

London Borough of Redbridge

# George Davis 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

George Davies Lodge is registered to provide personal care and support to people living in specialist 'extra care' housing in London Borough of Redbridge. Not everyone who lived in the housing received personal care from the service. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. People using the service lived in their own flats or bungalows within a gated community where there were 42 properties. The service was providing personal care to 17 people at the time of the inspection.

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

Systems for managing people's medicines were unsafe. Medicines administration charts were not being completed properly by staff or checked by management. Staff had not completed all the training the provider deemed mandatory. This was a historic problem which the provider was aware of but had not addressed. Some staff had not been formally supervised for over one year though the provider expected this to occur six times a year. Spot checks, the primary source of quality assurance, were not being completed regularly. There was no governance system in place to highlight spot checks, supervision or lack of quality assurance for medicine administration. The registered manager had not notified us about an allegation of abuse that occurred at the service. This is a regulatory requirement.

There were systems in place to safeguard people from abuse. There were risk assessments in place to mitigate risks to people. Recruitment practices were robust, and staff were employed with people's safety in mind. There were infection control measures in place. Accidents and incidents were recorded and followed up on.

People's needs were assessed before they began using the service to see whether their needs could be met. The service worked alongside other agencies to provide effective care. People were supported with their health care needs. People were supported with their dietary needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff sought people's permission before providing care and there were best interest meetings when people needed support to make decisions.

People and their relatives thought highly of staff and management. Staff understood their roles. The registered manager understood their regulatory requirements and were open and honest with people when things went wrong. Although pandemic lockdowns had restricted people meeting, people were able to feedback on the service directly to management and via meetings when measures were lifted. Similarly, staff could also speak with management and had the opportunity to be engaged with the service via meetings when they occurred. The service worked in partnership with other agencies to the benefit of people using the service.

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 previous rating for this service was good (published 13 April 2018).

#### Why we inspected

This service had not been inspected for over three years and we had found concerns with risk assessments, training and governance at one of the providers other local services. We undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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 George Davies Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to managing medicines safely, staffing with respect to training and supervision and also good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# George Davis Lodge

## Detailed findings

### Background to this inspection

#### The inspection

This was a focused inspection to check whether the provider had met the requirements of the warning notice in relation to Regulation 17 (Good Governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two members of staff, the registered manager and one administrator. We also spoke with a visiting health care professional.

We reviewed a range of records. This included five people's care plans and multiple medicines records. We looked at three 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 spoke over the phone with two people who used the service and four relatives about their experience of care. We spoke with three care staff by phone also. We continued to seek clarification from the provider to validate evidence found. We looked at training data, meeting minutes and correspondence.

# 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 now 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.

### Using medicines safely

- Systems for managing medicines were unsafe. We looked at 6 people's Medicines Administration Record (MAR) charts and found four contained gaps. This meant it was unclear whether people had taken their medicines as prescribed. Some of these potentially missed medicines included Aspirin, Amlodipine, Mirtazapine and Zopiclone as well as others. The impact of missing doses with these medicines could result in relapse in symptoms for which they were prescribed, pain and or increased risk to health.
- There was no system in place to pick up these gaps in people's medicines administration as MAR charts were not audited. This meant people could miss having their medicine administered and it would not be picked up or acted upon.
- We asked the registered manager whether they knew why there were gaps and they said they were unsure but that it was likely staff had not completed the MAR charts correctly or people may have been in hospital. No calls had been made to GPs to check whether missed doses could affect people adversely.
- There were no risk assessments specific to people's medicines. There was little if any mention about people's medicines and the risks associated with them within risk assessments. For example, we saw one person's care plan stated they had diabetes and stated this condition should be controlled with nutrition and medicines. The same person's risk assessment did not mention the risk associated with the person's diabetic medicine, only that the person should be prompted to take all their medicines. .
- The service was not following their own policy around medicine administration. The policy stated "on-going auditing and monitoring" of medicines management and risk assessments for medicines should be in place. There were no audits of medicines management nor risk assessments specific to medicines.
- Some people's medicines were being stored in the service's office. This was to ensure risk of people overdosing from taking their own medicines was mitigated. Whilst this kept people safe there was no associated documentation highlighting why this was being done. We informed the provider we would expect risk assessments to be in place when this occurs.
- Staff had not all completed up to date medicines administration training. Two staff members had not completed any medicine administration training. A further four staff had medicine administration which was overdue for review by 3 months, as the provider required staff to refresh this training every two years. There were no medicine administration competency assessments and spot checks were not being completed regularly. This meant some staff administration of medicines may not be best practice as they did not know, or their training was not up to date.

