

Ganymede Care Limited

# The Chiswick Nursing Centre

## Inspection report

Ravenscourt Gardens  
London  
W6 0AE

Tel: 02082227800  
Website: [www.chiswicknursingcentre.co.uk](http://www.chiswicknursingcentre.co.uk)

Date of inspection visit:  
17 January 2023  
24 January 2023  
25 January 2023

Date of publication:  
13 February 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Chiswick Nursing Centre is a residential care home providing personal and nursing care to up to 146 people. The service provides support to older people, people living with dementia and younger people with physical disabilities. At the time of our inspection there were 139 people using the service.

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

People told us they felt safe living in the service and felt well respected by staff. A family member told us, "I'm very pleased with the home, the staff are absolutely lovely."

The service had delivered an action plan to improve how it managed medicines, and this was now carried out safely. There were suitable processes for managing risks and protecting people from avoidable harm. Staff understood their responsibilities to report suspected abuse and the provider worked with the local authority to safeguard people and investigate reported concerns.

The service ensured there were enough staff on duty to meet people's needs. People told us staff responded promptly to call bells and there were systems of regular checks to ensure people's wellbeing. Where incidents had taken place the provider ensured people's needs were reviewed to prevent a recurrence.

The service had worked with local health agencies to respond to and contain outbreaks. There were suitable infection control measures to protect people from infectious disease which at times exceeded national requirements.

The service was continuously improving and developing, through participating in research and redesigning areas of the building to promote a more stimulating and pleasant environment. Staff told us they felt well supported by their managers and colleagues and described the home as a good place to work. There were good systems of communication and audit to ensure that standards were maintained and areas for development identified.

People's family members told us the service communicated well with them and kept them updated on their relative's wellbeing. People felt confident raising concerns or queries with managers and that these were acted on appropriately.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

The last rating for this service was requires improvement (published 22 June 2022).

## Why we inspected

We carried out an unannounced focussed inspection of this service on 17 March 2022. A breach of legal requirements was found in relation to the safe management of medicines. We issued a warning notice requiring the provider to make improvements.

We undertook this focused inspection to check if the provider had made improvements and if they were now meeting the legal requirements. This report only covers our findings in relation to the key questions Safe and well-led.

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

At this inspection we found improvements had been made and the provider was now meeting this regulation.

The overall rating for the service has changed from requires improvement to good. 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 COVID-19 and other infection outbreaks effectively.

## Follow up

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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# The Chiswick Nursing Centre

## **Detailed findings**

### Background to this inspection

#### Inspection team

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.

#### Inspection team

The inspection was carried out by an inspector, a pharmacy inspector, a specialist professional advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist professional advisor worked as a nurse.

#### 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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced on the first day. The provider knew we would be returning on subsequent days.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. 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 spoke with a contracts manager from the local authority and reviewed the provider's action plan following the findings of the last inspection.

We reviewed information we held on the service, including records of complaints and serious incidents the provider is required by law to tell us about.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 17 January 2023 and ended on 2 February 2023. We visited the service location on 17, 24 and 25 January.

We made observations of care and support throughout the service. We spoke with the registered manager, clinical lead, training manager, matron and the person in charge. We spoke with 5 nurses and 4 health care assistants, 8 people who used the service and 7 family members.

We reviewed records of care and support for 23 residents and records of recruitment for 5 staff members. We looked at records of medicines management for 16 people. We reviewed records relating to the management of the service such as handover documents, engagement with people and their families, team meetings and records of training and audit.

After the inspection

We requested certain documents from the provider including audits, staff rotas and contacted the provider to ask questions relating to these. We made calls to family members of people who used the service and staff members. We attended a routine information sharing meeting between the provider, local authority and local health services.

# 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. At this inspection we have rated this key question good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we found the provider had failed to ensure the safe management of medicines. 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.

