about people's care and treatment was made by staff when people may have been able to make that decision for themselves.

This is a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection we found that staff were not appropriately supported by the provider through an induction, supervision and relevant training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff had the skills to support people safely and effectively. We observed that staff were confident in their interactions with people. They used equipment such as hoists correctly.
- Staff received an induction, relevant training, supervision and appraisal.
- Staff had the opportunity to obtain further qualifications relevant to their role and to train into new roles within the service.
- Staff felt supported in their role and felt confident the manager and more senior staff had the knowledge and experience to give advice and guidance on good practice. .

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

At our last inspection we found the premises was not well-maintained. This was a breach of regulation 15 (Premises) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 15.

- The service was designed to meet the needs of people living at Gibsons' Lodge. The service had undergone extensive refurbishment and redecoration. All areas of the home including the communal areas and people's rooms were well maintained and well decorated.
- People's rooms were personalised and filled with things that were important to them including ornaments, furniture, photos and pictures.
- People living with dementia can become disorientated in time and space. The provider had adapted the home to meet the needs of people living with dementia by for example, using colour coding and pictures to help people recognise their bedrooms and communal bathrooms.
- All areas of the home were fully accessible which meant that people were able to move freely around the home.
- Staff had the equipment they needed to support people safely and effectively such as, pressure relieving mattresses and hoists. The equipment was clean and well-maintained and staff had been trained to use the equipment appropriately.

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

- Staff carried out a detailed assessment of people's needs before they began to use the service. The assessment process continued after the person began to use the service.
- These assessments formed the basis of people's care plans. The care plans were thorough and reflected best practice guidance.
- Care plans were designed to achieve effective outcomes for the people. For example, people had specific care plans for positive behaviour support. We also saw care plans for the management of pressure sores which were in line with national guidance.

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

- People were supported by staff to keep healthy and well. People's care files set out how staff should support them to manage their health and medical conditions and access the services they needed such as the speech and language therapy team and community mental health team.
- People were supported by experienced staff who were able to identify changes in people's health conditions. Referrals to specialist healthcare teams were made promptly. The manager and staff worked

well with healthcare professionals involved in people's care.

- Outcomes from people's healthcare appointments were noted and shared with staff so that they were aware of any changes or updates to the support people needed.
- Staff followed the recommendations of external healthcare professionals involved in people's care. This helped to make sure people received appropriate and consistent care.

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

- People were protected from the risk of malnutrition and dehydration. They had a choice of healthy, well-presented, balanced.
- People told us they had enough to eat and drink. Comments included, "We get plenty to eat and it's generally very good" and "I'm not a big eater but I think the food is quite nice."
- The catering staff knew people's dietary needs and food preferences as well as how their food needed to be prepared and presented. The meals people received reflected this.
- People who required support to eat their meals were given the support they needed in a timely manner.

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 requires improvement. At this inspection this key question has improved to good. 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; Respecting and promoting people's privacy, dignity and independence

At our last inspection people were not always treated with dignity and respect. Their privacy and independence was not always promoted. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- People and relatives told us the staff were caring and considerate. People commented, "The staff are all very nice. They're helpful and I'm treated well. I have everything I need" and "They do their best to make me comfortable." Relatives told us, "I think the staff are brilliant" and "They work really hard looking after the people here. They are very patient and caring."
- We observed that staff interaction with people was relaxed and respectful. It was evident from speaking to staff that they cared about the people they supported and had formed meaningful relationships with them. One person told us, "[Staff name] is excellent."
- Staff respected people's privacy and dignity. One person told us, "Sometimes I prefer to be left alone. They do check that I'm alright but leave me to it and I like that." A relative remarked that, "The staff know me and will leave me alone with [the person] when I'm visiting."
- We observed staff approached people discreetly when asking them if they required support. People who required support to eat were supported in a manner which maintained their dignity. People were not rushed and were supported at the pace that suited them. Staff were constantly speaking to people while supporting them which helped people to feel at ease.
- Staff knocked the door and asked for permission to enter before going into people's rooms. All personal care was conducted behind closed doors. People were clean tidy and well-groomed; some people were having manicures and pedicures. This was important as being well-groomed is known to help people maintain high self-esteem.
- People's independence was encouraged. People's mobility was assessed to ensure they had the most appropriate equipment and adaptations to maintain their independence. Staff understood the relevance and importance of equality and valuing diversity in providing care.

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

- Staff supported and encouraged people to make decisions about their care as part of the care planning process and in making day-to-day decisions such as what they wanted to wear and to eat.
- People had the opportunity to express their views during feedback surveys and at "residents' meetings" where they had the opportunity to feedback on their meals, activities and outings.
- Relatives were also given the opportunity to express their views during visits to the service and at scheduled meetings. One relative told us, "I have no problem querying anything about [the person's] care."

