

Ms Elaine Atkinson

207 Goodmayes Lane

Inspection report

207 Goodmayes Lane
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Date of inspection visit:
09 February 2022
10 February 2022

Date of publication:
27 May 2022

Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

Inadequate ●

Is the service effective?

Insufficient evidence to rate

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

207 Goodmayes Lane (Gwendoline Caring Home) is a care home in the London Borough of Redbridge. They are registered to provide personal care for up to six people with dementia, older people and younger people. At the time of the inspection two people were living at the service.

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

Medicines were not being managed safely. They were not always stored securely, and we found gaps in their administration. There was no system in place to check whether people had their medicines administered correctly. Risks to people were not always assessed. People had serious health conditions and there was a lack of information for staff about those conditions. Lessons were not learned when things went wrong. Incident recording was poor. Staff were not recruited safely. References were not recorded sufficiently well and criminal records checks on some staff had not been done until we inspected. People were not safeguarded from abuse as staff had not been trained to recognise the signs of abuse.

There were infection prevention control measures in place.

The provider was unable to satisfactorily evidence staff induction or training. The provider had not taught staff a consistent way to work in areas such as administration of medicines, safeguarding adults from abuse, infection control or basic life support. This meant people were not being cared for safely as the provider had not assured themselves of staff knowledge. The provider was unable to clearly evidence staff had received an induction or training.

The service was not well led. Governance and administration practices were poor. Some documents were unable to be found at the time of asking, though some were provided later. Quality assurance measures were not always accurate. No evidence of engaging with people and staff through regular meetings was provided. The service was not fully utilising local adult social care networks which could benefit people living at the service.

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

Rating at last inspection

This service was registered with us on 18 March 2021 and this is the first inspection.

Why we inspected

We undertook a targeted inspection to look at infection prevention control. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements

We inspected and found there was a concern with the state of the premises and the quality of documentation provided to us, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We have found evidence that the provider needed to make improvements. Please see the safe 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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staffing, safeguarding people from abuse, good governance and fit and proper persons employed at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below

Inadequate ●

Is the service effective?

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Insufficient evidence to rate

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

207 Goodmayes Lane

Detailed findings

Background to this inspection

The inspection

This was initially a targeted inspection to look at infection control which was expanded to a focused inspection as we found concerns. We wanted to check whether the provider was following the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in the safe and well Led domains.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

207 Goodmayes Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be at the service to support the inspection.

What we did before the inspection

We reviewed the information we already held about this service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person about their experience of the care provided. We also spoke with three members of staff; one care staff member, the registered manager and the provider.

We reviewed a range of records. This included two people's care plans and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We had correspondence with one further member of staff, a director for the provider with oversight for the service. We looked at training information, staff files, quality assurance measures and care plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- There were shortfalls in the management of people's medicines. Whilst one person told us they were content with how staff administered medicines, we found that medicines were not managed appropriately. One person told us, "No issues with my medicines." However, although people told us this, we found gaps on people's Medicines Administration Record (MAR) sheets.
- We found no evidence staff had been trained to administer medicines or had been competency assessed to do so. This meant people were being administered medicine by staff who might not know how to do this properly which potentially puts people at risk.
- We saw medicines were being stored in unlocked cupboards. We advised the registered manager about this on the first day of inspection. When we returned for the second day, they remained unlocked. This meant people could access medicines and potentially spoil medicines or overdose on them.
- On our first day of inspection the registered manager told us they were unable to explain the gaps in MAR sheets or whether people took their medicines or not as they had not been at the service when the gaps occurred. On the second day of the inspection, the provider told us they were responsible for the gaps and had forgotten to complete MAR sheets, but that people had taken their medicines.
- Neither the registered manager nor provider was able to provide evidence for quality assurance of medicine administration during two days of inspection and did not tell us about any assurance system or MAR audits.
- Following the inspection, a programme director who worked for the provider, sent us a Topical Medication audit PDF dated as completed in January 2022, though the document was created on 16 February 2022 (6 days after our inspection). The audit did not state what medicine was being audited though indicated the audit should be supported by a body map, Topical MAR and a risk assessment specific to the safe handling and storage of creams/ointments.
- We requested this information and the director provided neither MAR, body map nor risk assessment. However, they did send an overarching medicine policy and procedure pdf document created on 01 March 2022 for the same person which contained a medicine assessment form. This assessment form made no reference to any topical medicines.
- The medicine assessment forms provided following the inspection, and MAR sheets seen during the inspection did not provide enough information about the medicines being administered, nor indicate the risks associated with them. For example, we saw one person was prescribed a type of benzodiazepines. This medicine had risks and side effects associated with its use, including dependence and withdrawal. The person's care plan contained none of this information. This meant people were potentially at risk of harm as staff were unaware of the risks associated with people's medicines.

