

GCH (North London) Ltd

Drayton Village Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Drayton Village Care Centre is a residential care home providing personal and nursing care to up to 91 people aged 65 and over with general nursing needs and end of life care. At the time of the inspection there were 78 people living at the home.

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

The provider had a process for recording and investigating incidents and accidents, but this was not always followed. The processes the provider had in place for monitoring care plans and the records of care written by staff did not always identify issues or where action was required.

Relatives felt care was provided in a safe manner. Medicines were managed and administered in a safe and appropriate manner. The provider had a robust recruitment process to ensure new staff had the required skills and knowledge for their role. Infection prevention and control systems were followed. Risks associated with people's care were assessed and actions identified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans were written in a person centred way and identified people's wishes and preferences. Complaints were responded to in a timely manner. The provider had a range of quality assurance processes used to monitor the service provided. Relatives were happy with the care their family members received.

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

Rating at last inspection

The last rating for this service was good (published 6 June 2018).

Why we inspected

We received concerns in relation to the care and support people received. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led

sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Drayton Village Care Centre on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Drayton Village Care Centre

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. 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 3 inspectors and a nurse specialist advisor. An Expert by Experience carried out interviews with people living at the home and a second Expert by Experience carried out telephone interviews with relatives following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Drayton Village Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Drayton Village Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection a registered manager was not in post but the regional manager confirmed the provider was in the process of appointing a new manager for the home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and 3 relatives. We also spoke with 15 staff members which included the interim, deputy manager, regional manager, care workers and nurses. We reviewed a range of records which included 14 people's care plans, various medicines records and the recruitment records for 5 staff members. After the visit to the service we carried out telephone interviews with 11 relatives and we continued to seek clarification from the provider to validate the evidence we reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong

- The provider had a process for recording and investigating when an incident and accident occurred, but this had not always been followed.
- The incident and accident recording forms we reviewed had not always been completed in full to include an analysis of what had happened and the actions to mitigate possible risks of the incident happening again. This meant the provider could not always ensure the appropriate action was taken to reduce risks based upon the reason the incident and accident had occurred.

The provider did not have a robust system in place to ensure incident and accident records were completed in full to enable risks to be monitored and that appropriate action was taken to mitigate those risks. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans and risk assessments were updated to reflect when a person had experienced a fall.
- Following the inspection, the regional manager informed us that the provider had a system in place for additional information and any lessons learned was recorded.

Assessing risk, safety monitoring and management

- The provider had systems and processes in place to help keep people safe. Care plans identified when a person needed support with repositioning in bed to reduce the risk of them developing, or to support the management of, a pressure ulcer. We saw that the records of the care provided for people who required support with repositioning, and we noted that staff did not always record when a person was repositioned. We identified that where a person was living with a pressure ulcer there had been improvements in its condition, but the records did not demonstrate that the support identified in the care was always being provided. We discussed this with the interim manager and the regional manager who agreed that these records would be reviewed.
- Where a risk had been identified in relation to a person's behaviour and the specific support they needed, we noted this information had not always been recorded in the person's risk assessment or care plan. However, staff members had a good understanding of how to provide the required support. We spoke with the regional manager and the interim manager about this and they confirmed the risk assessments and care plans would be updated with guidance for staff about how to manage specific behaviours.
- Risk assessments and risk management plans had been developed where a person had been identified as living with a specific risk which included falls, nutrition and the person's risk of developing damage to their skin.

- Guidance was provided for care workers and nurses on how to reduce possible risks. Where people had been identified as having specific risks such as the use of a catheter, a neurological medical condition or if the person was fed using percutaneous endoscopic gastrostomy (PEG), a care plan or risk assessment had been completed providing detailed guidance for care workers and nurses on how to provide safe and appropriate support.
- Personal emergency evacuation plans (PEEPs) were in place for people living at the home. These included detailed information on how each person should be supported if there was an emergency at the home. The PEEPs identified if the person had any mobility issues and how they should be supported during an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was in general working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- We saw that mental capacity assessments and best interest decision were in place for people who could not consent to living at Drayton Village Care Centre. In the care plans we reviewed we found that mental capacity assessments and best interest decisions had been completed for most people in relation to aspects of their care such as the use of bed rails or sensor mats but a few people did not have the required assessments in place.
- We discussed this with the regional manager who confirmed that all care plans would be checked, following the inspection, to ensure all relevant mental capacity assessments and best interest decisions were completed so people's care was being provided in their best interest and in the least restrictive manner possible. Following the inspection, the regional manager confirmed with us that the reviews had been completed and all mental capacity assessments and best interest decisions were in place.

