

Mr & Mrs P Chellun

Gate Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Gate Lodge is a 'care home' providing personal care for older people, some of whom may be living with mental health needs. The service can support up to 21 people. At the time of this inspection the care home accommodated 19 people in one adapted building.

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

The environment was clean and fresh throughout the home. A new cleaning regime had been introduced since the last inspection. Health and safety issues were addressed with window restrictors installed and communal areas and people's individual bedrooms newly decorated.

Staff received training in infection control and food hygiene. This has helped to prevent the spread of infection to people.

People said they felt safe living in this home and that staff were kind to them. Relatives confirmed this.

Staff received training in safeguarding adults and the provider followed clear safeguarding procedures that helped to protect people from harm.

Risks to people, including those associated with their healthcare needs, were assessed and managed appropriately to help minimise them.

Whistleblowing procedures were in place and displayed on notice boards for all to see. Staff told us they were confident any concerns they reported would be dealt with appropriately.

Equipment in the home such as the lift was well maintained with regular servicing arrangements in place.

There were sufficient staff to meet people's needs and safe recruitment practices were in place.

People's medicines were stored, administered, recorded and audited appropriately. The provider had appropriate policies and procedures in place to support people safely with their medicines as prescribed.

Comprehensive needs assessments were carried out and there was sufficient detail and personalisation in the care plan to ensure the person's individual needs were met.

The registered manager and staff had relevant health and social care qualifications and completed training to ensure they were able to meet people's needs effectively. Support was provided appropriately for staff with regards to their professional roles.

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 procedures in the service

supported this practice.

Records showed people were supported to have their health needs met, with access to health professionals as and when required.

People told us the relationship between themselves and the staff team was good. They said their privacy and dignity was respected. They also said they were able to express their views and preferences and staff responded appropriately.

There were systems in place to ensure concerns and complaints were responded to in an appropriate way.

Good quality assurance processes were in place that monitored a wide scope of practice and procedure by staff, identified shortfalls and drove improvements. People, relatives and staff were encouraged to share their views about care and support at the service. The provider worked collaboratively with other agencies and organisations to meet people's needs.

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 requires improvement (published 21 December 2018) and the provider was in breach of one 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below

Gate 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 to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Gate Lodge is a care home. People in care homes receive accommodation and nursing or personal care as 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:

The inspection took place on 6 & 8 January 2020 and was unannounced.

What we did before the inspection:

The inspection planning took into account what we already know about this service and included our review of previous inspection reports, notifications which are important events the service is required to tell us about and any feedback about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection:

We visited the service and spoke with seven people, two relatives, the owner, the registered manager and

three members of staff including the activities co-ordinator. We reviewed a range of records. This included four people's care records and four staff files as well as other records relating to how the service was managed.

After the inspection:

We spoke with two relatives and two health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm. preventing and controlling infection

Preventing and controlling infection

At our last inspection the provider had failed to ensure the service was clean and people were protected from the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some areas of the premises were not hygienically clean. Maintenance checks did not include checking that safety fixtures and fittings were functioning effectively.

Appropriate improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

- The environment was clean and fresh. A new cleaning regime had been introduced since the last inspection that helped to reduce the risk of infections in the home. We saw effective and regular cleaning schedules in place and no incidents of cross infection occurred since the last inspection. Many of the communal areas and people's individual bedrooms were newly decorated. New easy to clean flooring was installed where necessary.
- Maintenance checks now included testing of all the electronic appliances in the home, we saw recent maintenance records that evidenced they met the required safety standards.
- Staff received training in infection control practices. They used personal protective equipment such as gloves and aprons when delivering personal care to people.
- Staff received training in food hygiene as a part of their ongoing training. This has helped to prevent the spread of infection among people.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. Some steroid creams were kept in people's rooms which meant there was a risk of people applying the creams inappropriately and causing long-term damage to their skin. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We checked to see if medicines were stored in people's bedrooms and can confirm that this was not the case. This meant people were better protected from potential harm.

