

# Chandrakantha Prathapan

# Gable Lodge

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Gable Lodge is a residential care home providing personal and accommodation to six people aged 65 and over at the time of the inspection. The service can support up to nine people.

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

We found the service was not always safe or well-led. This was because medicines were not stored securely, people received care that had not been properly assessed for risk and quality assurance systems were not always effective. We also found that bathing and toilet facilities at the service were in need of review and we have made a recommendation about this.

Systems were in place to protect people from abuse and staff had been trained in safeguarding adults. There were enough staff working at the service to meet people's needs. Checks were carried out on new staff to verify their suitability to work in a care setting. Steps had been taken to reduce the risk of the spread of infection.

Assessments were carried out to assess people's needs and to determine if the service could meet those needs before they moved in to the service. People were able to choose what they ate and drank and were supported to eat a nutritious diet. People had access to health care professionals. People were supported to have maximum choice and control of their lives. However, staff did not always support people in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People were sometimes restrained without proper risk assessments in place about this.

People told us staff treated them well. Staff understood how to support people in a caring and respectful way. The service sought to meet people's needs in relation to equality and diversity. People's right to confidentiality was promoted.

Care plans were in place. These set out people's needs in a personalised manner. Plans were subject to review which meant they were able to reflect people's needs as they changed over time. Some activities were provided, although there was room for improvement in this area, and we have made a recommendation about this. The service had systems in place for responding to complaints.

Staff spoke positively about the registered manager and there were clear lines of accountability in the staff team. People's views were sought on the running of the service and staff had the opportunity to raise any issues or concerns they had.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good, (published 2 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

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

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).

### Enforcement

We have identified breaches in relation to the secure storage of medicines, the use of physical restraint and ineffective quality assurance and monitoring systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Gable Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Gable Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection took place on 16 August 2019 and was unannounced.

#### What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We contacted the local authority who commissioned care from the service to seek their views. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the provider, registered manager, a senior care worker and a care assistant. We observed how staff interacted with people. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us information about what action they were doing to address issues identified in the inspection, along with an updated complaints procedure and staff application form.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments were in place. However, these did not always set out how to mitigate the risks people faced or provide guidance on how staff should support people in a safe manner. For example, the risk assessment for one person identified that at times they exhibited behaviours that challenged the service, specifically that they were at times both verbally and physically aggressive towards staff. The risk assessment did not contain any information about how staff were supposed to manage this risk. This meant there was a risk of staff supporting people in a way that was unsafe to both themselves and the person using the service.
- Care staff told us they regularly had to use physical restraint when supporting one person with their personal care. They said this was because not to do so put the person and staff at risk. Staff described how they carried out the physical restraint, telling us it was only done when necessary and in the least restrictive ways possible. However, the use of this restraint was not detailed in the person's care plan or risk assessment. Further, staff told us they had not received any training on the use of restraint since they commenced working at the service. Training records confirmed this training had not been provided.
- Medicines were not always managed in a way that was safe. When we arrived at the service we were shown to the office to wait until staff had time to speak with us, as all staff on duty were engaged in supporting people with personal care at the time. We found there was a Tupperware box on the office desk containing several medicines. The office door was wide open and no staff were in the immediate vicinity. This meant people potentially had access to medicines that were harmful to their health, safety and wellbeing.
- Medicines were stored in a designated medicines cabinet that was fixed to the wall in the office. We found at the beginning of our inspection this cabinet was unlocked and that it contained a substantial amount of medicines. This was at the same time as we found the other medicines on the office desk, with the office door open and no staff in the immediate vicinity.
- We brought the matter of the unlocked medicines cabinet to the attention of the two staff on duty. Neither of them knew where the key for the cabinet was. Both looked for the key but were unable to find it. The registered manager arrived at the service 45 minutes later and they were able to locate the key and secure the medicine cabinet.
- The service had a policy covering the safe management of medicines. This stated that medicines should be stored securely and the key for the storage facility should be with a member of staff or in a designated key cabinet. The policy was not followed on the day of inspection.
- Medicine administration records were maintained. We checked these and found them to be accurate and

up to date. However, where people had been prescribed medicines on an 'as required' basis, there were no guidelines in place providing information about when to administer these medicines. This meant staff might have potentially administered medicines that were not necessary or fail to give medicines that were required.