The provider had not ensured the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

We fed back our concerns to the registered manager following our inspection and provided them with links to best practice guidance around medicines management. They sent us a MAR audit template and informed us they would begin to audit people's medicines administration following the inspection. They also told us of their plans to ensure staff would be trained in the near future.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse, though not all staff had been trained in safeguarding. The registered manager provided us with training information which indicated three people, one of whom was long term absent from work, had not had any safeguarding training. This meant some staff may not know how to spot signs of abuse. However, staff we spoke with understood safeguarding. One staff member said, "There are different types of abuse, financial abuse, physical abuse, sexual abuse, I went on course about it." Safeguarding concerns were raised with social workers and actions sought to mitigate potential abuse.

#### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were recorded and information provided to staff to mitigate those risks. Aside from medicines, which we have mentioned elsewhere in this report, risks to people's health and wellbeing were assessed and recorded.
- We looked at six people's risk assessments and noted a variety of risks covered. Risk assessments identified people's health conditions and social situations, the risks associated with them and what protection was in place to mitigate risk to them. For example, we saw risks noted for people who had been diagnosed with Covid-19, mental health and nutrition concerns as well as other areas of their lives.
- Risk assessments provided information for staff to follow to mitigate risks. For example, risk assessments cited symptoms of health conditions or their potential behaviours, what staff should do to keep people safe and there were instructions to contact the management, health professionals or emergency services should staff be concerned about people's health and wellbeing. One staff member said, "Yes I read them [risk assessments], they are very important."

#### Staffing and recruitment

- Recruitment measures at the service were robust. Checks were completed on staff before they started working to ensure they were competent and safe to work with vulnerable people. These included criminal records checks, employment history, employer references and proof of identification. This meant the provider sought to keep people safe through safe recruitment.
- Records indicated, and people and staff confirmed, there were sufficient numbers of staff. The registered manager showed us staff rotas and how caring tasks were divided between staff. They were able to show all care calls were covered, there was always staff available to provide care, and what they did if staff were unable to work. One staff member said, "[The registered manager] will cover [absence] and we have got agency working for us," A relative told us, "When we visit there always seems to be plenty of staff around."

#### Preventing and controlling infection

- There were infection prevention measures in place. We inspected the service whilst national lockdown guidance was in place and the service was following this. People were reminded to socially distance in communal areas and communal activities had been curtailed. Staff wore Personal Protective Equipment (PPE) and had undertaken infection control training. We saw Covid-19 risk assessments for staff and people and the service was following the provider's policy which was in line with national guidance. One person told us, "They (staff) are always wearing facemasks." A staff member said, "We wear PPE and have gel soap, masks and aprons and we've had to protect ourselves and others."

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. Incident and accidents were recorded by staff and followed up with management. The registered logged incidents on the provider's electronic system ensuring further oversight.
- The manager followed up on incidents and accidents, such as referring people onto health professionals and seeking review from social workers. Incidents and accidents were discussed in team meetings and supervisions, so staff were able to learn lessons when things went wrong.
- One staff member said of dealing with a hypothetical fall incident, "We assess the situation, sit the person up, check their hips or signs of heart attack get them on the floor in the right and or call the ambulance. Then after that we fill in an incident form and put in main book for everyone to read. We inform the family too."

