We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Alan Morkill House

88 St Marks Road, London, W10 6BY  
Tel: 02089641123

Date of Inspection: 11 December 2013  
Date of Publication: January 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

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<th>Standard</th>
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<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
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## Details about this location

<table>
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<tr>
<th>Registered Provider</th>
<th>GCH (Alan Morkill House) Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Miss Gabriela Szaboova</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Alan Morkhill House is a residential care home for up to 49 older people including those with dementia. The home is split into seven units across four floors. Each unit has a communal dining area and a kitchen. Alan Morkhill House is a location of the provider GCH Limited.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
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<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Alan Morkill House had taken action to meet the following essential standards:
- Care and welfare of people who use services
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 11 December 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and used information from local Healthwatch to inform our inspection.

What people told us and what we found

People told us there were lots of activities to choose from. They said “there's lots' going on, I can pick and choose what I want to join".

The service had implemented a new care planning system and had consulted people who use the service about how their needs should be met. The new care planning system enabled staff to identify risks to people health and welfare and address them promptly. There were suitable arrangements for dealing with foreseeable emergencies.

The provider had reviewed and increased staffing levels following our inspection in June 2013 so there were sufficient people on duty to meet people's needs. Staff were supported by a new senior team who had provided supervision, support and training.

At local and provider level there were robust monitoring processes in place and evidence that the service sought feedback for people who use it.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.
There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

<table>
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<th>Judgement</th>
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<tr>
<td>Care and welfare of people who use services</td>
<td>Met this standard</td>
</tr>
<tr>
<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
<td></td>
</tr>
</tbody>
</table>

**Our judgement**

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

**Reasons for our judgement**

Our inspection of 6 June 2013 found that the arrangements in place to meet people's needs were inadequate. Whilst risks were identified there were inadequate strategies in place to address these. We also found that changes in people's health and wellbeing were not adequately monitored.

The provider wrote to us on 31 July 2013 and told us that they were going to implement a new care planning system and ensure that all identified risks would be properly addressed in people's new care plans. They described to us the actions they would take to ensure people's health and wellbeing.

We returned to Alan Morkill House on 11 December 2013 to review the actions the provider had taken to ensure compliance. We found that the service had implemented a new care plan system that was based on an assessment of people's needs.

People's care was planned and delivered in a way that ensured their safety and welfare. The provider had appropriate arrangements in place that described people's needs and directed staff on how to meet them safely. We reviewed a random selection of six people's records and saw that the person, and in some cases their families had been involved in deciding how they wanted their needs to be met. We saw that care plans focused on people's strengths and wishes. The service had started working toward documenting people's wishes in relation to their end of life care.

People's health needs were properly monitored. We reviewed the arrangements in place for people who may be susceptible or at risk of malnutrition. Each person had a screening assessment in place that graded their risk levels. Where there were concerns we were able to track appropriate referrals to the dietician and the provision of fortified meals and snacks. Changes in people's weight and was monitored each month or more frequently if there were concerns. The provider may wish to note that that for one person, specialist dietary advice was not uplifted into the person's care plan in a timely fashion.
People at risk of pressure sores were identified and a screening tool assessed their level of risk and tissue viability. The registered manager had implemented a pressure sore monitoring report that unit leaders completed each week. These reported on any skin changes. Again where there were risks identified appropriate arrangements had been put in place to address the concerns. From reviewing records we could see that slight skin changes were reported and appropriate action was taken to prevent further skin damage.

The service had a very stimulating in-house activity program where people left their unit to attend a variety of activities provided on the ground floor. People told us that they were provided with a lot of engaging activities; one person said "there's lots' going on, I can pick and choose what I want to join". Another person told us that they attended the "singing and ball throwing" exercise groups.

There were arrangements in place for foreseeable emergencies. All shift leaders were trained in first aid and had basic life support training. People who use the service had personal evacuation plans that directed staff on the emergency action to take to support them in the event of a fire. Within the plans we saw there was a current medication administration record which could be used if the person had to be evacuated from the service.
Staffing

There should be enough members of staff to keep people safe and meet their health and welfare needs

Met this standard

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Our inspection of 6 June 2013 found that there were insufficient skilled staff on duty to meet people's needs safely.

The provider wrote to us on 31 July 2013 and told us that they were going to review staff levels in the home and told us about new appointments.

We returned to Alan Morkill House on 11 December 2013 to review the actions the provider had taken to ensure compliance. We found the provider had addressed our previous concerns.

