

GCH (Alan Morkill House) Limited

# Alan Morkill House

## Inspection report

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## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 and 20 November 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to care and welfare; assessing and monitoring the quality of the service and cleanliness and infection control.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report covers our findings in relation to those requirements and in relation to staffing levels and fire safety. We looked at staffing levels as so many staff members, people who used the service and their relatives raised it as a concern with us. Fire safety was checked due to an incident at another of the

provider's care homes. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alan Morkill House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Alan Morkill House provides residential care for up to 49 older people, many of whom are living with dementia or severe and enduring mental ill-health. Most people stay long term, a few are there for shorter periods for respite care or after hospital stays. The home has four floors and people occupy small flatlets organised into seven units. There is one unit on the ground floor and two units on all the other floors. Although each person has their own shower room and small kitchen area, the kitchen areas

# Summary of findings

we viewed were unused. Meals are provided from the main kitchen with snacks and drinks available from the kitchenette on each unit. Previously the building was used to provide sheltered housing.

The manager of the service started in post just before Christmas 2014 and had started the process to become a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Immediately upon arrival we saw that the environment of the communal areas had improved since our last inspection. New carpets, curtains and chairs had been purchased for most areas and had been ordered for other areas. The kitchenettes in each unit had been upgraded or were about to be upgraded. New pictorial signs to help people to find their way around the building arrived during the inspection period and were being installed. Some of these new features made it easier to maintain a high standard of cleanliness and this was observed to have improved so the provider was no longer in breach of this regulation.

Last time we found that the service was admitting people with complex needs which the service found hard to meet. We found that the provider was now only admitting people with needs that staff at the service were able to meet.

We saw that progress had been made in the area of care and welfare as up-to-date care plans and risk assessments were now in place. We attended a well-structured handover meeting between shifts during which useful information was passed on to incoming staff to ensure they were up-to-date with people's well-being and appointments. The provider was no longer in breach of the regulation for care and welfare. However we found that further progress in this area was hindered by the staffing levels within the service. Although an additional Head of Care post had been created and filled since our last inspection, there were insufficient staff to reliably carry out the care and support detailed in people's care plans, in particular in relation to social and emotional care. You can see what action we told the provider to take at the back of the full version of the report.

The service had developed a service improvement plan and senior managers were closely monitoring to ensure improvements were actually taking place. We found that they were now well-informed about the service's strengths and weaknesses and had plans in place to address the weaknesses. Therefore the provider was no longer in breach of the regulation for quality assurance. However, the format of the audit forms still impacted on quality assurance within the service as they were not easy to complete or analyse. We have made a recommendation about keeping safety records.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve safety in the area where the provider had previously breached a regulation – cleanliness and infection control. The whole environment now looked much better cared for following refurbishment of the worst areas; it was easier to keep clean.

However, although one extra staff member had been recruited, staffing levels did not enable sufficient staff to be deployed to meet the assessed needs of people who used the service.

Fire safety works had been carried out, fire safety checks and drills were taking place regularly. There were safe arrangements in place for people who smoked.

We could not improve the rating for safe from inadequate because we had concerns about staffing levels. We will check this during our next planned comprehensive inspection.

**Inadequate**



### Is the service responsive?

We found that action had been taken to improve responsiveness to the needs of people who used the service. New care plans had been introduced and contained good information about people's personal preferences.

The service was sticking to its admissions criteria and was no longer admitting people with complex needs which could not be met.

There was improved monitoring of people's health and well-being. When concerns were identified people were referred to the appropriate healthcare professional.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires improvement**



### Is the service well-led?

We found that action had been taken to improve management and leadership. A local management team was now in place, supported by senior managers who visited regularly to monitor progress.

Audits and other measures to check the quality of care were being carried out regularly and the results were scrutinised by managers. Any issues identified were added to the service improvement plan and managers were systematically tackling each item on the plan.

**Requires improvement**



# Summary of findings

Whilst there was still more work to do, the service had made substantial progress in the area of well-led so we have raised the rating from inadequate to requires improvement in acknowledgement of this. To become good the provider has to demonstrate consistency over a period of time.

# Alan Morkill House

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Alan Morkill House on 21 April 2015. On the second day of the inspection, 23 April 2015, our arrival was expected. On the first day we arrived at 7.00am so we could observe the handover between night staff and day staff. This inspection was carried out to check that improvements to meet legal requirements planned by the provider following our comprehensive inspection in November 2014 had been made. The team inspected the service against three of the five questions we ask about services: Is the service safe? Is the service responsive to people's needs? Is the service well-led?

As well as looking at work undertaken by the provider to comply with the regulations which were breached, we also

looked at staffing levels and fire safety. The former was because so many staff, relatives and people who used the service raised staffing levels as a concern with us. The latter was due to a fire incident at one of the provider's other care homes.

