

Chandrakantha Prathapan

Gable Lodge

Inspection report

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Date of inspection visit:
16 November 2022

Date of publication:
07 December 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gable Lodge is a residential care home providing personal care to up to 9 people. At the time of our inspection five older people, some of whom were living with dementia, were using the service. Gable Lodge does not provide nursing care.

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

Whilst improvements had been made to fire safety procedures we found that a safe environment was not always provided and people had not been appropriately protected from the risk of injury from falling from height due to windows not being appropriately restricted. Nevertheless, a homely environment was available and people were able to personalise their rooms. Work had been completed on bathrooms and accessible wet rooms.

There were safe staffing levels and staff received regular training and supervision to ensure they had the knowledge and skills to undertake their role.

Staff were knowledgeable about the people they supported. 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. Staff provided people with support related to their personal care, their nutritional needs and health care. Staff were aware of the risks to people's safety and how to support people to mitigate those risks. People received their medicines as prescribed. Staff worked with other health and social care professionals to ensure people received coordinated care.

However, we found that care records were not sufficiently detailed meaning there was a risk that people may not get appropriate care if being supported by new staff or agency staff.

There were systems in place to review governance systems however, they had not picked up the improvements required found at inspection. People, their relatives and staff were asked for their feedback about the service and these were used to improve practices. The registered manager attended provider forums and webinars to learn about best practice guidance.

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 requires improvement (published 18 May 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced inspection of this service on 17 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their governance arrangements and the delivery of safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm whether they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

Enforcement and Recommendations

We have identified continued breaches in relation to safe care and treatment and good governance. 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?

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Gable Lodge

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

This inspection was undertaken by one inspector.

Service and service type

Gable Lodge 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. Gable Lodge is a care home without 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 there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the 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 also reviewed the action plan submitted following their previous inspection and other information we hold about the service.

We used all this information to plan our inspection.

During the inspection

We observed care and spoke with one person. We spoke with three staff including the registered manager, a senior care worker and a care worker. We reviewed two people's care records, people's medicines management records, staffing records and records related to the management of the home. We reviewed the safety of the environment.

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 requires improvement. The rating for this key question has remained 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure a safe environment for people was provided, specifically in relation to fire safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we found action had been taken to address the fire safety concerns identified at the previous inspection, we found other concerns regarding the safety of the environment and therefore the provider was still in breach of regulation 12.

- We found that whilst windows were restricted, these restrictors were not sufficiently secure and could be easily overridden, leaving people at the risk of injury from falling from height. The registered manager said they would make arrangements to change the restrictors to ensure they were in line with recommendations from the Health and Safety Executive.

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

- Processes were in place to review the safety of the environment, including regular servicing of lifting equipment and gas, electrical and water safety. Action had been taken to complete fire safety work.
- Staff had assessed and were knowledgeable of the risks to individuals at the service. This included the risk of falling, developing pressure ulcers and related to continence care. Whilst staff were taking appropriate action to support people to manage and mitigate these risks, we found detailed records were not maintained regarding risk management which contributes to a breach of regulation 17 as outlined in well-led.
- The people we spoke with were aware of the risks to their safety, particularly the risk of falls. One person told us they felt much more confident being at the service and having the support from staff. They also said they had a frame to support them mobilise around the service and reduce the risk of them falling.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely. There was plenty of stock of PPE at the service. Staff were aware of the recommended guidance to wear PPE, especially when supporting those at higher risk of ill-health from the covid-19 virus.
- We were assured the provider was preventing visitors from catching and spreading infections. There were no restrictions on visiting and people's friends and family were welcomed at the service.
- We were assured the provider was supporting people living at the service to minimise the spread of

infection. There were regular cleaning schedules in place to ensure a clean and hygienic environment was provided.

- We were assured the provider was responding effectively to risks and signs of infection.

Using medicines safely

- At our last inspection we recommended the provider consult best practice guidance regarding medicines management in care homes, specifically regarding the storage of medicines and the use of PRN 'as required' medicines.
- At this inspection people were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- There was clear guidance in place regarding how people wished to take their medicines and when they were to be taken, including for PRN 'as required' medicines.

Staffing and recruitment

- Safe recruitment practices were in place to ensure appropriate staff were employed. This included obtaining references, checking people's identity and eligibility to work in the UK and undertaking criminal record checks.
- There were sufficient numbers of staff to provide people with the level of support they required. The registered manager told us they were in the process of recruiting additional staff to cover some vacancies and boost their staff bank to ensure there was more flexibility to cover staff sickness and annual leave.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager met with people before they came to the service to assess their needs and identify the level of support they required and how they wished to be supported.

