Ganymede Care Limited

# The Chiswick Nursing Centre

## Inspection report

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17 March 2022
18 March 2022
31 March 2022
22 April 2022

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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 123 people were residing at the service. The premises were purpose built and accommodated people on four separate suites. A fifth suite was not currently in use.

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's medicines were not always rigorously managed to ensure they received their medicines in a safe and consistent way.

People were protected from avoidable harm and abuse by staff with suitable safeguarding knowledge and skills to promote their safety and wellbeing.

People were supported by sufficient staff with appropriate backgrounds and experience to meet their needs.

People were provided with a clean and hygienic environment.

People's care needs were assessed and their care plans were devised in partnership with them and their representatives, where possible. Risks to people's safety were identified and guidance was developed to mitigate these risks.

People were supported to access care and treatment from external health and social care professionals. Staff worked well with local professionals to make sure people received safe and smoothly delivered care and support.

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.

People and their representatives told us staff were caring and compassionate, and treated them with respect. Relatives told us staff kept them informed about their family member's needs.

People were offered a range of social activities to provide enjoyment and fulfilment.

People and their representatives views were sought and listened to. People were satisfied their complaints were taken seriously.

The provider had processes in place to continuously monitor and improve the quality of the service, although this was not sufficiently robust for the management of medicines.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 11 February 2022) and there were breaches of regulation. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected
We carried out an unannounced focused inspection of this service on 4 February 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings 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.

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 and have issued a Warning Notice. We have made a recommendation in relation to the robustness of the provider's quality monitoring system for medicines.

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

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor the progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

**Is the service safe?**

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

**Is the service well-led?**

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

# 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 Health and Social Care Act 2008.

Inspection team
The inspection team consisted of two inspectors, a Specialist Professional Advisor and an Expert by Experience. The Specialist Professional Advisor is a registered pharmacist. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
The Chiswick Nursing Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Chiswick Nursing Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
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. Inspection activity started on 17 March 2022 and ended on 22 April 2022. We visited the service on 17,18 and 31 March.

What we did before the inspection
We reviewed information we had received about the service since the last inspection, for example the last inspection report and notifications of important events which the provider is required by legislation to send to us. We received feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 14 people who lived at the service and four relatives. We spoke with five members of the housekeeping and catering teams, two nurses, two suite managers and one team leader, six care assistants including two seniors, the maintenance manager, the governance clinical audit lead, the human resources business partner and the matron. We also spoke with the director of clinical operations who is the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed records which included the care plans, risk assessments and daily records for seven people, six staff files for recruitment, training and supervision, and a range of documents in relation to the management of the service. This included complaints and compliments, accidents and incidents forms, staffing rotas and policies and procedures such as safeguarding and infection prevention and control. We also reviewed 20 medicine administration charts and looked at the practices in place to support people to safely receive their medicines.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke by telephone with two relatives. We requested and reviewed additional documents from the provider which included evidence 'walking the suites' audits, night-time monitoring visits and the analysis of quality assurance surveys for people and their relatives. We received comments from two health and social care professionals with knowledge and experience of the service.

We remotely held a meeting with the registered manager and matron on 7 April 2022 to gather required information about infection prevention and control practices and completed a workforce survey. We provided feedback to the registered manager, matron and nominated individual on 11 April and concluded the feedback process with the provider on 22 April 2022.

Requires Improvement

# 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 the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines 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) Regulation 2014, Safe care and treatment

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

●The management of medicines did not always ensure people who used the service received their medicines safely. A person was prescribed a medicine for Parkinson's disease which needed to be given in a time specific manner every two hours to work effectively, maintain symptom control and improve their quality of life. However, we found this medicine was not administered within the agreed timescales on five occasions on three consecutive days in March 2022.
●Controlled drugs and their records were audited regularly and well organised. However, we found an opened bottle of a controlled drug which was not recorded on the electronic medicine system. The provider told us a person brought this medicine in to the service as part of their admission and it was being stored awaiting a review of the individual's medical needs by a visiting doctor. This practice did not comply with legal requirements for the receipt and storage of controlled drugs.
●One of the fridges was of a domestic nature and minimum and maximum temperatures were not monitored using an appropriate minimum and maximum thermometer. The temperature of the fridge was recorded using the thermometer installed. This placed people at risk of receiving medicines not stored within a temperature range in line with the manufacturers' instructions to ensure safety and effectiveness. The provider replaced the entire fridge with a suitable commercial nature fridge within 24 hours of our findings.