Three inspectors carried out this inspection. We spoke with seven people who used the service and seven of their relatives (two by telephone). We observed the care and support provided by staff in the communal areas. We also spoke with 16 staff, including the registered manager and two of the provider's senior managers and attended three different staff meetings.

We reviewed the information we already held about the provider and looked at a range of management records, audits, new procedures and associated documentation. We checked 16 care files.

# Is the service safe?

## Our findings

When we inspected the service in November 2014 we found the provider to be in breach of the regulation for cleanliness and infection control. This had the potential to impact on the safety and well-being of people who used the service and the staff who cared for them. At this focused inspection we checked whether improvements had been made, and we found that substantial progress had been made in this area and more was planned. Therefore the provider was no longer in breach of this regulation.

A person who used the service told us, “My room is hoovered every day and my bathroom is fine.” A member of care staff said that the refurbishment of communal areas and the purchase of new furniture was “very uplifting for staff and service users.” Another said, “There has been so much improvement [in the environment] since January.”

At our inspection in November 2014 we found that the environment was drab and uncared for and the poor condition of some furniture, flooring and kitchenettes made it hard to keep clean. On our return we saw that there were new curtains and chairs in most communal areas and more were on order. New carpets had replaced dirty and worn carpets and the kitchenettes in each unit were being stripped out and replaced. The next area for planned refurbishment was people’s en-suite shower room flooring. Pictures had arrived and were waiting to be hung and pictorial signs arrived midway through our inspection. The signs were intended to help people to find their way around the building, for example, the bathroom sign showed a picture of a bath. As a result of these changes the building was cleaner and looked much more welcoming. We did not detect any unpleasant odours and the bedrooms, bathrooms and toilets we viewed were all clean.

Last time we inspected we had concerns about the availability and storage of personal protective equipment (PPE) such as disposable gloves and aprons. On this occasion a member of care staff told us, “PPE is easily available now. It is kept in the bathrooms with sizes to fit all.” Another staff member said, “There has been a lot of improvement in infection control. We now have proper facilities, for example, PPE and waste disposal.”

We looked at the bathrooms and saw there was a good supply of PPE in appropriate containers. However, there

were paper hand towels in only one out of 11 dispensers we checked. We saw emails to confirm that they had been ordered but had not arrived on the day promised by the supplier. Whilst the supplier had been chased by managers, they should also have taken other action to ensure the availability of paper towels.

A clinical waste storage area had recently been installed in a corner of the car park. Access to the area was restricted by a padlock to prevent unauthorised use or exploration by people who used the service. We were told that clinical waste was collected weekly; invoices from the waste disposal company confirmed this. We saw that laundry trolleys were now in use for all units with different coloured bags for different types of laundry.

A new cleaning schedule to be carried out by night staff had been initiated for communal areas. They had not signed to show the cleaning had been completed on five out of the 14 days the schedule had been in operation, however, the communal areas looked clean. New training on infection prevention and control had been booked for all relevant staff.

Previously the medicines storage room on the third floor was too hot. Many medicines require storage within a specified temperature range to maintain their effectiveness. At this inspection we found that an air conditioning unit had been installed to stop the temperature rising above 25 degrees Centigrade. The medicines room and the medicines fridge temperatures were being recorded and we saw they were both keeping within their recommended ranges. A member of the management team had signed to show they were checking the records kept by staff and when the temperature of the room rose (before the installation of the air conditioner) we saw they had taken appropriate action by calling a meeting with the provider’s estates team.

Although many improvements had been made to the environment, on this inspection we found that there were insufficient care staff to meet people’s needs. Everyone we spoke with raised this as an issue with us. A member of staff said, “We are often short staffed and the managers have to help out.” Another member of staff said, “It is very difficult to do everything, especially if someone needs a little more help.” A third member of staff said, “We never go out with the service users because it usually needs two carers, even the garden downstairs is a problem as we need more [staff] to take people down.” Relatives and people who used the

## Is the service safe?

service also mentioned staff shortages to us. A relative said, “The staff are pretty busy, they have a lot to do. You feel you don’t want to add to their workload by asking for anything additional.” Their family member had been bereaved and the relative said, “they could have done with a bit of comfort from staff, but staff were just too rushed”. A person who used the service told us they were woken up earlier than they wished to eat their breakfast as staff had more time to give it to them then.

A care worker told us there were seven people who used the service on the unit they worked on and said, “It is a bit busy for one care worker to do everything [in the morning] – medication, [serving] breakfast, washing up, personal care, changing the linen.” We observed one exchange between a care worker and a visiting relative. The relative asked for their family member’s soiled bed linen to be changed; the care worker was very apologetic and attended to it immediately saying, “I’m so sorry. I must admit I didn’t notice. I am on my own and it is very busy.”

