

Ganymede Care Limited

# The Chiswick Nursing Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Chiswick Nursing Centre is registered to provide accommodation for up to 146 people with nursing care needs and at the time of the inspection 120 people were using the service. The premises were purpose-built and accommodated people on five separate units. The service supported older people with physical frailties and/or people living with dementia, and younger adults with disabilities. People were provided with an en-suite bedroom and shared communal facilities which included lounges, dining areas, a passenger lift and gardens.

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

People did not always receive their medicine safely, for example how staff ensured medicine administration practices did not place people at the risk of cross contamination.

People were not always properly protected from the risk of infection by the provider's infection control and prevention measures.

People were protected from the risk of abuse. Their concerns and complaints were responded to.

People and their relatives told us staff were noticeably busier due to the impact of the pandemic.

Staff told us they felt well supported and appreciated for their commitment by the provider.

People and their relatives thought the service was well managed and they felt the management team were approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was requires improvement (published 1 April 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

### Why we inspected

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The

Chiswick Nursing Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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 coronavirus and other infection outbreaks effectively.

#### 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 to do so.

We have identified one repeated breach of regulation in relation to the safe management of medicines.

#### Follow up

We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service. We may inspect again if we receive any further information.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Chiswick Nursing 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 Care Act 2014.

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 team comprised three inspectors, a CQC pharmacist specialist, two Specialist Professional Advisors and an Expert by Experience. One inspector visited the service, and two inspectors reviewed evidence sent to us by the service and carried out telephone calls to staff following the site visit. The Specialist Professional Advisors are registered nurses with experience of working with older people and younger adults with physical disabilities. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience conducted telephone calls to people living at the service and their relatives after the inspection visit.

#### Service and service type

The Chiswick Nursing Centre 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 the 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

This inspection was announced with short notice. We notified the registered manager on the evening before to ascertain if it was safe for us to proceed with an inspection site visit, in accordance with COVID-19 safety measures. Inspection activity commenced on 4 February and concluded on 23 February 2021.

### What we did before the inspection

We reviewed information we held about the service, which included the last inspection report and notifications of important events which the provider is required by law to send us, for example safeguarding concerns. We informed the local authority of our intention to carry out an inspection and received information from their Infection Control Specialist Adviser. The provider was not asked to complete a provider information return prior to the inspection. This is information we require providers to send to 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 judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with one person who lived at the service, two nurses, two suite managers and the matron. We met with the director of clinical operations and the registered manager, known at the service as the centre director. We reviewed records which included the care plans and risk assessments for 14 people and seven staff recruitment files. We checked the medicine administration records (MARs) for each person residing at Buckingham suite and the MARs for three people living in Kensington suite.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke by telephone with five people who used the service, eight relatives and 12 members of staff. The staff we spoke with included care assistants, nurses, the facilities manager, the training manager and individuals who worked in the housekeeping and catering departments. We requested and reviewed a range of documents which included staff rotas and training records, minutes for staff meetings, infection prevention and control audits, the complaints log, accidents and incidents records, and policies and procedures.



# 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 requires improvement. At this inspection this key question has remained the same. 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.

### Using medicine safely

At the last inspection medicines were not always managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At the end of a medicine round we saw the residue of a tablet on the mortar. We asked the staff nurse about this and they told us they had used the same mortar to crush tablets for two people. The staff nurse told us they did not have time to thoroughly clean the mortar between administering medicines to the two people, as the mortar took too long to dry and there was only one pestle and mortar available on the suite. This practice could cause cross contamination.
- Following the inspection, the provider informed us there were two pestle and mortar sets on the suite to ensure the safety of the two people who received crushed medicine but we did not see evidence of this at the time of inspection.

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

- The provider had addressed the medicine concerns identified at the last inspection.
- Medicines were stored securely and at appropriate temperatures, including controlled drugs. There was a process in place to receive and act on medicine alerts.
- Staff with a responsibility for administering medicine received training and their competency to handle medicines was competency assessed, however we did not always observe staff carrying out correct practices. We observed staff were polite and gained permission when they gave medicine to people. They signed for each medicine on the medicine administration record (MAR) after giving it.
- Some people were given their medicines via covert administration. Staff carried out mental capacity assessments and best interest decision meetings were done before administering covert medicines.

