

# Chandrakantha Prathapan

## Gable 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 well-led?

Good 

#### Overall summary

We carried out an unannounced comprehensive inspection of this service on 27 April 2015. When we last visited the home on the 14 November 2014 we found the service was breaching regulations in relation to care and welfare and consent. This was because the service had not taken the necessary action to ensure adequate care planning was in place for people who were at risk of choking. In addition, the service was not meeting the requirements in relation to Deprivation of Liberty Safeguards (DoLS). The registered manager had not made applications to deprive people of their liberty safely as required by law. We also found the premises were not always safe. In addition, systems to monitor the quality of service were not effective as they had not identified the issues we found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their action plan and to confirm that they now met legal requirements and have addressed all areas where improvement was required. We found the provider had taken all the necessary action to improve the service in respect of the breaches and issues we found.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gable Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Gable Lodge is a care home for up to nine older people. At the time of our visit there were five people living at the home, many of whom were living with the experience of dementia.

The home had a registered manager. A registered manager is a person who has registered with the Care

# Summary of findings

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.

People were protected from the risks of choking as the manager had ensured people at risk were assessed by speech and language therapists (SALTs). Guidance from SALTs was incorporated into people's care plans to ensure their care was planned safely. Staff had a good knowledge of this guidance and followed this guidance when supporting people to eat and drink. The registered manager had also trained staff to understand better the appropriate action to take in a choking emergency.

The registered manager had taken action to make the premises safe. They had installed an alarm system on

doors so that staff were alerted if people who required staff support in the community left the home through a fire door. In addition, the registered manager had taken appropriate steps to control the risks of people acquiring Legionella infections.

The provider was meeting their requirements in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Quality assurance systems had been strengthened to incorporate systems to regularly check on the issues we identified at our previous inspection.

# 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?

The service was safe because we found that appropriate action had been taken to improve safety. Staff supported people at risk of choking appropriately through seeking advice from Speech and Language Therapists and following their guidance. Staff understood how to support people in a choking emergency and the manager had assessed their competency in this situation.

The premises were safe as risks assessments and management plans were in place to reduce the risks to people and others.

Good



### Is the service effective?

The service was effective. The provider was meeting their requirements in relation to DoLS and had made applications and been granted authorisation to deprive people of their liberty lawfully.

Good



### Is the service well-led?

The service was well-led. Quality assurance systems had been improved and now incorporated systems to check the issues identified at our previous inspection.

Good



# Gable Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 April 2015 and was unannounced. It was undertaken by a single inspector. This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our 14 November 2014 inspection 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 effective? Is the service well-led? This is because the service was not meeting some legal requirements.

Before our inspection we reviewed all information we held about the service and the provider including the looking at the previous inspection report and reviewing this in line with the action plan the provider submitted to CQC.

During the inspection we observed how staff interacted with the people who used the service. We spoke with one person who used the service, the manager and two members of staff. We looked at two people's care records to see how their care was planned, and records relating to the management of the service.

# Is the service safe?

## Our findings

At our previous inspection on 14 November 2014 we found the way in which care was planned and delivered for people who had difficulty swallowing was not always safe or according to best practice. This meant people's risk of choking was not being well managed. However, at this inspection we found the provider had made the necessary improvements to reduce the risk of people choking. The manager had referred people who had difficulty swallowing to speech and language therapists (SALTs) for specialist support, including when a person with no previous history of a difficulty with swallowing developed this. Advice from SALTs was incorporated into care plans and a summary of their advice was made accessible to staff during mealtimes for referral. This included the best position people should be in while eating and the appropriate consistency of food and drinks. We observed a mealtime and saw staff followed the guidelines in place closely, supporting people in a safe way.

Staff we spoke with had a good knowledge of the appropriate action to take in an emergency should a

person choke while eating. The manager had supported staff to understand this through carrying out first aid competency assessments with all staff which were well documented. Staff had also received first aid training.

At the previous inspection we found the premises were not always safe. This was due to an unmonitored fire escape leading to the road which people who required staff support could access without staff being aware. In addition there was no Legionella risk assessment to protect people against the risks of acquiring Legionella infections. Legionella is a bacterium which flourishes in water systems and can cause disease if risks are not well controlled. However, at this inspection we found the manager had taken prompt action to rectify these issues. The manager had installed an alarm system which alerted staff each time the fire door was open. Staff demonstrated this system was working effectively to. A specialist contractor had carried out a Legionella risk assessment and actions they identified as necessary to improve safety had been taken. In addition, the staff responsible for Legionella control had been determined and these staff had received training in controlling Legionella risk.

# Is the service effective?

## Our findings

At our last inspection on 14 November 2014 we found the provider was not meeting their requirements in relation to Deprivation of Liberty Safeguards (DoLS). This was because the registered manager had not made applications to deprive people of their liberty within a reasonable time period and so people may have been deprived of their liberty unlawfully.

At this inspection we found the registered manager had made the necessary DoLS applications and the local authority had granted these, allowing the service to deprive some people of their liberty, in their best interests. The registered manager had sent CQC notifications to confirm these DoLS applications had been made and their outcomes, as required by law.

# Is the service well-led?

## Our findings

At the previous inspection on 14 November 2014 we found the quality assurance systems in place to monitoring the service were ineffective as they had not identified the issues we found at our inspection.

At this inspection we found the registered manager had improved the quality assurance systems in relation to checking care documentation and health and safety. Staff reviewed care plans monthly and when people's needs had changed. The registered manager oversaw this process to

ensure people's care plans remained current and their needs were being met. Staff carried out a monthly health and safety check of the home and ensured Legionella risk management controls were in place as expected. Staff also regularly checked the alarm system on the fire doors was operational. The registered manager incorporated assessing whether people coming to live at the home required DoLS to be in place into the admission process. They reviewed the DoLS authorisations in place to ensure they remained appropriate for people and were renewed where necessary.