- The provider's policies and procedures for medicines helped to ensure people received them safely and as prescribed.
- The registered manager told us that only staff who had completed training in the safe administration of medicines were allowed to assist people with their medicines. Staff told us they were trained in the safe administration of medicines which they had found useful. We saw training records that supported this.
- Medicines administration records [MARs] were completed as required. There were no unexplained gaps in the records.
- We undertook a stock take check of stored medicines and we found stored medicines matched the recorded levels on MAR sheets.
- An audit carried out by the pharmacist in December 2019 confirmed policies and procedures for the safe administration of medicines were safe and satisfactory.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the environment was safe and people were not protected from risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection people's personal safety had been significantly improved as window restrictors [conforming to British Safety Standard BS EN 13126-5 2011] had been fitted to all windows. Emergency stairs were accessible. They did not provide a trip hazard as they were free from any clutter or obstructions.
- Risks to people's health, well-being or safety were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for risks to people such as for falls. These assessments were detailed and provided guidance for staff to follow to help minimise identified risks. Risk management plans included information that identified the potential impact on staff as well as on the person.
- There were personal emergency evacuation plan documents in people's care plans. Staff were knowledgeable about people's individual needs and could tell us what support would be provided in the event of an emergency such as a fire.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from harm. There were effective safeguarding policies and procedures linked with those of the local authority. People and their relatives told us they thought people were safe. One person said, "Yes I do feel safe, I like living here, the staff look after me well." A relative told us, "I have no doubts at all my [family member] is safe and well cared for. I visit regularly every week and I have never seen anything to indicate otherwise."
- Staff were required to sign the policies and procedures to show they had read and understood them.
- Staff knew how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff described how they would report any concerns both within the organisation and outside to the local authority safeguarding team. The provider had an appropriate whistleblowing policy and procedure in place that staff knew about and felt confident to follow if the need arose.

Staffing and recruitment

- Staff records demonstrated the provider had appropriate recruitment procedures in place for the recruitment of all staff. These procedures included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep

people safe.

- There were appropriate staffing levels needed to meet people's assessed needs.

Learning lessons when things go wrong

- The registered manager told us there had been no accidents or incidents reported to date. The recording format used to log any accident or incident was appropriate and included a section designed to enable improvements to be made to policies and practices where necessary.

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 good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff carried out a detailed assessment of people's physical, mental and social needs before they began to use the service. The assessment process continued to be reviewed at least every six months or earlier if a person's needs changed. These assessments formed the basis of people's care plans. The care plans were thorough, outcome based and reflected best practice guidance.

Staff support: induction, training, skills and experience

- Staff received appropriate support to carry out their roles effectively. Staff said that the registered manager was always available if they needed to discuss anything related to their work.
- Regular one to one supervision sessions were held with staff. Staff told us people's care, support and changing needs were discussed.
- People were supported and cared for by appropriately trained and skilled staff.
- The registered manager showed us induction records which evidenced all new staff received a comprehensive induction. Staff said this and other training they received helped them to develop their skills and knowledge appropriately for their roles. The registered manager said training was refreshed annually and delivered by a variety of methods including e-learning and classroom-based learning.
- The registered manager ensured staff received an annual appraisal when performance and personal development was discussed.

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

- People told us they were supported by staff appropriately with the preparation of their meals. They said their help and support was agreed with them when their care plan was drawn up. They were happy with this support.
- Staff were aware of people's specific dietary needs, they told us people's individual wishes and preferences were provided for wherever possible at meal times.
- Where required staff supported people to drink thickened fluids to reduce their risk of choking.

Supporting people to live healthier lives, access healthcare services and support

- The provider worked together with appropriate health services such as GPs, dentists and opticians to make sure the person's needs were met. The care plans we inspected included details of involved health professionals and there were procedures for staff to follow in reporting any health emergencies and summoning assistance when required.

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.

