

## Gibson's Lodge Limited

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### Inspection report

Gibson's Lodge Limited  
Gibson's Hill  
SW16 3ES  
Tel: 0208 670 4098

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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 18 and 20 February 2015. We found breaches of legal requirements. This was because there was a lack of stability in the service. The home had experienced a high turnover of staff in the last two years. Care staff had not received the training they required to carry out their roles effectively and staff who cared for people who lived with dementia had not received formal training in that area. Without training being provided staff may not have had the appropriate skills and knowledge to support people effectively.

The service did not have efficient or effective systems in place to monitor the quality of the service and drive improvement. Information was not always kept up to date, internal audits of care and staff records were not completed. There was no evidence that out of hours

checks were made on staff practice and we could not be assured that systems were in place to regularly assess and monitor the quality of service or that there was a system to drive continuous service improvement.

The service was not consistently well-led. There had been no registered manager in post for two years. It had experienced a number of managerial and staff changes in the past eighteen months which had destabilised the service.

After the comprehensive inspection in February 2015, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook an unannounced focused inspection on the 25 September 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

# Summary of findings

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

Gibson's Lodge Limited is a residential nursing home that provides accommodation and personal support for up to 53 older people living with dementia. There were 46 people using the service at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

During our focused inspections on the 25 September 2015, we found that the provider had followed their plan and legal requirements had been met.

The registered manager was in post 14 months and in this time provided inspirational leadership and direction for staff. Stability was experienced in the home. Staff spoke of the improved morale among staff and good teamwork that was now present. Staff enjoyed working at Gibson's

Lodge and took pride in their work and caring well for the people who used the service. People using the service and their relatives told of having confidence in the service. A relative visiting said, "When I leave I know our family member is in a nice place and being looked after well, it's such a relief to know she's here".

Effective quality assurance processes had been introduced and identified areas that needed to be addressed. Regular unannounced weekend and night visits took place to monitor practice and to offer support to staff. The registered manager was open and direct, acknowledging where improvements were needed and the ways they planned to achieve these.

Staff felt motivated and inspired to participate in learning and development opportunities. They were well supported and staff performance issues were addressed appropriately. Staff members told of feeling valued and enjoying a good range of training and development which helped them develop the skills and competencies needed for their roles.

Records were well organised and important information required for robust staff recruitment was sought and maintained on individual records.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

We found that action had been taken to improve the safety of this service. Staff records were organised efficiently and recruitment information required by regulation was available for staff employed.

Good



### Is the service effective?

The service was effective.

We found the provider had taken appropriate action. They had provided staff with suitable training to equip them with the knowledge and skills required for their roles. Staff were well supported and had a suitable training and development programme in place for the staff team.

Good



### Is the service well-led?

The service was well led.

There was a registered manager in place who provided strong leadership and gave essential support for the staff team. She inspired and encouraged by her commitment to her role.

The provider had developed quality assurance processes to monitor and evaluate the quality of the service and to drive improvements in the service. Night time and weekend checks were undertaken by management to support staff, identify any issues and to promote good practice.

Good



# Gibson's Lodge Limited

## 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 was planned to check whether the provider was 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.

We undertook an unannounced focused inspection of Gibson's Lodge on 25 September 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 18 and 20 February 2015 had been made. We 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 legal requirements in relation to two of these questions.

The inspection was undertaken by two inspectors and an Expert by Experience.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements. We contacted three external health professionals involved with people who use the service to gather information during the inspection,

At the visit to the home we spoke with 10 people who lived there, three relatives, four nursing and care staff, the administrator, deputy manager and the registered manager.

We looked at a selection of records for staff and for people using the service.

# Is the service safe?

## Our findings

At our previous inspection on 18 and 20 February 2015 although there was no breach of regulation but we found the organisation of staff records and recruitment processes were not fully robust, and this area required improvement. This related to recruitment records for people who had been employed for more than six months. The manager could not then locate all the relevant documentation that would show people were suitable for this employment. The old staff files had not been properly maintained over a period of time.

We found at this inspection the provider had made improvements and had introduced suitable systems which they used to organise staff records and to ensure suitable people were employed. Since our previous inspection visit the staff files had been audited and reviewed. We looked at a random selection of six staff files for nursing and care staff. The files had an audit checklist of contents. We found all files contained an application form with a work history,

more than one form of identification and two references. People employed by the service were required to undergo checks with the Disclosure and Barring Service to show they were suitable to be work with vulnerable people.

We looked at staffing levels and found them to be appropriate to the needs and number of people using the service. For example in the old unit there were eight care staff and two qualified nurses present to care for 28 people, similar staffing levels were also present in the second unit. Night staffing levels were also seen to be needs based. People we spoke with told us they had plenty of staff available to look after them. For those who remained in their rooms we saw that staff check on them at regular intervals. In each communal area there was always a number of staff present to help support and engage with people. A visiting family member told us, "When the time came the right choice of home was made with our loved one, people here are safe and well cared for as there are always plenty of staff available."

# Is the service effective?

## Our findings

At our previous inspection we found that the service was not always effective. Staff were competent in providing basic care and support but did not receive sufficient training to effectively carry out their roles. We provided examples: 40% of staff had completed dementia care training and 10% end of life palliative care training. We were not confident staff fully understood the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which protect people who lack mental capacity to make certain decisions. DoLS ensure any restrictions of freedom are authorised by the local authority as being necessary and in the best interests of people.