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

- People received support to eat and drink enough to maintain a balanced diet which met their individual needs. One person at the service had recently been diagnosed with diabetes. They had capacity and understood the importance of keeping a low sugar diet. However, we found that their records had not been updated and their nutritional care plan did not include information relating to diabetes care. This contributed to a breach of regulation 17 outlined in the well-led section.
- Staff liaised with dietitians and speech and language therapists to ensure people received a diet that was suitable for their needs, this included the provision of texture modified diets when required.
- People received a varied diet and were able to request what they wanted to eat. Staff knew the people who used the service including their preferred meals and what they liked to eat. For example, one person liked to eat potatoes with their meals and this was made for them.

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

- People were being supported to access healthcare professionals to ensure their health needs were met and staff were knowledgeable about people's health needs. However, we found some records relating to people's health needs were not included in their care records, including in relation to diabetes care as mentioned above and in our well-led section.
- The service had arrangements in place for dentists, opticians and chiropodists to come to the service
- Staff supported people to attend hospital appointments if they were accessing specialist healthcare services.

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

- At our previous inspection we found improvements were being made to the bathrooms at the service. At this inspection the renovation work was complete and full wet rooms were available to support people, including those with declining mobility to be able to wash safely.
- Gable Lodge was a large family home, with large spacious bedrooms and access to communal spaces. There was a large garden which included a summer house at the bottom of the garden which people were able to access.

- People were able to choose which bedroom they wanted and one person told us they had recently moved to a downstairs bedroom as they felt more comfortable and confident moving around the service with all rooms they accessed on one floor.
- People were able to personalise their rooms and bring in their belongings to make a more homely environment.

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the knowledge and skills to undertake their role and ensure people received appropriate care and support.
- Updated training and refresher courses helped staff continuously apply best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. We observed staff working with each other and with the registered manager, they worked well together and supported each other.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At our previous inspection we found that whilst best interest meetings had been held, these had not been appropriately documented, particularly regarding Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions. We found this had been addressed at this inspection and best interest meetings with held and documented when appropriate.
- Where able, people's consent was obtained prior to receiving care and support and they were fully involved in their care and how it was delivered.
- Where it had been assessed that people needed to be deprived of their liberty to ensure their safety, appropriate authorisation had been obtained.

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 requires improvement. The rating for this key question has remained 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found systems in place to mitigate risks were not always effective and prompt action was not always taken to make improvements to the safety and suitability of the environment. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made to fire safety, suitability of the environment and medicines management, we found that appropriate action had not been taken to fully assess and mitigate risks to people. This meant the provider was still in breach of Regulation 17.

- The registered manager had not stayed up to date with best practice guidance and requirements regarding window restrictors. They had audits in place to check windows were restricted but these had not identified that the restrictors in place were not appropriately secure.
- Care records were not kept up to date and did not provide detailed information about how people were to be cared for. This included a lack of information regarding one person's recent diabetes diagnosis and details regarding size of sling or frequency of repositioning to ensure risks to people's safety was minimised. Whilst permanent staff understood the risks to people's health and safety and how these were to be managed, there was a risk that this information would not be available to agency staff when used as the information was not captured in people's care records.
- There was a governance system in place with a programme of regular audit and checks, however, these were not robust enough to improve the quality of all areas of care as outlined above.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. The registered manager was hands on and knew the people using the service well.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. There was regular informal feedback gathered through general conversations with people as well as a more formalised satisfaction survey. Comments from the latest survey included; "I always look forward to visiting gable lodge and am happy to talk to the residents. I never feel in the way." "Staff are always professional and friendly. Lovely approach with all residents." "Staff are lovely, polite, welcoming. [The person] is always very happy on visiting." "I'm more than happy that mum is at gable lodge."
- Gable Lodge is a small service with a small staff team. Staff and the registered manager worked together to provide the service and ensure people received the level of care they required.

Working in partnership with others

- The provider engaged in local forums to work with other organisations to improve care and support for people using the service. This included participation in groups organised by Skills for Care.
- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area. They said they felt comfortable speaking with representatives from the local authority if they had any questions or needed advice, including working with the safeguarding adults' team.
- The service worked well in partnership with other health and social care organisations. They said they felt well supported by the care home support team and had built good working relationships with them. They said when they had concerns about a change in a person's health the care home support team were quick to respond and provide advice and guidance.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that is reasonably practicable to mitigate risks. Regulation 12 (1) (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to maintain accurate, complete and contemporaneous records for people using the service. Regulation 17 (1) (2) (c)