### Preventing and controlling infection

- The service appeared clean and hygienic and records were kept of daily cleaning. However, the provider did not keep records of enhanced four hourly cleaning of touchpoints such as the lift doors although we saw staff carrying out this task during the inspection. The layout of the building necessitated that certain key areas including lift call points, door handles to suites and keypads to basement changing areas were frequently touched. The absence of records to evidence the carrying out of this intensive cleaning routine

presented as a risk to the safety of people living at the service, staff and authorised visitors.

- There were dedicated areas on each suite for staff to take their breaks.
- The most recent audit was detailed in its scope but did not identify any areas for development, and did not cover the matter of record keeping for the cleaning of frequently touched areas in the premises.
- Safe protocols were used for admitting people safely to the service. Staff received relevant infection prevention and control training and they were provided with sufficient supplies of personal protective equipment, which they used effectively. Systems were in place for testing people who use the service and staff.

Following the receipt of the draft inspection report, the provider sent us records to show that staff were advised since the onset of the pandemic of the necessity to conduct frequent cleaning of frequently touched surfaces and touch points.

During the inspection visit we discussed our findings with the registered manager and the director of clinical operations in relation to the lack of documentation to confirm that a four hourly cleaning regime was in place. They confirmed immediate action would be implemented to address these issues. We have also signposted the provider to resources to develop their approach.

#### Assessing risk, safety monitoring and management

- People were protected from risks to their safety, health and wellbeing. Care plans contained guidance and detailed risk assessments, for example where people were at risk of developing pressure ulcers and/or experiencing falls. However, we noted a discrepancy on one person's positioning chart and another person's fluid balance chart did not state the target daily fluid intake as advised by the GP or another health care professional. The director of clinical operations informed us they would immediately check these records and make necessary amendments.
- The provider used recognised risk assessment tools to assess people's needs and develop individual care plans to meet their identified needs and wishes. This included the Waterlow assessment tool for tissue viability and the MUST (Malnutrition Universal Screening Tool) for nutritional needs.
- Risk assessments were conducted to ensure people were provided with a safe environment to live in. This included a COVID-19 risk assessment for contractors to enter the building and a risk assessment to promote the safety of laundry and housekeeping staff while carrying out their daily duties. At the last inspection we noted the provider's safety audits did not evidence the checking of the core of mattresses for evidence of internal damage. We noted this had been suitably addressed.

#### Staffing and recruitment

- Recruitment files demonstrated the provider undertook detailed checks to ensure prospective employees had suitable experience and backgrounds to work at the service. We noted the provider's recruitment policy did not stipulate the need to obtain a reference from a prior health or social care employer where applicable, to ensure satisfactory knowledge of the candidate's previous conduct when working with vulnerable people. The registered manager confirmed to us the policy would be amended.
- People and their relatives told us the pressures of COVID-19 impacted on staffing levels, particularly if staff could not give sufficient notice for the provider to ensure their absence was covered. Comments included, "There's a lot of staff off sick, I think the home does their best" and "They are short-staffed and staff are pushed to the limit."
- We observed that staff were able to respond to people in timely way and the number of staff on each suite during the inspection was in accordance with the standard daily staffing levels demonstrated on the rotas. All of the staff we spoke with reported they were well supported to carry out their roles and responsibilities, and felt the management team supported them to provide people with safe and compassionate care.



Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse, harm and neglect, as the provider had suitable processes in place. People who used the service and their relatives told us they felt safe and comfortable. Comments included, "I think the staff are well trained and know what they are doing", "None of the nurses are bad to me, they're all nice girls" and "My [family member] has a special bed where the mattress moves, to help prevent pressure sores."
- Staff understood the provider's safeguarding policy and procedures, including how to escalate any safeguarding concerns to the management team. Records showed the provider informed the local authority, and notified CQC in line with legislation.
- Staff received safeguarding training as part of their induction and this training was periodically refreshed. Guidance about how to whistleblow was displayed on staff noticeboards and included in the staff handbook. A whistleblower is an employee who reports certain types of wrongdoing at their workplace.

Learning lessons when things go wrong

- Concerns were identified by local health care professionals at the early stage of the COVID-19 pandemic in 2020, in relation to areas including staff knowledge of infection prevention and control and the robustness of the provider's systems to promote people's safety at such a critical time. The provider attended a series of meetings with professionals from the local authority and the local clinical commissioning group to support the service to improve its practice. The registered manager informed us that this intervention last year which included rigorous IPC and quality assurance auditing in partnership with external professionals had enabled the provider to more effectively handle the pandemic this year.