- The registered manager knew what they were responsible for under these principles.
- Staff had a thorough understanding of their role to support people in line with the MCA. They were aware of the processes needed to be followed when people did not have capacity to consent to decisions about their care.
- Where people lacked capacity to make decisions about the accommodation, care and support they received, they were supported with mental capacity assessments undertaken by the relevant person.
- Where best interests assessments were carried out, staff acted on their findings and implemented their recommendations.
- Where people lacked capacity and needed certain restrictions to keep them safe, care records detailed the restrictions in place.
- The details contained within peoples DoLS authorisations included the dates of assessments, the period for which the deprivation was valid and when the DoLS authorisation would expire. This helped the registered manager to monitor the authorisations and associated conditions and renew them when they were about to expire.

Staff working with other agencies to provide consistent, effective, timely care

- Inspection of people's care plans confirmed health and social care professionals were appropriately involved in working with the provider to meet people's needs as appropriate. We saw advice and support was sought from other professionals such as GPs, occupational therapists, social workers, physiotherapists and district nurses. Professionals confirmed this with us when we spoke with them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; equality and diversity

- Relatives were positive about the staff and the care and support provided for their family members. Comments included, "Honestly this is the best place for my [family member]. The staff are so caring, and they treat them with such compassion as well as respecting their dignity". "The care is very good, I have no complaints at all, the staff are very kind to people".
- We observed staff treated people with kindness through the inspection, spending much time sitting and talking with them and playing games requested by the people such as skittles and card games.
- People's individual histories were recorded on their care files. Staff said this helped them to understand people better and therefore their work was more successful because they were better able to engage with people. One staff member said, "It's helpful to have an understanding of people's backgrounds and histories because it gives us so much more to work with and engage successfully with people."

Supporting people to express their views and be involved in making decisions about their care.

- Staff told us they ensured people were involved in decisions about their care such as when and how they received personal care and their choice of clothing. This was supported by people and their relatives who said staff offered people choices. Examples given by staff included the support people said they would like with getting up in the morning and going to bed, what activities they would like to engage in and their choices of meals.
- Staff understood the best ways to communicate with people to help them make choices and express their views. For example, staff described to us the different ways people who had limited communication expressed their preferences. We observed staff gave people the time they needed to communicate.

Respecting and promoting people's privacy, dignity and independence.

- People were supported to have as much choice as possible in every area of their day to day lives. A relative told us, "My relative is always well dressed and presentable when I visit. They have always been keen to be well dressed all through their life and this is very important to them even now." We observed people were well dressed in clean and appropriate clothes.
- Relatives told us staff treated their family members with respect. We observed staff spoke to people pleasantly and used their preferred names.
- Staff told us how they maintained people's dignity when providing personal care, such as ensuring people remained covered as far as possible and that doors and curtains were closed.
- Relatives told us they were welcomed as visitors to the service and kept updated as to their family member's progress. This has helped people maintain important relationships.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had holistic and individualised care plans in place based on their needs and risk assessments, agreed by the person and their relatives. These were reviewed monthly or earlier if their needs changed.
- People told us they were happy with staff who provided them with the care and support they required. Relatives said they were happy with the service being provided and the registered manager was responsive to any requests made of them.
- Care and support plans provided staff with detailed information about people's preferences, needs and the tasks staff were expected to carry out to meet people's needs. Staff completed a monthly record summarising the care and support provided as well as any significant observations or issues.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people well and communicated with them effectively.
- People's communication needs were identified, and information was provided in different formats if necessary to meet the Accessible Information Standard. Where people wore hearing aids and spectacles, staff ensured these were readily available to people for their use.
- People had a 'Communication' care plan. This described how the person communicated and how information might best be presented to them to aid their understanding. People used mainly speech or large print to communicate.

