

# Chandrakantha Prathapan

# Gable Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Gable Lodge is a residential care home providing personal care and accommodation to people aged 65 and over. At the time of the inspection six people were living at the service.

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

Since our last inspection we found the service had made improvements around the storage of medicines and risk assessments for people. However, some essential work concerning fire safety still needed to be completed and this meant people may not be safe in the event of a fire. Some fire safety checks were not up to date.

Records confirmed people received the right amount of medicines at the right time but did not always explain how people liked to take their medicine's. Staff had received training so they could give medicine's to people safely and the registered manager checked this was happening, but these checks were not written down. We have made a recommendation to the provider to review best practice guidance in this area.

Systems remained in place to protect people from abuse and staff had been trained in safeguarding adults. There were enough staff working at the service to meet people's needs and checks were carried out with new staff to make sure they were suitable to work in a care setting.

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. However, the registered manager did not always record meetings with people, healthcare professionals and family members when decisions were made about people's care and support needs.

Work improving the environment for people was in progress and the registered manager had a clear plan for completion. This work will make it easier for people to use the bathing facilities and to access the garden.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 2 October 2019). 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 some improvements had been made, however, the provider was still in breach of regulations.

### Why we inspected

The inspection was prompted in part due to concerns received about infection control and health and safety issues concerning the environment. We also worked with the local authority following concerns raised

about one person's care and support. A decision was made for us to inspect and examine those risks. Although we found no evidence during this inspection that people were at risk of harm from these concerns there were still areas that needed to be improved to make sure people were safe.

We undertook a focused inspection to review the key questions of safe and well-led and we took a targeted approach in effective. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gable Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

At our last inspection we rated this key question requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about

**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

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 could 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

Gable Lodge 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 who used the service and we observed how people were supported and interacted with staff. We spoke with two members of staff and the registered manager. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment.

#### After the inspection

We met with the registered manager and continued to seek clarification from the provider to validate evidence found.



# 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 we found improvements had been made in most areas. However, other improvements were needed so 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.

Assessing risk, safety monitoring and management; using medicines safely

At our last inspection the provider had failed to robustly assess the risks when people's behaviour challenged the service, provide staff training in relation to physical intervention, and we found unsafe practices regarding medicines management. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made in these areas. However, there was a significant delay in completing the essential work for fire safety requirements and so the provider was still in breach of Regulation 12.

- The provider had not taken action to upgrade the environment at the service following a fire risk assessment completed in 2019. The provider explained they were aware of the work that needed to be completed and explained they would be employing a contractor to fit new fire doors and fire door closures in the next two months. Although fire equipment checks were in place and people's risk in the event of a fire had been assessed other important fire safety checks had not been completed.

We found no evidence that people had been harmed, however, updates to the environment and fire safety checks were needed to make sure people remained safe. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us all the actions from the fire risk assessment were in the process of being completed.

- At our last inspection we found risk assessments did not always contain guidance to help staff manage risk or support people in a safe manner. This included the risk assessment for one person who, at times, exhibited behaviours that challenged the service. During this inspection we found improvements had been made. No one using the service at the time of our inspection exhibited behaviour that challenged. Risk assessments were in place for people and we discussed, with the registered manager, how further improvements could be made to make these more person-centred.
- At our last inspection staff told us they were using restraint when supporting one person with their personal care. They explained this was only when necessary and in the least restrictive way possible. We were concerned because this had not been identified in the person's care records and staff had not received training on the use of restraint. During this inspection we found the person was no longer living at the

service. The registered manager explained restraint was not used at present. We spoke to two staff members who confirmed this was the case. Staff had received training in challenging behaviour and the registered manager assured us they would contact the relevant healthcare professionals and access additional training if the support needs of a person required restraint as an intervention.

- At our last inspection we found medicines were not always stored safely and guidance was not in place for 'as required' or PRN medicines. During this inspection we found improvements had been made. Medicines were stored safely and only staff trained in medicines management were able to administer and have access to people's medicines.
- We checked the medicines administration records (MAR) for three people and did not find any recording errors. Guidance was in place for 'as required' or PRN medicine giving information about people's medicine including when it was needed and why. However, some information about how people liked to be supported with their medicine was not complete, and although the registered manager assured us staff received regular competency checks in addition to their training, these were not formally recorded.

We recommend the provider consider current guidance on managing medicines in care homes to make sure they are adhering to current best practice.

Systems and processes to safeguard people from the risk of abuse

- People were observed to be relaxed and comfortable with their surroundings and the staff supporting them. One person smiled and told us, "We are all doing alright".
- Staff confirmed they had received training in safeguarding. They knew what action to take and who they should report concerns to if they needed to. Staff felt confident the registered manager would take appropriate action to keep the people using the service safe.
- Safeguarding procedures were in place the registered manager was clear on their reporting responsibilities to the local authority and the care quality commission.