# 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 requires improvement. At this inspection this key question has now remained the same. 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

The provider conducted a range of audits to check the quality of the service in order to suitably meet people's needs. These included audits of catering, medicine management, IPC, mealtime experience and the provision of activities during lockdown and the pandemic. However, the audits had failed to identify issues in relation to medication management and IPC that we identified at this inspection.

- The management team sent notifications of significant events to CQC within required timescales, in line with legislation.
- The registered manager and other senior staff conducted unannounced monitoring visits on different suites to observe that people were receiving safe and appropriate care, and to check that staff were correctly adhering to the provider's policies and procedures.

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

- People and relatives spoke favourably about the management of the service and told us they felt comfortable approaching senior staff if they had any queries or concerns. Comments included, "The [management team] are nice, and very approachable", "I met [the registered manager] when my relative was first admitted. I feel I can ask him for updates any time" and "[The registered manager] has put in everything that can possibly be done [in relation to COVID-19]."
- People and relatives told us about the ways they were regularly consulted by the provider and kept informed before the onset of COVID-19, and acknowledged it was now more difficult because of necessary restrictions. For example, one person told us they had initially met the registered manager at a garden party at the service and another person said they used to enjoy attending monthly residents' meetings in the communal lounge on their suite. People and relatives confirmed that staff supported them to stay in contact with their loved ones via telephone and/or electronic devices.
- We noted people and relatives could raise issues and concerns through the provider's complaints procedure if they could not resolve matters by talking to senior staff working on their suite. The complaints log showed that complaints were taken seriously and action was taken to resolve problems.

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 team understood the necessity to act in an open way. Accidents, incidents and other events were recorded and made available to us.

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

- People and their relatives were encouraged by the provider to give their opinions about the quality of the service and their views about how the care home could develop. The provider carried out its annual survey in February 2020 and received very positive feedback from people, their relatives and other supporters. The registered manager informed us the 2021 survey was due to be sent out in the third week of February in accordance with the established schedule.
- Staff told us there had been noticeable changes due to COVID-19, for example staff meetings were limited to their own suite or department rather than wider gatherings of staff from across the service. The staff we spoke with all reported how they felt listened to and supported by the management team. Comments included, "I really like it, they are offering lots of opportunities and they are supporting you with everything so it's nice to work here" and "It felt really good to see the company was concerned [about staff], I really appreciate what they have been doing."
- Staff described the emotional support they received from their managers, which included individual discussions with line managers and access to external counselling services if they wished. One employee said, "I feel like I am part of a family." Staff told us they received regular 'care packages' with small gifts of appreciation from the provider and the newsletters kept them informed about the service as they were not able to freely visit and chat with colleagues on other floors and departments when restrictions were in place.

Continuous learning and improving care

- Staff told us this had been a unique year where they had acquired new skills, knowledge and confidence to care for and support people during the pandemic. One staff member told us about their career development since joining the service and was pleased the provider was supporting them to commence a nursing associate training programme later this year. This would enable them to share new ideas and learning with their colleagues.
- The registered manager told us the provider had utilised this time to review existing practices and introduce improved ways of working. For example, the IPC training was previously generic in nature and provided to all staff. Following opportunities in the past year to seek staff views and evaluate training materials, the provider developed IPC training that was specific to nursing and care staff and other IPC training that was tailored to meet the requirements of staff in housekeeping, catering and maintenance departments.
- The provider introduced another change this year to offer a more responsive way to support staff to review their performance and identify their future training and career development needs. Instead of a formal appraisal, staff were able to privately meet senior management staff and discuss their individual needs and aspirations.

Working in partnership with others

- Care plans demonstrated that staff at the service actively liaised with external professionals, for example dietitians, tissue viability nurses, dentists and podiatrists.
- The provider had an intensive six-week period of working with professionals from the local authority and the clinical commissioning group when concerns had first arisen during the onset of the pandemic. The registered manager told us this experience had enabled the provider to develop valuable relationships with professionals with expertise that benefitted people who use the service and the care home staff.
- We read two positive feedbacks from health care professionals about their experiences of working with staff at the service during the pandemic.

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  Medicines were not consistently managed safely in line with best practice Reg 12(1)(2)(g)