# 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 now 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 training was not up to date. The registered manager provided us with a training matrix designed to support oversight of staff training. There were 21 training topics the provider deemed mandatory for care staff to complete to fulfil their roles. Whilst some topics overlapped and one staff member was long term absent from work, no care staff member had completed all the training.
- Some training was overdue for refreshing and some had not been completed at any point. The training topics staff had not completed training on included fire safety, moving and handling and Mental Capacity Act training as well as others.
- There were also three agency staff who had been employed by the service. These staff had been working at George Davies Lodge for longer than two years in a fulltime capacity. Their training had not been recorded and they had not completed the training the provider deemed mandatory.
- Staff were not receiving regular supervision. There was a supervision planner to assist the registered manager, but these dates were not being strictly met. The provider expected staff to have at least six recorded supervisions a year. The registered manager informed us that they had not held supervision with at least eight care staff in the year preceding our inspection

The provider had not taken steps to ensure their staff had the knowledge and skills to fulfil their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Staffing.

When asked about the training shortfalls the registered manager stated Covid-19 and shortage of training course places the provider could access, had impacted on the ability to get care staff to complete their training. They also told us they completed a training needs analysis, which they shared with us and highlighted some training, such as medicines administration, which they planned for staff to begin taking in May 2021. The registered manager also told us they met with staff regularly and provided informal supervisions. They told us they had not recorded supervisions due to the Covid-19 pandemic.

- Staff received induction when they began working with the service. They were required to read policies, shadow experienced staff and complete training. One staff member told us, "It was a while ago, but I had to do training and shadowing."

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

- People's needs were assessed before they began using the service. Assessments were completed by social

workers with support from the registered manager. Assessments identified people's needs and choices, gathering information to ensure people's needs could be met by the service.

- Needs assessments, and their subsequent reviews, were the basis of people's care plans. They recorded people's health conditions, the risks to them and proposed how much care they needed from the service. Assessments were in line with the law; identifying people's protected characteristics and ensuring their needs were met in a sensitive way.

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

- The service worked alongside other agencies to ensure people received consistent effective care. We observed the registered manager working with people and then sharing information with professionals, ensuring referrals they had made were being followed up on and social workers and health care professionals were kept up to date with people's well-being.

- People's health care needs were recorded at assessment and followed up in risk assessment and other monitoring forms. Staff at the service, where required, completed supplementary monitoring forms which supported people's health care needs to be met and these were shared with health care professionals. These included turning forms and nutrition charts. We met with one health care professional who told us staff at the service were, "Very supportive." One staff member said, "When the district nurse comes, they comes straight to us and we support them."

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

- People's dietary needs were recorded and they were supported to eat and drink where required. The service was an extra care service and although people had their own kitchens within their flats, they also had the opportunity to purchase food from a communal kitchen onsite managed by the provider.

- People had a choice of food from the communal kitchen and the service shared relevant information with kitchen staff to ensure people's dietary needs were met. Staff were aware if people had health conditions that affected their nutrition and hydration, such as diabetes, as this was recorded in people's care plans.

- The pandemic had led to changes in how people were able to get their food. Through some stages of the lockdowns staff had brought food to people in their homes. One person told us they were grateful as staff still did this. They said, "They bring me meals." A relative told us, " They provide the food [family member] gets and is well fed."

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.

We checked whether the service was working within the principles of the MCA.

- People were supported to make their own decisions and choices. People's decisions and choices were recorded by social workers who completed reviews of their care and these were then followed by the service. Where people could not make their own choices, the provider ensured meetings were held where people's best interests were discussed, and people's wishes followed as much as practicable.

- When best interests meetings were held people's relatives or advocates were invited to participate in

decision making. One relative told us, "[Family member] has severe dementia but I have power of attorney [legal ability to make some decisions on behalf of someone], so in that respect we deal with that. [Registered manager] always lets us know about meetings and when decisions need to be made."

- People told us, and staff confirmed, they were offered choices with their care. One person told us, " [Staff] ask my permission when I am with them." A staff member said, "When we do care, whatever I'm doing with the client, I always tell them what I'm doing and asks if everything is ok."