During our inspection we observed how staff working in the units where only one member of staff was on duty regularly had to leave other people unsupported for periods of up to 15 minutes when attending to an individual in their bedroom. Many of the people who used the service needed encouragement to engage with personal care tasks and support to do as much as they could for themselves; it was not a quick process. We saw that managers helped out when they could, but this kept them from other areas of their work. New care plans recognised the need for person-centred care, but there were insufficient staff to facilitate this. Due to dementia or mental ill-health many people could not engage with others or in social and leisure activities without support, but this was not available for substantial parts of the day unless the person had a visitor. For example, one person’s care plan detailed activities they enjoyed outside their home, but there was no record of them having been out.

Existing staff were working additional hours to cover vacancies and absence and the provider was recruiting to vacancies. Some staff had been temporarily redeployed from two of the provider’s other homes. Despite this, staff reported that they worked below the current agreed staff levels on occasion as cover could not be found. Managers told us that they themselves would provide personal care when this happened, but this was not a sustainable arrangement.

We saw that the provider had taken action to create one new head of care post and the person recruited was working to change the service for the better, but they had not reviewed the workload of their care staff and this was impacting on people who used the service as some of their assessed needs were not being met. This amounted to a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Act 2008 Regulations 2014.

Fire safety equipment was in good order, for example, fire extinguishers were checked annually by a specialist company. There were evacuation slides at the top of each stairwell. Fire doors were kept closed. Break glass panels were all intact. There were clear fire exit signs and evacuation instructions by the lift and stairwells and exits were free from obstructions or hazards.

Records showed that fire safety checks were being carried out in line with the provider’s fire safety policy. Weekly checks were in place and fire drills were taking place quarterly which was an improvement on the previous year.

Fire safety training had been booked for all staff, in the meantime the manager had held a fire briefing with the aim of ensuring staff were clear about the risk of fire and their responsibilities in the event of a fire. When we spoke with staff, however, they gave us two different versions of the action they would take in the event of a fire. Some staff said they would proceed to the assembly point alone to receive instructions; others said they would accompany people who were mobile to the assembly point. All said that they would ensure people with mobility difficulties were kept as safe as possible behind closed fire doors until fire fighters arrived on the scene.

Arrangements had been made to minimise most of the risks to the safety of people who smoked. Staff we spoke with were unaware that petroleum based emollient creams could increase fire risks to inattentive smokers, especially if bedding and clothing were not frequently washed. However they were aware of the personal emergency evacuation plans (PEEPs) in place for each person and knew who would need assistance to evacuate the building. A summary list was kept on the ground floor for use by the fire marshalls. We checked five PEEPs across three of the units and found they accurately reflected people’s current needs when compared to other information within the care plans.

# Is the service responsive?

## Our findings

At our comprehensive inspection in November 2014 we found that the provider was in breach of the regulation for care and welfare. People had been admitted to the service with insufficient assessment of their needs and the care plan format was confusing. This impacted on people who used the service because some had complex needs which were not well understood by the staff team and, therefore, could not be met. By the time of this focused inspection the provider had made sufficient progress in the area of care and welfare to be no longer in breach of the regulation.

We found that the service was now admitting people with needs more in line with its admission criteria and the service user groups it had registered with the Care Quality Commission – older people and those living with dementia. We viewed evidence in the form of a completed assessment and associated emails which demonstrated that a person who had needs which could not be met within the service had been politely turned away.

We saw at least two people with complex needs who were using the service at the time of our last inspection had, with the assistance of external health and social care colleagues, moved on to more appropriate accommodation which could better meet their needs.

A new care plan format had been introduced which was clearer. When we looked at the care files we found the information within them was now consistently organised, indexed and easy to navigate. They contained extensive information about people's individual preferences, such as the number of pillows they liked and where they wanted their meals served.

People's health and well-being was monitored by regular checks if they consented to this, such as monthly weight checks. We saw the charts used were up to date and the results were entered on a spreadsheet which managers then scrutinised for changes. Care records showed how people with unexplained weight loss had been referred to their GP as a result of this monitoring. Changes in dependency levels were reported to the multi-disciplinary team working with the home on falls prevention.

In order to better meet the needs of people who got distressed and behaved in ways which challenged the staff or others, the provider had arranged some new training on this topic. We saw that staff members had already completed some preliminary paper-based exercises prior to receiving face-to-face training. Similar arrangements were in place for safeguarding adults and moving and assisting training. When reinforced by the supervision and monitoring systems now in place within the service, this training should have a positive impact on the quality of care provided.