The lack of robust risk assessments and staff training in relation to physical intervention and the unsafe practices with regard to medicines potentially put people at risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Policies were in place about safeguarding adults and whistle blowing. The safeguarding policy made clear the service had a responsibility to report allegations of abuse to the local authority and the Care Quality Commission. The whistle blowing policy stated that staff had the right to whistle blow to outside agencies where appropriate to do so.
- Staff had undertaken training about safeguarding and understood their responsibility for reporting it. One member of staff said, "I have to immediately let my manager know."
- People told us they felt safe using the service. One person nodded and replied, "I think so" when asked if they felt safe.

Staffing and recruitment

- The service had enough staff to meet people's needs. One staff member said there were enough staff, while another said sometimes extra staff would help, but added that the registered manager helped out.
- We observed staff had enough time to support people and meet their needs in a timely manner. The staff rota accurately reflected the staffing situation on the day of inspection.
- Checks were carried out on prospective staff to help ensure they were suitable to work in a care setting. These checks included employment references, proof of identification, criminal record checks and a record of staff's previous employment history.

Preventing and controlling infection

- The service had a policy in place on infection control which staff were aware of. This covered good practice with hand washing and the use of protective clothing.
- Staff told us they were expected to wear protective clothing including gloves and aprons whilst providing support to people. We observed that this was the case during our inspection. We found the premises to be visibly clean and free from offensive odours.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents which included details of the incident and of what action was taken in response to it. Completed accident and incident forms were audited and reviewed by the registered manager to seek to learn lessons when things went wrong.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us and records confirmed that they received regular training to support them in their role. This included training about safeguarding adults, dementia care, fire safety, infection control and moving and handling. However, as noted in the safe section, staff had not received training on the use of physical intervention when working with people whose behaviours at times challenged the service.
- Staff undertook an induction training programme on commencing work at the service. This included classroom-based training and shadowing experienced staff to learn how to support individuals. Staff who had not previously worked in the care sector were also expected to complete the Care Certificate. This is a training programme designed specifically for staff that are new to working in care.
- Staff told us they had regular one to one supervision meetings with the registered manager. One staff member said in their supervision they discussed, "Any problems in the home, any issues with residents, training, anything we want to ask."

Adapting service, design, decoration to meet people's needs

- The premises had some adaptations in place to help make them suitable for people. For example, there was a stair lift between floors, handrails were situated around the building and baths had hydraulic chairs which helped to make them accessible to people.
- Staff told us that some people had been living at the service for several years and over time their physical abilities had deteriorated. They said they found it difficult to support people getting in and out of the downstairs bath and that some people were not able to use the upstairs shower. This was due to the design and layout of these facilities. None of the bedrooms had ensuite bathing facilities. The registered manager told us they recognised this was an issue and was considering options for redevelopment of the premises to make bathrooms more easily accessible. We recommend that this is done.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been carried out to determine if people had capacity to make decisions about particular issues. Where it was assessed that they lacked capacity, best interest decisions had been taken and documented. For example, to authorise giving a person their medicine in a covert way. However, as noted in the safe section, the use of physical intervention by staff to support a person had not been properly assessed.
- The service had applied for DoLS authorisations for people. Where these had been granted they had notified the Care Quality Commission in line with their legal responsibility to do so. Staff were aware of which people were subject to a DoLS authorisations and what these covered.
- People were able to consent to their care where they had capacity to do so, and had signed consent forms to agree to individual elements of care and support.