- Medicines were safely managed. There were known systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were safely secured and records were appropriately kept. We found that fridge and room temperatures were appropriately recorded and monitored.
- The provider maintained a system to monitor and audit people's medicines on a regular basis, and we found improvements had been made as a result of this. For example, a regular monthly audit by the provider was carried out to ensure medicines were up to date and appropriate for residents. We were assured that medicines related incidents were investigated properly with appropriate action plans and there were adequate processes in place to ensure staff learned from these incidents to prevent them occurring again.
- People received their medicines as prescribed, including controlled drugs. We looked at 16 people's medicines records and found no abnormalities in the recording of medicines administered. This provided a level of assurance that clients received their medicines safely, consistently and as prescribed.
- There were separate charts on the electronic system for people who had medicines such as patches, ointments and creams prescribed to them (such as pain relief patches), and these were filled in appropriately by staff. The provider had a system in place to ensure where people needed support with their medicines this was received and managed in a safe way.
- During the inspection, we saw several instances of where people were prescribed PRN (as required) medicines and there were associated PRN protocols in place. Furthermore, we saw examples of time-specific medicines that were administered to people. This meant we had assurance that staff were able to administer these types of medicines effectively to people, with appropriate clinical guidance.

### Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from the risk of abuse. Staff received training in safeguarding adults and

understood their responsibilities to report suspected abuse. Staff we spoke with knew who to raise concerns with and were confident these would be taken seriously.

- The provider operated a suitable safeguarding policy. Safeguarding concerns were reported promptly to the local authority with appropriate action taken to safeguard people when concerns were reported. The provider met regularly with the local authority to share information and update on investigations where appropriate.
- People felt safe using the service. Comments from people included, "I don't think anything is going to happen to me, I'm as safe as I can be" and "I have never felt threatened [here]."

#### Assessing risk, safety monitoring and management

- There were appropriate systems for managing risk. The provider had completed suitable risk management plans relating to key areas such as mobility, catheter care, bedrails and health conditions. There were systems of regular checks in place for people who remained in their rooms. Comments from people included, "Carers are always there and at night they put up the bedside railing to make sure I'm safe."
- Where people were at risk of skin breakdown there was appropriate equipment and checks in place to prevent pressure ulcers. The provider worked closely with health professionals including tissue viability nurses to monitor and review people's care needs. Staff received practical training in moving and handling as part of their inductions.
- There were suitable checks in place to ensure the premises were safe. This included regular checks of key buildings systems, fire safety and lifting equipment. At the time of the inspection the heating system was offline in some areas of the building. The service had placed temporary heaters in some people's rooms whilst repairs were underway, these were placed far from people however there was a risk that people could suffer burns if they touched these. The provider told us they would purchase fire guards in the event these remained in place.

#### Staffing and recruitment

- Staff were safely recruited. The provider carried out appropriate pre employment checks, including obtaining evidence of satisfactory conduct in previous employment, a full work history and the right to work in the UK. Staff were checked with the Disclosure and Barring Service (DBS) before they started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. The service assessed required staffing levels based on the number of people receiving support and the level of need. There was a suitable mix of roles on each unit including nursing staff and healthcare assistants. People and their families told us staff responded promptly to call bells.
- People and staff had no concerns about staffing levels. Comments from people included "There are always staff about which makes me feel safe" and "sometimes they're a bit short staffed but they seem to get over it, usually get some agency staff." Comments from staff included, "Of course we have enough staff" and "We're always covered."

#### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.



- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider had worked with the local authority and public health to contain an outbreak in the service. The provider kept visitors up to date on how this affected the service and continued to ask people to wear masks in the service to help contain the outbreak. Staff continued to carry out daily lateral flow tests for COVID-19.

#### 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.

- The service was working in line with the MCA. The provider used appropriate and established procedures to ensure consent to care. This included carrying out an appropriate mental capacity assessment when there were doubts about people's ability to make particular decisions for themselves.
- The service obtained appropriate authorisation to deprive people of their liberty. When the service believed that a restrictive intervention was in place they applied to the local authority in line with DoLS. The provider kept an up to date tracker to ensure that authorisations were renewed promptly.