The registered manager described to us that the provider had increased the staffing levels on the second floor from three to four staff to support people on the two units on an early shift. In the event someone had an appointment staff from this floor escorted them, leaving three staff to support the two units. We observed a much less rushed atmosphere in the home, staff told us they had "time to catch up" with people who chose to spend longer periods in their rooms. The number of staff vacancies was reduced to two day care posts; one of which has been offered to an applicant, subject to pre-employment checks. The second post was being covered by permanent staff who elected to work additional shifts.

We asked three people, in different units if they had to wait for lengthy periods when they needed assistance; one person told us "most of the time there are enough staff, sometimes I have to wait …..but not usually". Another person told us staff were "attentive and prompt" a third person could not recall an occasion when they had to wait for a long time for assistance from staff.

The senior team within the service was still quite new and staff told us there had been a lot of changes but they generally felt positive about this and considered they were better supported because the increased staffing levels.

We observed lunch being served on one unit and noted a considerable improvement from our previous visit. Staff had time to interact with people and the event was a much more sociable occasion.
Supporting workers

Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Our inspection of 6 June 2013 found that staff were not adequately supported to deliver care and treatment safely or to an appropriate standard.

The provider wrote to us on 31 July 2013 and told us that they were going to improve the support and supervision provided to staff.

We returned to Alan Morkill House on 11 December 2013 to review the actions the provider had taken to ensure compliance. We found that the provider had addressed our previous concerns.

The registered manager had been in post since May 2013 and her deputy since August 2013 they have developed a framework to support staff and improve the care delivered to people. The registered manager told us that she scheduled team meeting every two months, we saw from reading the minutes that care, catering and domestic staff met approximately every two months. The registered manager described to us that by having meetings with the individual groups of staff enabled the teams to focus on the issues unique to them, where there were overlaps the manager had a good overview of the issues.

Staff told us that “there are a lot of changes to get used to”, but confirmed that they had support in adjusting to these. Each group living area had a senior member of staff to lead people’s care and manage the staff team allocated to that unit. We saw a supervision matrix that detailed the supervision arrangements for all staff. We spoke to two care staff and both confirmed that they had supervision with their team leader.

The provider had ensured staff received the training they required to support people safely. We saw there had been a wide range of training provided since our visit in June 2013 such as food hygiene, moving and handling, care planning, protecting vulnerable adults and Mental Capacity Act 2005 awareness.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

Our inspection of 6 June 2013 found that the provider failed to have an effective system in place to identify and monitor risks.

The provider wrote to us on 31 July 2013 and told us about the strategies they would put in place to monitor the service more closely.

We returned to Alan Morkill House on 11 December 2013 to review the actions the provider had taken to ensure compliance. We found the provider had addressed our previous concerns.

We saw at a local level the new senior team had put in place effective systems to identify and manage risks for people who use the service and others. We saw "take 10" reports where the manager met daily with each of the staff leading the various departments. So the chef, care shift leader and domestic met with the manager at 10 o'clock each day to briefly report on issues in each area of the service and resolve any problems. This showed that the manager had a good overview and was kept well informed of all issues in the home and addressed matters promptly.

We saw from reviewing records that the registered manager maintained a good overview of the risks and how they were managed for each individual person. The adequacy of people’s nutritional intake was monitored by recording monthly weight changes. All care records checked had a falls risk assessment and the registered manager maintained a record of falls. She described how she monitored for repeat incidents for individual people, time of day and staff on duty. We also noted there had been a considerable improvement in the quality of recording on incident reports.

The registered manager also monitored and reviewed the quality of supervision her senior team provided to other staff. She told us she read the supervision notes to ensure an appropriate level of support and consistency was being provided to staff. The manager described how every two months she provided her senior team with new topics to focus on.
The registered manager undertook a daily "walk around" where she visited each day and met with the people who use the service, observe staff practice and interaction and noted any maintenance issues. All the people we spoke to reported that they saw the manager frequently.

The provider undertook monthly monitoring visits that tracked the service's progress with its action plan which was the result of our June 2013 inspection. The monitoring visit addressed issues such as feedback from people who use the service, relatives, fabric of the building and financial resources. We saw that the monthly monitoring report risk rated the service and followed up on actions that had previously been highlighted.

We saw records of residents and relatives meetings. One relative told us "we have had some big meetings and they (the provider) were very frank; we never had meetings like that before". We saw positive feedback from people who use the service and their families. One person who had stayed at the service for a period wrote "thank you for making my stay here relaxing and stress-free. I will miss all of you individually and the friendship I made".

The service had a complaints procedure and we reviewed the complaints log. We were satisfied the provider made efforts to resolve matters to the person's satisfaction and in a timely manner.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

- **Met this standard**
  This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

- **Action needed**
  This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

- **Enforcement action taken**
  If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

**Essential standard**

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.