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

- The registered manager told us that after receiving a referral they carried out an assessment of the person's needs. They said this was to determine what the needs were and if the service was able to meet those needs. They added that on occasions they had had to decline to take a person because they were not suitable for the service.
- Records confirmed that assessments were carried out. These covered needs related to eating and drinking, health, personal care and communication. Relatives were involved in the assessment process where appropriate and they were also invited to visit the service before deciding about whether or not it was suitable.

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

- People were supported to eat nutritious food and they had a choice about what they ate. There was a two-week rolling menu which included choices and we saw during inspection people were offered different options for lunch and breakfast.
- Risk assessments covered risks associated with eating and drinking. People's weight was monitored and recorded, and referrals had been made to GPs and the dietician service where there were concerns related to people's nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans covered needs associated with people's health care needs. They also included contact details of other agencies who were involved in people's care.
- Records showed people had regular access to healthcare professionals. These included GP's, dentists, opticians, chiropodists, speech and language therapists and physiotherapists.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated well by staff. One person said, "They [staff] do well. Up to now I have had no problems." Another person said, "It's all right here" and replied "Yeah" when asked if they were treated well by staff.
- We observed staff interacting with people in a kind and caring way. Staff were polite and friendly, chatting with people and responding to their requests for support.
- The service sought to meet people's needs in relation to equality and diversity. For example, religious festivals were celebrated, people were able to express a preference for the gender of their care staff and food reflected people's cultural backgrounds.

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

- Where possible, people were able to be involved in making decisions about their care. For example, we saw people being offered choices about what they ate and drank. We saw one person telling staff they wanted to lie down and staff supported them to do this.
- Care plans included information about people's likes and dislikes and about how they wanted to be supported. They had been signed by people or their relatives.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their independence was promoted where possible. Staff were aware of how to provide care in a sensitive manner that was respectful of people. One member of staff said, "We always have to explain to them what we are doing, talk nicely." The same staff member told us how they promoted people's independence. They said, "If I ask [person] 'could you wash your face', they do that. I have to help them wash their back. If I put on [person's] trousers, they can pull them up." Another member of staff said, "You knock on their door before you go in then make sure the door is closed. We have to be gentle and make them feel at ease."
- Bedrooms were decorated to people's personal tastes and included their own possessions. Some people shared a bedroom, which had been assessed. Privacy curtains were in place in shared bedrooms.
- The service had a confidentiality policy in place which made clear staff were not permitted to share information about people unless authorised to do so. The policy stated any breach of this could lead to disciplinary action being taken against staff. Confidential records were stored securely in locked cabinets and on password protected computers which helped to promote people's confidentiality.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with family and friends and visitors were welcome throughout the day. Care plans included information about people's family and others who were important to them.
- The service did not employ an activities coordinator and there was no specific plan of activities provided. The registered manager told us that care staff did provide some support with activities and on the day of inspection we observed staff singing with people and a game which involved throwing and catching an object. We recommend that the service reviews its provision of activities to ensure that people have routine and regular access to fulfilling and meaningful activities in line with their assessed needs and preferences.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people. These were person centred, based around the needs of individuals. They covered needs related to personal care, communication, medicines, social inclusion and eating and drinking.
- Care plans were subject to regular monthly review, which meant they were able to reflect people's needs as they changed over time. People and their relatives were involved in these reviews and had signed the care plans. Daily records were also maintained, these showed care was provided in line with people's assessed needs.