Staffing and recruitment

- There were enough staff on duty to keep people safe. The registered manager confirmed staffing numbers were based on people's needs. During our inspection staff were always visible and on hand to meet people's needs and requests. Duty rotas and shift planners confirmed staff numbers were satisfactory.
- The provider followed safe recruitment practices. Checks were carried out before employment started to make sure staff were suitable for the role.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents which included a description of the incident and the action taken in response to it. Completed accident and incident forms were audited and reviewed by the registered manager to seek to learn lessons when things went wrong.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

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

- At our last inspection we found some areas of the service required updating to help people as their mobility deteriorated. We had also received concerns about the safety of renovations that had been made. During this inspection we found work has started on improving the ground floor wet room and the registered manager told us of plans to improve and make safe the first floor shower and bathing facilities, improve people's access to the rear garden and to erect a summer house to give people shelter when meeting with their relatives in the garden.
- The registered manager had sought the advice of the local authority, occupational therapist and an action plan was in place to make sure the improvements needed were completed. We look forward to seeing the completion of these improvements at our next inspection.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were in place to determine if people had the capacity to make decisions and where necessary the service had applied for DoLS authorisations for people. Although we saw there had been delays in the renewal of one person's DoLS application because of the Covid-19 pandemic, the registered manager showed us assurances received from the local authority that the application was in hand.

- People and their relatives were consulted when decisions were taken in people's best interests. However, these meetings were not always recorded. We spoke about the importance of recording these meetings, for example, conversations with people and their relatives when a DNACPR (Do Not attempt Cardio Pulmonary Resuscitation) is put into place by the GP. The registered manager assured us they would incorporate this into people's care records. We will look at this again during our next inspection.

# 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 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

At our last inspection we found systems in place to mitigate risk were not always effective and policies were not always followed. 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 risk assessments and medicines management, we found concerns over the management of fire safety. This meant the provider was still in breach of Regulation 17.

- Some audits and checks were in place to ensure people's safety and give assurance. For example, daily and weekly checks made sure infection and prevention control were well managed and enhanced cleaning was in place to help stop the spread of infection. However, action had not been taken on the recommendations made from the last fire risk assessment potentially putting people at risk in the event of a fire.
- The registered manager explained the increased pressures of maintaining the environment with the added risk of visitors and tradespeople to the service during the pandemic had impacted on the improvements scheduled. However, we were not assured the risks, as a result of the delay, had been fully assessed or acknowledged. Some important monitoring of fire safety was not being completed, for example, fire drills, health and safety audits and fire safety audits were out of date. This meant that there was a risk to people and staff in the event of a fire and the registered manager had not kept the systems and processes up to date to manage this effectively.

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

The registered manager responded immediately during and after the inspection. They confirmed all the actions from the fire risk assessment were in the process of being completed.

- The registered manager was aware of their regulatory requirements, such as what issues they were required to notify the Care Quality Commission (CQC) about. Records confirmed that the provider had notified CQC of significant events as appropriate

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

- The registered manager had a strong presence at the service and provided support to people and staff on a daily basis. Throughout the pandemic the registered manager was able to provide guidance and reassurance for people and staff.
- Staff told us they felt supported in their jobs and worked as a team, they told us they would speak to the registered manager if they had any concerns. The registered manager told us there was an on-call system in place to support staff when they were not there. Staff knew they were able to contact the registered manager if there were any problems at the service.

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; Continuous learning and improving care

- During our conversations with the registered manager we discussed what the service did well and where there was room for improvement. The registered manager was open with us about the environmental improvements they planned to make and why there had been delays. They were committed to improving the care and support people received.
- When things went wrong the registered manager explained they shared lessons learnt with staff to help reduce risk and improve people's care.

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

- People were encouraged to keep in contact with their family members during the pandemic and the registered manager used a range of methods including garden visits, video calls and the telephone to enable people and their relatives to keep in contact and feel involved and engaged with the service.
- Staff told us they felt supported and liked working at Gable Lodge. Regular supervision and team meetings helped staff share best practice, updated guidance and gave the opportunity to raise and discuss any issues.

Working in partnership with others

- The registered manager had built positive relationships with the local authority and other healthcare professionals and these had been reinforced during the pandemic. The registered manager explained they could phone the local authority if they had any concerns and they always responded quickly with advice and support. In addition, the GP and regular multi-disciplinary team meetings gave assurance about people's care, support and advice when people's needs changed.

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 registered person had not done all that was reasonably practical to mitigate identified risks. Regulation 12 (1) (2) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems or processes had not been established or operated effectively to assess, monitor and improve the quality of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 17 (1) (2) (a) (b)