#### Learning lessons when things go wrong

- There were systems and processes established for learning lessons when things had gone wrong. Incidents and accidents were reported with clear information of what had happened. These were reviewed by a senior manager to determine whether any changes were required to prevent a recurrence.
- The registered manager reviewed incidents and accidents to establish trends. We saw an example where additional support had been put in place, including a GP review where a person had had several falls in a short space of time.

# 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. At this inspection we have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us they felt well supported in the service. Staff who were relatively new praised the induction process and told us they had found it easy to work with their new teams. Comments from staff included "I got good support from the manager and the carers were quite patient", "The manager is always there if we have any doubts" and "They keep us updated and we are free to ask questions, I am very happy to work in this team."
- Staff were supported to develop in their careers. The provider had worked to recruit overseas staff and ease the process of moving to the UK. Some staff we spoke with had been supported to access further training, including moving into senior or nursing roles. The service had implemented development programmes for senior and middle managers to help develop future leaders.

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 understood their responsibilities under the duty of candour. Complaints and incident procedures clearly outlined the responsibility of the registered manager to be open and transparent when things had gone wrong. We saw examples of how the registered manager had carried out investigations when people had raised concerns and shared findings from these and apologised when appropriate.

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

- Staff were clear about their responsibilities. There were clear systems of communication with staff, including regular staff meetings. The provider had recently reviewed systems of handover between shifts and had introduced an improved format for staff to follow. Staff we spoke with told us handovers were an effective way they received the information they needed. The service had appointed a clinical lead and used regular clinical meetings to assess and develop practice and identify areas for improvement.
- The registered manager maintained suitable systems of audit to monitor the quality of the service. This included reviewing the living environment, care plans and ensuring staff received regular training and supervision. The provider carried out unannounced inspections of the service at night.

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

- The service engaged well with people and their families. This included through residents and relatives

meetings and the provider had recently carried out a survey of residents and relatives to assess their satisfaction with the service.

- There was good communication with people's families. People's family members told us the service communicated well with them. Comments included, "If something's not right or good we can speak to him". "We have every confidence in the manager, he's excellent." "I'm in email contact with the centre, the nurse and [the registered manager]. I don't have any issues with them at all." "[the suite manager] keeps me well up to date, I feel very reassured [they] would get in touch if anything happened."
- The service did not always provide information in a way which was helpful for people and their families. Although posters advertised events and activities taking place in the home, a lot of information displayed was aimed at professionals. There were no noticeboards to identify staff and responsible managers, and we did not see information on accessing advocacy services or making complaints displayed prominently. Most people we spoke with knew who to talk to if they had a problem but could not always identify the manager. The provider told us they would review how they displayed information in communal areas.

#### Continuous learning and improving care

- The provider was working to improve the environment of the home. The registered manager had acknowledged that areas of the building were in need of refurbishment and did not always meet best practice for environments for people living with dementia. The provider had worked with a specialist company to redesign these areas and were in the process of booking contractors to carry out this work.
- The provider had worked to ensure continuous learning. This included developing induction standards, regularly reviewing systems and processes and taking part in research studies, such as nutrition studies and understanding the effects of loneliness in older people.
- The service had drawn up an appropriate action plan following the findings of the last inspection. This had been shared with all stakeholders and reviewed and monitored during the process of its implementation. This had resulted in a clear improvement in the areas we had identified.

#### Working in partnership with others

- The service worked closely with the local authority, public health partners and the local NHS. The service participated in regular meetings to review current practice and provide updates on challenging situations they had worked together to manage. The service and public health professionals reviewed infection control standards and respond promptly to outbreaks within the service.
- The service worked well with other professionals to meet people's needs. People told us their families members had benefitted from the in house physiotherapist service. Staff we spoke with understood which local teams they needed to contact if additional support was required. A family member told us, "They have a team that is coming in; the prevention of falls team, to work out if there is anything they can do."