Staffing and recruitment

- The provider had a robust recruitment process in place which enabled them to ensure new staff had the appropriate skills and knowledge for their role. We reviewed the recruitment records for five staff who had been recruited recently. Records included two references, checks on the applicant's right to work in the United Kingdom and a Disclosure and Barring Service check for any criminal record. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives we spoke with felt in general there were enough staff but there were times that they felt additional staff were required. Their comments included, "There are usually 5 or 6 staff walking around on the floor [where their family member lived], although there are times when there appear less staff" and "There seems to be enough staff there. There has been continuity issues between day and night staff as they seem to be mainly agency and just don't know the residents and their work ethic is different. They do seem to have lost regular staff unfortunately."
- The number of staff allocated to each floor was based upon the support needs of those people living in each unit. Staff members we spoke with felt there were enough staff on duty to ensure people's care and support needs were met.

Using medicines safely

- The provider had procedures in place to manage and administer medicines which were managed consistently and safely in line with national guidance.
- We saw staff acted in a kind and patient manner when they administered people's medicines and people received their medicines safely and as prescribed.
- Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency.
- Staff followed the guidance in place on managing 'when required' medicines (PRN) for each person and documented the reasons why they had administered the PRN medicine.
- Medicines administration records (MAR) contained information about the person including a photograph and any allergies.
- Audits and checks were carried out to ensure medicines were being administered as prescribed and following best practice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to have visits from relatives and friends. The interim manager explained that visitors were encouraged to wear a mask, but it was up to personal choice. They were also encouraged to carry out a COVID 19 test before arriving at the home if they felt unwell. If cases of COVID 19 were identified, visitor were informed, and the interim manager explained that any restrictions put in place would have the minimum impact on the ability of people to have visitors.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt they were safe. Relatives also told us they felt their family member was safe living at the home. One relative told us, "I am relieved [my family member] is in such a nice place. They are safe because they can't just wander off; there are people to talk to all the time, so they don't get depressed; the place is spotless and the staff are wonderful with [my family member]."
- The provider had a clear process for the reporting and investigation of safeguarding concerns. We saw 3 safeguarding records which included the investigation reports and actions which had been identified to reduce the risk of reoccurrence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People's care plans identified their support needs and how they wished their care to be provided. The provider had an electronic care planning system in place which could be accessed by staff using hand-held devices.
- During the inspection we reviewed the care plans for 14 people. The care plans included sections covering aspects of daily life such as personal care, mobility, nutrition and continence. This meant staff were provided with information on how they could support the person to meet their care needs and preferences.
- There were also sections on the emotional support the person required, how their finances were managed, how to maintain a safe environment and the person's sexuality.
- Staff recorded the care they provided for each person using the electronic care plan system which included records of the person's weight and any other observations which were carried out.

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. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included a communication section which identified if the person had any visual or hearing impairments as well as information specific to support needs. For example, if a person was living with a degenerative illness the communication section provided guidance for staff on how the medical condition could impact the person's ability to communicate and how they could support them to continue to make choices about their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with people who were important to them and take part in activities.
- Relatives we spoke with confirmed they were able to visit their family members and, if they wanted to, they were supported to take their family member out for activities. One relative told us that if they wanted to take their family member for an outing they contacted the staff and they made sure the person was ready and the staff found a wheelchair the relative could use to make it easier.
- Staff were provided with information on each person's life history, their experiences, activities they enjoyed

and how the staff could support them to access activities which they enjoyed.

- Relatives told us their family member was supported to take part in activities. Their comments included, "I actually had a meal with [my family member]. They offered it to me when I arrived and it was a surprise, but I enjoyed it. The carers found out that one of the residents loved motorbikes, so they organised a trip out so that they could see some. They also do coach trips to places they know they like to go, like garden centres. They are well looked after" and "There is a little activity thing they do in the lounge sometimes that [my family member] enjoys, they are not really a Bingo person, but they are doing things they might not have done in the past, so their encouragement makes a difference."
- During the inspection we saw there was a cinema room and a hairdressing salon. There was an activity to celebrate Chinese New Year with people having a selection of Chinese food with afternoon tea.

Improving care quality in response to complaints or concerns

- The provider had a process for reviewing and responding to complaints. A complaints log was completed to identify when the concern was raised, information on the issues and the action taken to resolve the complaint. We reviewed the records for two complaints that had been received since the last inspection. The provider had investigated the complaints, taken action to resolve the issues raised, responded to the people who made the complaint in a timely manner, and the people were happy with the outcome.