Meeting people's communication needs

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

- The service sought to meet people's communication needs. We observed staff communicated in a patient way with people, checking their understanding. All people spoke English. One person spoke English as a second language, but staff who worked at the service were also able to speak the person's first language.
- The service used pictures to help communicate with people. For example, pictures of the meal choices were on display to help people choose what they wanted to eat. People's communication needs were covered in their care plans.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. This included timescales for responding to complaints, but gave incorrect details of who people could complain to if they were not satisfied with the response they got from the service. We discussed this with the registered manager who told us they would amend the policy accordingly. They sent us an updated version of the complaints policy shortly after our inspection which included the correct details.
- People knew who they could complain to, one person said if they had a complaint, "I could talk to the staff." The registered manager told us they had not received any complaints in the past year and we found no evidence to contradict this.
- Records were kept of compliments received. We saw several compliments over the past year from relatives. For example, one relative had written, "Gable Lodge is a warm, caring and homely environment. I have been very pleased with the care my [relative] receives."

#### End of life care and support

- The registered manager told us that no one using the service was at the end of life stage. Advanced care plans were in place for most people detailing their wishes in the event of them requiring end of life care. We could not find such a care plan for one person, although the registered manager said there was one. They said if they could not find it they would develop a new one.
- 'Do Not Attempt Resuscitation' forms were in place for people where appropriate. We saw these had been signed by relevant health care professionals.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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

- Although systems were in place related to quality performance and managing risks, these were not always effective. This potentially put people at risk of unsafe practices.
- Risk assessments were in place, but these did not always fully cover how to mitigate risks to people. For example, where physical restraint was used to support a person. Despite being subject to review, the systems had failed to identify the shortfall with the risk assessment.
- Policies were in place to give guidance on safe practice, but these were not always followed. For example, the medicine policy stated medicines were to be stored securely and the key was to be kept with staff or in the designated key cabinet. We found this policy was not being followed on the day of our inspection. Further, although medicine audits were carried out, these had failed to identify that guidelines were not in place about when to administer medicines that were prescribed on an 'as required' basis.

The failure of quality assurance and monitoring systems to identify and address shortfalls in the service potentially put people at risk of poor or unsafe care and constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their regulatory requirements, such as what issues they were required to notify the Care Quality Commission (CQC) about. Records confirmed that the provider had notified CQC of significant events as appropriate.

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

- The service had a registered manager in place and there were clear lines of accountability. Staff understood who their manager was and what issues they needed to report to their manager.
- Staff spoke positively about the registered manager, saying they were helpful and supportive. One member of staff said, "They are a good manager. If they have to be, they are very strict, which is good because everyone makes mistakes. [Registered manager] explains properly what we need to do, they never shout. I am happy with my manager." Another staff member said of the registered manager, "They are very good. They care about the residents and they care about the staff."

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; Continuous learning and improving care

- Accidents and incidents were reviewed by the registered manager. This gave them the opportunity to reflect upon when things went wrong and to develop strategies to minimise the risk of a re-occurrence of a similar incident.
- The registered manager told us they had an open-door policy and people and staff were encouraged to raise issues with them. There was a comments and suggestions box at the service which gave people the opportunity to raise issues anonymously if they wished to do so.

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

- The provider engaged with staff, people who used the service and their relatives. Regular staff meetings were held which gave staff the opportunity to raise and discuss issues of importance to them.
- The provider carried out surveys with people and relatives to gain their views on the service. The most recent one was carried out in 2019 and completed survey forms we viewed contained mostly positive feedback.
- The registered manager, who was also one of the owners of the service, told us they were an equal opportunities employer. However, the application form for staff recruitment did not follow good practice with regard to equalities and diversity. Prospective staff were asked to provide details of their age, marital status, the number of children they had and the ages of any children. We discussed this with the registered manager who said they would update the staff recruitment process so as to no longer request this information. The registered manager sent us a copy of a revised staff application form shortly after our inspection which no longer requested details about staff's age, marital status or children.

Working in partnership with others

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

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care was not always provided in a way that was safe for service users. The registered person had not assessed the risks to health and safety of service users receiving care and had not done all that was reasonably practical to mitigate any such risks. The registered person did not have effective systems in place for the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes had not been established or operated effectively to assess, monitor and improve the quality of the services provider or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 17 (1) (2) (a) (b)</p>