# Is the service well-led?

## Our findings

When we carried out a comprehensive inspection of the service in November 2014 we found that the management team was severely overstretched. In effect the deputy manager was undertaking most of the management functions alone with part-time oversight from a registered manager from one of the provider's other homes. Key staff from the provider's head office had left during the summer and their replacements had only just started work, therefore the service had received little support from senior managers during this period. This had impacted on quality monitoring activities which were not effective and had resulted in a drop in the standard of care provided. During this focused inspection we found that the provider had made sufficient progress to be no longer in breach of the regulation for quality assurance, but there was still more work to do in this area.

Four members of staff separately confirmed to us that the culture and management of the home had greatly improved since the beginning of the year. They said that managers were more supportive and there was better communication, although one member of staff pointed out there was always room for further improvement with communication.

A new manager had been recruited and they were applying to become registered with the Care Quality Commission. The post of head of care had been created and filled to work alongside the deputy manager; the two post holders alternated their weeks in the office. This allowed one of them to be present within the units each day to support staff and drive up the standard of care. The local management team all worked on a rota basis to ensure that one of them was present in the building at weekends. Senior managers were also more visible within the home and were working to support local managers to deliver the service improvement plan. The deputy manager told us their working life had been "transformed" as the result of these changes and their workload was much more manageable now. Relatives confirmed they knew the new manager and they had been invited to participate in care plan reviews.

The manager told us that, when on duty, they did a daily walk-around the home to check various aspects of safety and care. We saw records to confirm this, checks included cleanliness of the home, availability of water in clean jugs, staff clothing and appropriate closure of fire doors.

When we looked at the service improvement plan we saw it addressed the issues identified during CQC's comprehensive inspection, as well as other issues which had been raised subsequently or identified through internal audit procedures. Evidence in the form of emails, charts, new items and new procedures showed that managers were systematically addressing the actions listed in the service improvement plan.

A system of audits was in place, but the audit forms were unhelpful as they either required the auditor to rate as 'good' things that did not exist within this particular service, or they did not reflect the new systems or procedures which were in place. For example, the care plan audit form did not reflect the new care plan format. As a result the auditor, who worked in a different part of the provider's company, did not find what they expected to see in certain parts of the care files and gave a low score. When we checked we found the low score was unjustified in the cases we looked at. This was unhelpful when it came to sharing good practice or identifying lessons to be learned. In addition, some staff involved in audit activity had difficulty calculating percentages, although guidance was included on the forms, therefore the overall scores sometimes gave a misleading impression.

Despite the issues with the audit forms we found evidence of regular audits taking place for key areas of work and review of findings by local and senior managers. Local managers had worked around the shortcomings of the forms. For example, a recent medicines audit form completed by the head of care was very detailed and demonstrated a good understanding of safe medicines practice. They had added information which was not explicitly required by the form.

We saw that regular meetings were being held with different groups of staff and we observed two different types (one of which was repeated to maximise attendance) which were scheduled during our inspection visit. Minutes recording a staff meeting following our inspection in November 2014 showed that the concerns we had raised had been discussed with staff.

## Is the service well-led?

We also attended a shift handover meeting from night to day staff. This had a structured format to ensure that incoming staff were updated about the well-being of people who used the service and any appointments planned for the day. People's individual needs were at the forefront of the handover, which was a positive change when compared to the handover we observed at our previous inspection. For example, staff in one unit were reminded of the importance of repositioning one person regularly to prevent pressure ulcers developing and recording that they had done it so that monitoring could take place.

We saw records which demonstrated that staff received more regular supervision sessions with their line manager than they had done in the past. Extra one to one sessions had also taken place if poor practice had been observed.

More work was needed to ensure new improved systems were firmly embedded in staff working practices. For example, a senior manager assured us they had personally reorganised the fire safety file so records could be easily accessed. The service improvement plan confirmed this had been done. However, when we checked it we found that it was not in good order as it had not been maintained

in the way intended. It was also difficult to trace action taken prior to the current management team's involvement, but managers were eventually able to track down evidence to demonstrate required fire safety work had been carried out.

A residents and relatives meeting had been held in January and the record showed that the issue of staff shortages, especially at weekends, had been raised. We saw that the provider intended to review this as it was on their service improvement plan, but it had not yet taken place. One relative acknowledged to us that the service had recently improved in some areas, but said they would only be convinced of the provider's intentions if the improvements were sustained.

**We recommend that the provider takes steps to ensure that any action taken to maintain or improve people's safety is recorded in the appropriate file, for example, the fire safety file, as well as within the service improvement plan. If the action is only recorded in the latter the information will be lost in due course.**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of the fundamental standards.**

Regulation 18 (1)