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

●Staff received medicines training and told us they felt supported by the senior management team to carry out their role and responsibilities. Competency checks were conducted to make sure staff properly adhered to the provider's medicine policies and procedures.
●Safe practices were found in relation to different aspects of the medicine service at the care home. For example, anticipatory medicines for people with end of life care needs were available and medicines requiring dates of opening were correctly documented by staff. Medicines requiring administration via a gastrostomy tube had clear instructions recorded on the e-MAR and in the care plans to include essential

care of the skin site where the tube was inserted.
●There were also clear records to support people with insulin dependent diabetes. This included instructions in relation to doses to be given, a diabetic care plan in place, blood sugar levels monitored and diabetic reviews documented. Rescue medicines for hypoglycaemia for a person with diabetes were available, to safely support the person in the event the level of sugar in their blood drops too low.
●Staff supported people to keep their medicine needs under review. We observed staff liaising with a GP to review people's medicine needs and records showed people discussed medicine issues with visiting doctors.

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 implemented appropriate systems. People and their relatives told us the service was a good place to live and they had trust in the staff to provide safe care and support. Comments included, "I am fine living here and the nurses make sure I am safe and well looked after" and "It's a great relief, I know [family member] is safe."
●Staff were knowledgeable about the provider's safeguarding policy and procedure. They understood the importance of reporting any concerns about people's safety to their line managers and expressed confidence that their observations would be taken seriously. The provider alerted the local authority of any safeguarding concerns and notified the CQC as required by the law.
●Staff were provided with safeguarding training, which was repeated annually to refresh and update their knowledge and skills. Staff were given written information about how to whistle blow, which is when an employee reports specific types of wrongdoing in the workplace.

Assessing risk, safety monitoring and management
●People were protected from risks associated with their health and social care needs, as these risks were identified and properly managed. Risk assessments with associated guidance for staff to follow were in place, monitored regularly and updated as necessary. This included detailed information for staff to safely support people with a range of risks to their health and wellbeing including skin susceptible to pressure damage, malnutrition, falls, immobility or reduced mobility and incontinence.
●We reviewed the risk assessments and accompanying care plans for seven people with complex care and support needs, for example people with indwelling urinary catheters, pressure ulcers, and percutaneous endoscopic gastrostomy (PEG) feeds. This is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Risk assessments included guidance from health care professionals, where applicable.
●Staff had received the training they needed to support people in line with their risk assessments. For example food safety, hygiene and allergens, fire safety and emergency precautions, bed safety, infection control and health and safety. The moving and handling training included a separate module for nursing and care staff about how to position people in their bed, chair and/or wheelchair to ensure safe and comfortable posture for activities of daily living.
●The provider ensured people, staff and visitors were provided with a safe environment. Individual assessments were in place for people's safety in the event of a fire or other emergency within the premises. Equipment including wheelchairs, adapted baths and passenger lifts were well maintained and serviced in line with the manufacturer's instructions.

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

●We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment
●The provider had appropriate systems in place to ensure staff were safely recruited and of suitable experience and character to work at the service. A range of pre-employment checks were conducted which included a Disclosure and Barring (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
●People and relatives told us that although staff appeared busy they were able to respond to their needs and their requests for assistance in a timely and caring manner. One person commented that although care staff met their personal care needs they did not always attend to aspects of their care that were important for their comfort and dignity, such as ensuring their call bell was placed in close proximity.
●Staff informed us there were occasions when work pressures were more acute, for example if members of the care team had called in sick with short notice and could not be replaced. The management team told us they responded promptly in these circumstances to book agency staff and took actions to ensure staff had appropriate resources and help to safely attend to people's needs. Staff confirmed they always felt supported and recognised the management team actively sought to relieve work pressures.

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.

●We were assured that the provider's infection prevention and control policy was up to date.

The provider supported people to receive visits from relatives and friends. In any circumstances where visitors were temporarily not able to enter the premises in line with local public health guidance, people were enabled to maintain contact with their supporters through telephone calls and via electronic devices.

Learning lessons when things go wrong

●Systems were in place to enable the management and staff team to identify and address any issues which could impact on people's safety and comfort.

●Accidents, incidents and other events were closely monitored and analysed by the senior clinical team in order to identify the root causes where applicable and take appropriate action to minimise the risk of reoccurrences.

●The management team shared their learning from when things went wrong with staff to advance their knowledge and skills. For example, the provider fully responded to concerns from local community speech and language therapists in 2021 about the standard of oral healthcare for some people. Actions by the provider included the introduction of a mandatory oral healthcare and adapted personal care training programme for nursing and care staff, and a new model for assessing and meeting people's individual needs in this field.