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 contact with family and friends and visitors were welcome throughout the day. We spoke with two relatives during the inspection who confirmed this. Comments we received included, "We are always made to feel welcome here, we are also properly involved with our [family member's] care" and "They involve us as part of their [family member's] relationships network and evidently see that as being very important, which of course it is." We noted care plans included information about people's family and others who were important to them.
- People told us they enjoyed and looked forward to the activities provided for them. The service employed an activities coordinator and there were individualised activities plans in place for people who wanted to participate in activities. We spoke with the activities co-ordinator who was evidently passionate about engaging with people in providing activities for them that they said they wanted. They told us, "Boosting

people's fitness, wellbeing and zest for life were very important factors in helping people." On the day of inspection, we observed staff singing with people and a game which involved skittles and throwing and catching an object.

Improving care quality in response to complaints or concerns

- Staff knew how to assist people if they had a concern or a complaint to make. Any feedback received was used to develop and improve the services.
- People and their relatives told us they would talk with staff or the registered manager if they had any complaints.
- The provider had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns.
- Notices were displayed on notice boards in easy to read formats explained the process people could take if they wanted to raise a concern or to make a complaint.

End of life care and support

- The registered manager told us they were not providing end of life care for anyone at present. We saw there was an appropriate policy and procedure in place for when this became necessary.
- Staff received end of life training that they told us had helped them to deal with people sensitively in this difficult area of support planning.
- People's preferences and their choices for the end of their lives was recorded in their care plans. This included information in respect of their spiritual and cultural needs. From our discussions with relatives, they told us they were supported to make decisions about people's preferences for end of life care.

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 improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance systems helped to ensure areas for improvement were identified and action taken to improve the quality of the services being provided.
- We found at the last inspection that although regular audits had been carried out by the registered manager, the coverage of these audits were not always as comprehensive or effective as they needed to be. At this inspection significant improvements had been made. We found the registered manager and the provider had reviewed the range and effectiveness of their auditing system and actions were taken when shortfalls or areas for improvement were identified. For example, following a fire safety report the provider devised and implemented an action plan to improve fire safety.
- The registered manager told us they were focussed on delivering an effective service that met people's needs in a caring and person-centred way.
- Staff were well supported with good training and one to one supervision. The registered manager supported staff to work practically with people as well as monitoring their overall performance. In this way they were able to ensure improvements were made where necessary.
- Management monitoring tools included systems to review incidents and accidents which helped to ensure action was taken to prevent a recurrence. The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider had an effective management and staffing structure in place that promoted person-centred care and transparency. The registered manager understood their duty of candour responsibility.
- People and their relatives spoke positively about the service they received from staff. They said the registered manager and staff were committed to providing good, high quality care. Comments we received reflected this and included, "The registered manager and the staff provide such good care to people," and "I would not want my relative to be anywhere else if they have to be cared for in a home, this is the one for them."
- People said they felt listened to and were able to approach the registered manager and other staff about any concerns they may have. They said there was an open and transparent culture at the service that met the needs of the people they supported.

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

- Staff told us they spoke with people on a daily basis to check they were happy with the service they received.
- Feedback questionnaires were given to people, their relatives and to staff. The registered manager told us feedback from the 2019 survey questionnaires was analysed, and a summary report produced together with an action plan that identified areas where improvements could be made. We saw the report. It evidenced the feedback was positive but where suggestions were made actions were implemented to address the issues.
- People received a service from staff who were happy in their work and told us so. They said they worked in an open and friendly culture. One staff member told us, "I do really enjoy my work here. There is a friendly teamwork approach and we are always trying to improve what we do for people." Staff told us the registered manager dealt effectively with any concerns if they were raised.

Working in partnership with others

- The service worked with other health and social care professionals to develop good practice. For example, they were affiliated to Skills for Care who provided advice about staff training and development. They also worked with the local authority and the registered manager attended a provider's forum run by the local authority.

Continuous learning and improving care

- Staff team meetings showed staff were provided opportunities to build a connected team approach and to discuss their work. The minutes showed that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss work they did with people at these meetings, share any worries they had about individuals and seek advice. They told us they felt they were listened to.