End of life care and support

- People's care plans identified their wishes in relation to how they wanted their care provided when receiving support at the end of their life. The information for staff in the care plans included if the person wanted to be resuscitated, who they wanted to be informed of their care needs, if they wanted to remain at the home and not go to hospital and how their pain should be managed.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had a range of quality assurance processes to review the care provided at the home, but some audits were not robust enough to identify issues requiring action.
- When a person was supported to be repositioned in bed to reduce the risk of the development of issues with their skin this was not always recorded by staff in the person's care record. Therefore, the records did not demonstrate that the person had always been repositioned in line with the requirements of their care plan. The checks carried out on the records for the care provided did not identify the absence of recorded information around repositioning. This may have put people at risk of skin issues.
- The checks carried out on care plans and risk assessments did not always enable the provider to identify if information relating to a person's behaviour and specific support they require had been updated. The staff demonstrated an understanding of how to support specific people, but care plans and risk assessments had not been updated to reflect the management plans staff had put in place. Therefore, the quality assurance checks carried out on care plans and risk assessments did not always indicate where information had not been added to provide current guidance on the person's support needs.

The provider did not have systems in place to ensure information had been recorded in care plans, risk assessments and records of the care provided to reflect a person's current support needs and that care was being provided in line with their care plan. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A monthly audit was carried out by the interim manager which provided an overview of the other audits which had been completed. The areas reviewed include incidents and accidents, safeguarding, nutrition, training, complaints and staffing.
- Audits were also carried out at night to monitor the care being provided which included checks on if call bells were in reach, if staffing levels were appropriate and if snacks were available if people required them.
- There was a weekly check carried out by the housekeeper related to the environment of the home. There were monthly infection control audits. Weekly audits were completed for the experience people had during meals.
- The interim manager had quarterly meetings with the regional manager to monitor an overview of all the audits completed at the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and

empowering, which achieves good outcomes for people

- At the time of the inspection the provider had not had a registered manager employed at the home since 30 May 2022. The regional manager explained that they were in the process of appointing a new manager and since August 2022 the home had been supported by registered managers from other location run by the provider. The home had also been supported by the regional manager over this period.
- Relatives we spoke with told us they noted there had been some changes in the way the home was managed since the previous registered manager left. Their comments included, "You could probably say they have some management challenges, but I feel they deal with things as they come up and I made the right choice for [family member]. When I go there, I know I can knock on anyone's door and they will talk to me" and "I don't know who I should ask for if I needed to see the Manager, but mostly it's the senior staff I talk to as they know [my family member]."
- Notwithstanding relatives' views of the management situation, they told us they felt the staff were kind, caring and respectful and they were generally happy with the care their family member received. They told us, "I have only ever seen staff treat residents with respect and dignity and just take time with them. Carers encourage people and they really engage with them. You can see that most of them are not just doing it because it's a job, but they are enjoying it. They have hearts of gold" and "You often see carers walking round with residents chatting to them or guiding them where they want to go. They are so patient, and I have never heard a raised voice."
- Staff we spoke with felt there had been issues at the home while there had not been a registered manager in post with one staff member telling us they felt some things had "slipped with no one in charge" and there was an issue with staff communication with the interim managers. Staff told us they felt supported by other staff and the teams they worked in were effective and worked well together. Comments included, "There is a good communication between the floors and if there is a problem the teams are happy to support across the home. No one feels that is not my job."
- The majority of care plans were person-centred and identified how each person wanted their care provided. In general staff were provided with guidance on how they could meet people's support needs.

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 interim manager demonstrated a clear understanding of their responsibilities in relation to the duty of candour. They told us, "Being open and transparent in social care, accountable to relatives, letting them know about the care for relatives and if we sometimes miss something or need to report something being honest. We can't always be perfect, but it is important acknowledge issues and learn lessons."
- The provider had processes in place for investigating and responding to complaints and concerns which were raised about the care provided. We saw that complaints were responded to in a timely manner.
- The policies and procedures which were used at the home were regularly reviewed and updated if needed.

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

- A person's individual equality characteristics, such as ethnic background and preferred language, were identified in their care plans and their care reflected their preferences. The interim manager told us there were activities to mark events such as Black History Month. The provider had a policy in relation to promoting people's equality characteristics and the importance of ensuring not respecting people's differences is not a tolerated behaviour.
- Relatives confirmed they had been involved in the development of their family member's care plan and their ongoing care. One relative commented, "I have been involved with the care planning and attended a meeting with a senior staff member and a carer who looks after [my family member]. I gave my input and they listened."

- People were supported to provide feedback on the quality of the care they received and to make suggestions about things which could be improved, The interim manager explained there were quarterly meetings with relatives but they were looking to make them monthly in the future. There were regular discussions with people who used the service to gain their feedback.
- The interim manager told us a monthly newsletter was produced which included invitations to attend events and asked for feedback. There was also a suggestions box in the reception area so visitors could provide feedback.

Working in partnership with others

- The provider worked in partnership with other organisations. The interim manager explained they worked closely with healthcare professionals involved in people's care, the local authority and other local care homes.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The registered person did not always have a robust system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>Regulation 17</p>