We found no evidence that people had been harmed, however, the provider had not ensured the proper and

safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always recorded nor was information on how to mitigate those risks.
- Hazardous cleaning materials were kept in unlocked cupboards. Under the Control of Substances Hazardous to Health Regulations (COSHH, 2002) Providers are required to safely store and control harmful substances that are hazardous to health. This potentially put people at risk of harm.
- On the first day of the inspection one person's care plan contained very little documentation but did contain correspondence with health care professionals which stated the person had suffered a serious condition where blood collects between the skull and surface of the brain. On the second day of the inspection further documentation was provided which did identify some risks to the person, such as falls, but did not identify other risks such as the potential for a life-threatening return of the condition and what signs staff might look out for to mitigate such risk.
- One person's risk assessment stated that they were at risk of absconding. There was mention of using the "Herbert protocol" to mitigate this risk. The Herbert protocol is a form which supports the police to find people with dementia if they have absconded from a service. There was no supporting Herbert protocol form and the registered manager did not know what the Herbert protocol was when asked about this.
- Following the inspection, the programme director sent us a number of risk assessments associated with the general care of service users in the home, health and safety and environment. These risk assessments stated there were existing controls in place to mitigate risks such as CCTV installed, mental health first aiders available and staff had received training in topics such as conflict resolution and first aid. None of these things were in place and the risks assessments therefore appeared generic and inaccurate.
- We asked the director to provide evidence to support the risk assessments and they told us, "The contractor explained that [they] operate within the care home environment quite frequently, and therefore have been using a generic template that captures most risk that are associated within care homes. If the care home possesses the hazards, then the existing controls must be implemented. However, there is no hazards that associated with us and therefore no need to implement the existing controls you are concern about, and therefore no need to worry about the imaginary lift or elevator, and the same goes for CCTV." This meant that the risk assessments were either unnecessary or contained inaccurate information about the service.

We found no evidence that people had been harmed however, the provider had not fully assessed the risks to the health and safety of service users of receiving the care or treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Following the inspection the provider sent us photo showing that COSHH cupboards had been locked.

Learning lessons when things go wrong

- Lessons were not always learned when things went wrong. Incidents and accidents were not always recorded as such. On the first day of inspection we asked the registered manager if there had there been any incidents or accidents. They told us there had not been any. We then asked whether they had needed to call an ambulance for any service users. They told us they had but did not realise contacting emergency services would be considered an incident or accident. They subsequently showed us where this had occurred in someone's care notes but were unable to provide an incident report.
- The following day the provider showed us an incident report for this incident. It was not entirely clear whether this report had been completed overnight or at the time of the incident, but demonstrated the

registered manager was unaware of what documentation they were supposed to have, where it was and why it might be necessary.

- This incident report that the ambulance was called but they [ambulance paramedics] "apparently seen nothing." The incident report lacked sufficient action or follow up to ensure the person's health was being properly monitored. It was unclear whether the person was hospitalised and or whether there were any recommendations from the paramedics and or what treatment they provided.
- The provider was unable to show us any meeting minutes or supervision where this incident might have been discussed with staff and or learning gathered from the incident.

We found no evidence that people had been harmed however, the provider had not competently recorded incidents affecting the health, safety and welfare of people using the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Staffing and recruitment

- Staff recruitment measures were not robust. When we asked to see staff files, we were only shown two of three staff files during our onsite inspection. There were no references in the staff files seen on site. Following the inspection evidence provided showed the only references received were verbal. In one instance the referee was the registered manager, who was related to the staff member.
- Disclosure and Barring Service (DBS) checks are checks completed to verify people's criminal history and whether they are safe to work with vulnerable people. Two of the three staff had their DBS checks completed following the inspection as they had not been checked before we attended the service. This meant the provider had not sought to assure themselves that staff were safe to work with people at the service.

We found no evidence that people had been harmed however, the provider had not fully assessed whether staff were of good character nor established effective recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Fit and proper persons employed.

Following the inspection, the programme director sent us supporting information to show DBS had been completed and they held information on the third staff members staff file.

- There were enough staff working to support people. One person said, "There are enough staff." Staff and rotas confirmed this. The provider and the registered manager told us they were both capable of providing cover in the event of any emergency shortfall.

Systems and processes to safeguard people from the risk of abuse

- People were not safeguarded from the risk of abuse. The provider had not ensured staff had been trained in safeguarding or how to identify abuse.
- At the time of the inspection one staff had not received Disclosure and Barring Service (DBS) checks nor had three care staff any references in their staff files. This meant the provider had not ensured people at the service were being safeguarded from potential abuse from staff.
- We asked the registered manager what they would do if they suspected abuse, they told us they would inform the Care Quality Commission. Whilst this is partially correct, at no point did they mention raising an alert with the local safeguarding team, usually the local authority. This is common practice and something we would expect a registered manager to know. Similarly, raising a safeguarding alert with the local

authority safeguarding team is something the provider's safeguarding policy identifies under the registered manager's responsibilities, which the registered manager did not know.

We found no evidence that people had been harmed however, systems and processes were not established and operated effectively to prevent abuse of service users. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for safeguarding service users from abuse. Following our inspection, the provider showed us they had found a training provider who they would use to train staff. They also sent us evidence that they had sought DBS check for staff who lacked one.