Requires Improvement

# 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 the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider carried out a range of audits and checks to identify any shortfalls in the delivery of the service and make improvements, which included the monitoring and auditing of medicine management. However, these quality assurance processes did not identify the issues of concern with medicine practices we found on this inspection.
- The systems for monitoring and auditing the management of medicines were not sufficiently rigorous to safely meet people's medicine needs. We identified issues of concern with medicine practices which were not identified by the provider's own quality assurance process.
- We found examples of seven occasions when people had missed a prescribed medicine in the two weeks prior to the inspection, in accordance with the completion of their electronic medicine administration records (eMAR). In some circumstances this was due to no stock available and in other cases due to possible recording errors. Some of these issues had not been reported on the provider's internal incidents framework as part of its own auditing system implemented to promptly identify and address any medicine issues of concern.

We recommend the provider seeks guidance from a reputable source to improve the monitoring system for medicines management.

- Since the last inspection the provider had employed a governance clinical audit lead, who was a registered nurse by background. The governance clinical audit lead focussed on carrying out a range of audits and working with staff to make improvements based on their findings. The management team held regular meetings to discuss performance within the service and how to address any matters that could impact on the quality of people's care and the smooth running of the service.
- Other practices in place included 'Walking The Suites' spot check monitoring visits by senior staff and unannounced night-time visits. The findings of these checks were recorded and any areas for improvement were followed up.

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

- People and their relatives spoke positively about the quality of care and support provided at the service. A relative commented on how the nursing staff had shown genuine concern and actively supported them as

well as their family member during a difficult and uncertain time. The relative also described how staff had suitably responded to make improvements when they raised a concern about the standard of personal care delivered to their family member.

●Staff told us they felt comfortable approaching the senior clinical and management team if they needed advice and support. One staff member said they always felt supported as their line manager provided regular short and informal supervision discussions between formally arranged supervision sessions.

●Staff also spoke about the specific support they were given by their line managers during the pandemic, particularly where COVID-19 directly impacted on themselves and their own families. This included support to enable them to return to work feeling emotionally and physically able to positively care for people who used the service.

●This included supportive phone calls when away from work, home delivery of a care package of groceries, pampering items and treats for staff who were isolating, access to counselling services and an empathetic welcome when they returned.

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 registered manager understood the importance of working in an open, honest and transparent manner, in accordance with his duty of candour. The service maintained clearly presented records in relation to matters including safeguarding, accidents and incidents, and complaints.

●The provider notified CQC of significant events, in accordance with legislation.

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

●The provider sought and listened to the views of people and their relatives. The annual residents and relatives survey showed a very high level of satisfaction in relation to all aspects of the service provided. The provider also monitored and considered comments within complaints and compliments.

●People and relatives told us they were pleased the service was now gradually and carefully returning to traditions in place before the pandemic, for example communal activities and outings. During the inspection we observed people enjoying music and dancing at a St Patrick's Day party held at the premises and received contented comments from people who went on a trip to London Zoo.

●Staff told us they had regular opportunities to express their views about working at the service and they felt listened to.

Continuous learning and improving care

●Staff were assisted to develop their skills and knowledge to support them to competently and confidently meet people needs. One staff member said, "The support is great for growth and education, you just ask for what you need." A staff nurse told us they liked how the staffing levels for qualified nurses enabled them to allocate time each week for providing care staff with their one to one supervision as a second staff nurse was rostered to lead staff with clinical and personal care duties.

●The provider had introduced a management development programme which was being attended by 16 staff. Staff spoke positively about how this course motivated and inspired them and increased their understanding of how to improve outcomes for people using the service.

●The provider continued to support senior care staff who wished to advance their career through undertaking the nursing associate course. We spoke with a current staff member who described how much they had learnt during an NHS placement and how they applied their new knowledge to improve the care of people using the service.

Working in partnership with others

●The provider worked in partnership with a wide range of local individuals and organisations in order to meet people's needs and attain the best possible outcomes for them. The service benefitted from regular input from visiting health and social care professionals, for example GPs and a consultant and matron for the care of older people from the local health care trust. We received positive comments from two health care professionals about the provider's partnership working.
●Staff told us about their joint working with external colleagues from the Specialist Community Rehab Team and how this had achieved tangible improvements for people, such as adaptations and adjustments to wheelchairs to improve people's quality of life.

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Medicines were not consistently being managed in accordance with best practices<br>12 |

**The enforcement action we took:**

Warning Notice