# 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 now 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.

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

- There were insufficient quality assurance measures in place. The service was not completing regular spot checks. Spot checks were the service's main quality assurance process as they provided an opportunity for management to observe staff completing their care duties, receive feedback from people receiving care and check people's medicine administration and risk assessments were in place and up to date.
- Spot check forms stated they were due every three months. We looked at five care plans and saw four of the five people had not had spot checks completed in the previous year. The registered manager told us these had not been completed because of the pandemic. However, they had put no alternative measure in place to assess the quality of care being provided at this time, such as recording people's feedback about their care during this time.
- The spot check form was lacked detail. The form provided tick box entries to state whether documents such as care plan, risk assessment and MAR sheets were in people's care plan folders. There was no quality assurance element to the standard of these forms other than a comments box, which was mostly left blank.
- There were no governance systems in place to identify spot checks were not being completed. Similarly, governance processes had not identified the lack of quality assurance for medicines administration and the lack of recorded supervisions. The governance systems had not identified the service was not following their own medicines administration policy with respect to quality assurance of administration and risk assessing medicines.
- Whilst the registered manager and the provider were aware of the shortfalls in staff training, these were a historic issue and had not been dealt with in a timely fashion.
- Following our inspection, we were informed about an allegation of abuse which had been reported to the local authority in January 2021. However, the registered manager had not notified CQC about this, which they were required to do without delay at the time of the incident. They cited an administrative oversight and subsequently submitted the relevant notification following our request in May 2021.

There were ineffective systems to assess, monitor and improve the quality of the service and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and the service had failed to establish effective governance systems or processes to oversee the running of the service and monitor, assess and improve the quality of care being provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the registered manager provided us with a template which they planned to use to address quality assurance in medicines. They also told us they had begun spot checking and recording supervisions again. They also told us the provider was going to further support administration at the service which should assist staff to focus on care elements at the service.

- All the people and their relatives we talked to, spoke positively about the service management and staff. One person said, "I am very happy, they are excellent." A relative said, "They are angels - they go beyond what is expected." What people told us was also reflected in a compliments log recorded by the service.
- The service sought to provide person-centred care and support to people with high level of need. We observed the registered manager worked compassionately with people who presented with behaviour that challenged. We noted the service worked with people who presented with multiple needs and endeavoured to keep working with them until end of life as per their wishes.

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

- There was a management structure in place. Managers and staff were clear about their roles. Staff had job descriptions and understood what was expected from them within their roles.
- The registered manager was aware of their role with respect to regulatory requirements and knew they were supposed to provide information to both the local authority and CQC with respect to certain matters.
- We were told by the registered manager their role, and those of other extra care managers for the provider and admin staff, extended to the management of the out of hours Lifeline service in Redbridge. Lifeline is a community alarm support system for people living with special needs, the elderly and vulnerable residents in the borough. We were told by the registered manager these additional responsibilities did not impact on their ability to manage the registered service.

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

- When things went wrong the registered manager sought to address them. Accidents, incidents and complaints were all recorded as well as any supporting actions completed by the service. These actions included informing families about incidents and apologising to them if necessary and referring people on to other professionals and services including emergency services and social services.

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

- People at the service were able to be involved with the service should they wish to be. the registered manager's office was situated near the entrance to the service and received a regular flow of people visiting. This provided them with an opportunity to speak directly with the registered manager and provide feedback should they wish to.
- Before pandemic lockdown measures had been implemented, the housing provider held regular meetings where people could engage with different elements of how the service was run. Minutes of meetings indicated discussion topics such as health and safety, visitors and anti-social behaviour.
- Staff at the service could be involved and engaged with the service. We observed the registered manager talking with staff throughout the day and noted they could come as they pleased. Whilst pandemic guidelines had restricted meetings, particularly those of larger numbers, we noted there had been meetings before and during the pandemic where staff could discuss matters of interest. Minutes contained discussion topics such as Covid-19 and lockdown, appreciation of staff, training and people using the service.

Working in partnership with others

- The provider worked in partnership with other agencies to the benefit of people's care. The service had ties with GPs, district nurses, pharmacists and social workers. These relationships enhanced people receiving joined up care.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not managed safely. There were no checks in place to ensure people were taking their medicines.

### The enforcement action we took:

We issued warning notices to the registered manager and the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance measures required improvement. There was no audit of medicine administration. Spot checks were irregular.

### The enforcement action we took:

We issued warning notices to the registered manager and the provider

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not been supervised regularly. Training was not always completed regularly.

### The enforcement action we took:

We issued warning notices to the registered manager and the provider