- The provider had a safeguarding policy and procedure. They told us there had been no allegations of abuse or need to raise safeguarding alert.

Preventing and controlling infection

- There were systems in place to prevent visitors from catching and spreading infections. Personal Protective Equipment (PPE) was offered to visitors, their temperatures checked and recorded and COVID 19 infection status sought before they entered the care home.
- The provider had sufficient PPE and although there was no record of staff having received any training, staff told us they knew how to control and prevent infection. One staff member said, "We wear gloves and aprons when we do personal care."
- The registered manager showed us records of staff COVID 19 testing and we saw this was in order.
- We saw there were cleaning schedules for staff to maintain hygiene levels. The premises appeared clean throughout. However, one area of the service, an outhouse in the garden which the registered manager told us was their office, smelt very badly of damp. The provider told us they intended to fix this. This part of the service was not used by service users.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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.

This is the first inspection for this newly registered service. This key question has not been rated.

Staff support: induction, training, skills and experience

- Staff training was incomplete. During the inspection we were informed staff had not received training. Management told us they were in the process of seeking a training provider. Similarly, there was no evidence staff had received induction and what training had been given to staff when they began working at the service.
- Following the inspection, we were provided documentation stating staff had received an induction and had been trained. However, evidence provided was unsatisfactory. Information was also provided that the service had acquired a training provider and staff had been enrolled with them.
- The registered manager told us they had not provided supervision to staff. The provider told us they had given supervision but had not recorded it.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management of this care home was inadequate. There were numerous shortfalls in the governance of this service. On inspection we found medicines were not being managed safely, risks to people were not always assessed, staff had not been recruited safely, incidents and accidents were not always recorded correctly and people were not being properly safeguarded as staff had not been trained to recognise abuse.
- Administration at the service was poor. Care plans were kept in an unlocked cupboard in an office which was unfit for use due to it being too damp. When we asked to view any documentation, the registered manager would ask staff to collect it, whereby they would need to cross the garden to get it. We noted in doing this, there was disregard for confidentiality as staff members were able to access other staff member's staff files as evidenced when the registered manager sent them to collect them.
- Care plans and staff files were inconsistent with no system for their administration. Some documentations were either unavailable, incomplete or did not exist. For example, on the walls of the property were out of date registration details for registered manager no longer working at the service, fire risk assessments from before the property became a care home and other out of date environment related documents.
- During the inspection the registered manager was unable to answer questions about people's care, what to do in certain situations nor find documentation we would expect to find on site. Whilst we understand inspections can make people nervous, they exhibited a lack of understanding of what was required to manage a care home. Similarly, the provider who attended the service to support the registered manager on the second day of inspection, was unable to provide assurances about some of the failings we raised.

We found no evidence that people had been harmed however, the provider had failed to maintain accurate records in relation to the management of regulated activity. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider sent us a lot of documentation, the majority of which was created following the inspection.

- One person we spoke with was positive about their experience of management at the service. They said, "They are fine [management]. I can't complain."

Continuous learning and improving care

- The service was unable to properly demonstrate continuous learning to improve care. The registered manager and provider were unable to provide us with any quality assurance measures during the two day of on-site inspection. A medicine audit we saw was inaccurate, incident and accident reporting was substandard and there was no record of supervision or staff meetings.
- Following the inspection, the provider sent us a number of audits including environmental audits, such as infection control and fire safety, and audits with regards to service users. The environmental audits were satisfactory. However, the audits with regards service users, such as care planning audits and medicines audits, contained inaccurate information.
- For example, one care plan audit contained inaccuracies including staff had completed the care certificate. We saw only one staff member had completed the care certificate whilst two had not. Similarly, the audit stated best interest decisions for people with capacity concerns were in care plans. We saw no best interest decision documentation.

We found no evidence that people had been harmed however, the provider had failed to maintain accurate records in relation to the management of regulated activity. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider told us they held meetings with staff and people but told us none of these were recorded and therefore there were no minutes of what occurred. This meant we were unable to see how they engaged people and staff using the service.

Working in partnership with others

- The provider told us they wanted to work in partnership with others. The registered manager and provider told us they found it difficult engaging with local support networks and or forums during the COVID-19 pandemic. However, there was evidence in care plans indicating they had spoken with healthcare professionals on behalf of people. We informed them we would share our inspections findings with the local authority who would be able to provide them with access to some local networks and forums.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Staff had not been trained to recognise abuse. The registered manager was unaware of local policy and procedure. Regulation 13(2)(3)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were not robust. The provider had not sought sufficient references or DBS checks of staff. Regulation 19 (1)(2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Risks to people were not always assessed. Lessons were not learned when things went wrong. Regulation 12 (1)(2)(a)(b)(g)

The enforcement action we took:

We issued warning notices to the registered manager and the provider

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance at the service was lacking . The service did not have adequate quality assurance in place. Regulation 17 (1)(2)(a)(b)(c)(d)

The enforcement action we took:

We issued warning notices to the registered manager and the provider