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 requires improvement. At this inspection this key question has improved to good. 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

At our last inspection, we found the provider had failed to provide personalised care to people. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People were satisfied with the quality of care they received and felt their wishes were listened to and acted on by staff.
- People's care plans detailed their needs and preferences. Care plans set out people's health care needs and also recorded information about people's background, family life, previous jobs and interests.
- People were supported by a consistent staff team who knew them well and understood how they preferred their care to be provided. This helped staff to provide personalised care which met people's needs.
- People had the opportunity to participate in a variety of group activities in the home including arts and crafts and quizzes. Outside entertainers also visited the home which people told us they enjoyed.
- We observed that people were supported to follow their interests. For example, one person's care plan stated they enjoyed watching sport. The person spent the afternoon watching tennis on the television. Another person enjoyed doing crosswords and puzzles and had crossword and puzzle books with them in the dining room.
- Visitors were welcomed. People were supported to maintain relationships with their family and friends which helped to avoid them becoming socially isolated.

Meeting people's communication needs

Since 2016, 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.

- We saw the provider was adhering to the AIS principles. The provider recorded details of any communication impairments and people's preferred method of communication.
- Care plans contained some photographs to aid communication. Staff knew people's communication needs and communicated effectively with them.
- The manager had plans to develop the way information was presented and told of plans to increase the

font size of the menu and have pictures of the food choices.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which gave people and relatives details of how to raise a concern and how they could expect this to be dealt with. Information about how to make a complaint was also displayed in the communal areas.
- People and their relatives told us they knew how to raise a complaint and felt their views would be listened to.
- The manager kept a record of complaints and conducted reviews of concerns to check for any themes or repeated concerns.
- The manager changed policy and procedures in response to complaints to improve people's experience of receiving care. For example, in response to complaints that people's laundry was getting mixed up the manager had changed the laundry arrangements. This had helped people to get the correct laundry.

End of life care and support

- People received effective end of life care and support from experienced and knowledgeable staff. A relative of a person receiving end of life care told us, "I am happy with the way they are looking after [the person]. [The person] is comfortable and is not in any pain. They're very good."
- People had been given the opportunity to discuss their end of life wishes and these were documented.
- People's advance care plans included their wishes around medical input, whether they wanted to be resuscitated and whether they wished to go into hospital or remain at Gibson's Lodge.

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 inadequate. At this inspection this key question was rated requires improvement. Whilst we found that significant improvement had been made, the provider was not always following the principles of the MCA. This is important because it meant that people were not always given the right to choose how their care and treatment was provided and the correct procedure was not followed when staff made decisions on people's behalf.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the systems in place to assess and monitor the quality of care people received were not as effective as required. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Additionally, the provider had failed to submit statutory notifications in a timely manner about events involving people. This was a breach of regulation 18 (Notifications) of the Registration Regulations 2008.

At this inspection we found that significant improvement had been made and the provider was no longer in breach of regulations 17 and 18. However, the way in which the MCA was being applied by staff in relation to people receiving their medicines covertly requires improvement. Furthermore, the fact that this practice had been going on for many months indicated a lack of good management in relation to this issue.

- Since our last inspection the manager and staff had worked hard to improve the service and people's experience of receiving care. This was reflected in the feedback we received from people and staff. However, we found that further improvements were required because staff procedures for giving people medicines covertly were not in line with the law or national guidance.
- Staff assessed the risks relating to the health, safety and welfare of people. These risks were known to staff and were well managed.
- The manager had many years' experience working in adult social care and kept up to date with developments. They had a good understanding of what was required to meet the regulations.
- People, relatives and staff respected the manager and felt the home was well run. A relative told us, "This is a good home and I'm happy [the person] is here. She's happy and being kept safe." Staff commented, "[Manager's name] is no-nonsense and has made a lot of changes. It's much better" and "[Manager's name] knows what she is doing and it's better here now for the residents and staff. Everyone is pulling their weight."
- The manager and staff conducted a variety of audits to check and monitor the quality of care people received. These included audits of medicines, accidents and incidents, the cleanliness of the home and the accuracy and completeness of people's care records.
- The manager had notified the CQC of significant events that happened in the service in a timely manner. This meant we were able to monitor events at the service and check that the provider took appropriate

action when necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Care was planned to help staff provide person-centred care. People received personalised care which met their needs.
- Staff said they enjoyed working at the home. They felt able to approach the manager with suggestions and to obtain guidance.
- Staff worked well as a team and communicated effectively which helped people receive consistent care.
- The home had developed and maintained good working relationships with outside organisations to provide good care and treatment to people. The management and staff worked closely with the local authority, a local GP and the community mental health team to review and meet people's current and emerging needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 manager and staff understood their responsibility to be open and transparent when accidents or incidents occurred.
- The manager shared plans for the service with people, relatives and staff during regular meetings during which they had the opportunity to feedback and make suggestions for improving the service. Records indicated that action plans were drawn up based on people's feedback.
- The ratings from our previous inspection were not on display when we arrived for the inspection. The manager was aware of the provider's responsibility to display ratings but told us the document had been removed that morning to be cleaned. Records indicated the manager had shared the findings and rating of our previous inspection with people, relatives and staff as well as the provider's plans to improve the service.

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 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The provider did not ensure that the care and treatment of service users was provided with the consent of the relevant person, or in accordance with the Mental Capacity Act 2005 where a person was unable to give consent because they lacked capacity to do so.
Treatment of disease, disorder or injury	
	Regulation 11 (1 and 3).