At this inspection we found significantly more training had been completed by members of staff. One person using the service said, "They are doing a good job." A member of staff told us, "I've never had so much training. I have just finished five days of palliative care training with St Christopher's Hospice." Another member of staff who had worked at the service for a number of years said, "We have a lot of training now. The other big difference is they pay us when we do training which they never used to do – it makes a big difference. We all train now. In the past they used to pick and choose." Another member of staff told us, "Since you were last here I have done palliative care, dementia and challenging behaviour. I have done more training but cannot remember what just now." One member of staff said, "I have had lots of training and supervision. I have really enjoyed the training and it has helped me do my work."

We were provided with records of completed and planned training. We saw the majority of nursing and care staff had completed training in behaviour that challenges; MCA and DoLS; end of life care; and, dementia care awareness. Almost half had completed or started five days of training in palliative care with St Christopher's Hospice. We looked at planned training which included pressure ulcers; diabetes management; skin care, understanding depression; and person centred dementia care amongst others. It was quite evident the provider had responded to our concerns from the previous inspection. Staff were able to answer questions about MCA and DoLS. One member of staff

enthused about the dementia training and said "...wished I had done it years ago." The manager had identified that a new member of staff had not completed the MCA and DoLS training. They were booked to attend the next training session in the home. Two external health professionals who provided training to the home's staff told of the changes witnessed in staff approach and their response to training. One health professional described the "enthusiasm and responsiveness of staff" since they attended training. A mental health professional commented on the good practice and reassurance staff now demonstrated in responding to a person with episodes of challenging behaviour. As a result of the reassurance received the person now experienced fewer episodes of anxiety and behaviour that challenged

There were two new members of staff who had joined the service in the previous two weeks. Both had completed a three day induction and were being supported and observed by other members of staff until they were deemed competent to carry out the role on their own. One of them told us, "I have learnt so much in the last two weeks. I learnt about care planning yesterday. The manager is very good."

At the previous inspection the manager informed us of a number of people assessed as lacking capacity to understand or give consent to receiving one to one support and supervision in the home or in the community. The registered manager confirmed that at the time of our visit to the home there were eleven people using the service who were subject to a DoLS. Additional applications for five more people were being considered by the local authority for authorisation. We saw that the registered manager maintained a record of people subject to a deprivation of liberties safeguard, together with the type (standard or urgent), date approved, and date of expiry. For each person with a DoLS in place there was a specific care plan developed to reflect the support needed. In addition the manager completed a monthly report on the progress of the person and shared the information with the relevant local authority. We were informed at CQC in accordance with legislation that when a DoLS authorisation was approved.

# Is the service well-led?

## Our findings

On our inspection on 18 and 20 February 2015 we found the most recently appointed manager was in post six months, but had not registered with CQC. The service had experienced a series of management and staff changes which contributed to low morale and some instability. On this inspection we found that staff morale had greatly improved and staff turnover reduced significantly, all staff were unanimous in their view that the registered manager had greatly inspired staff to perform better. Staff told us they enjoyed coming to work; they felt valued and enjoyed making a difference. The manager offered encouragement to staff. One staff member told us, “It is a good environment to work in; the manager recognises staff efforts and always acknowledges success.”

Three members of staff spoke to us in a group and were keen to tell us about their training and support. They told us the manager had a strong and visible presence, observed practices every day, and had an open door policy with the staff. Staff were clear about raising issues in the home and about whistleblowing procedures. Staff told us they felt able and confident they could approach management about any concerns. Records showed that team meetings were held monthly, and daily handovers took place at change of shift to ensure staff were up to date with information.

A staff member who worked at the home for a number of years said, “The manager here is excellent. She always has time for you, and is very supportive. She is approachable, and she teaches you. We work as a big team here”. A more recently recruited staff member said, “Since I’ve been here I’ve had 10 trainings. We’re all still developing here, and it’s a nice team. I think the manager is great. She is approachable and has a focus on training.” A person visiting said, “It is a pleasure to come here and visit my relative, they are so happy, I feel blessed to have them living in such a well-run place.”

External health professionals spoke positively of the changes witnessed at Gibson’s Lodge and contributed these to the management presence. One professional said, “Staff are so much more competent in developing advanced care plans with people and in adapting and providing the care people require.” Another health professional reflected on the improved approach and attitude of staff. They said, “In the past I have found

occasions when some care staff were not interested, this has all changed in 2015. I now find staff are more inspired and keen to develop their knowledge and skills and I am pleased to see this reflected in good practice.” A visiting health professional had come to see a number of people for consultation. We observed the nurse on duty had all the required information at hand. The health professional said, “It is good to see staff are so efficient here and well prepared for consultations, the records show the nurse has taken all the observations in preparation for us, the communication with staff is clear and shows good teamwork.”

On the February inspection we also found the service did not have efficient or effective systems in place to monitor the quality of the service. Checks were undertaken on the environment and health and safety processes, but there was no overall monitoring process to ensure actions were always taken in response to findings of health and safety checks. There were no audits or checks done in the service to ensure documentation was up to date, that incident and accident records were referenced to changes to care plans, or for checking if mental capacity assessments were completed. On this inspection we found numerous improvements to practice and how processes were changed. The manager and provider undertook regular audits to improve the quality of the care, for example we saw examples of medicine audits and actions in place to address any shortfalls. These were followed up on at the next audit to check actions were taken to address the issues. We saw how incident and accident records were maintained and referenced in care records. The management team have taken correct action and made notifications to relevant organisations in accordance with legislation. The manager acknowledged there was much more work to do to get the service to the stage her and the staff team aspired to. One area she had identified was in exploring methods to get the views of people who used the service.

The manager told us the provider was supportive and now visited the service most days. We observed the provider was familiar with and chatted easily with people using the service and with staff. The provider recorded monthly reports of his findings when he visited the service. The manager told of making unannounced visits to the service at weekends accompanied by either the deputy manager or the provider. There were reports seen of their findings from these visits, for examples of checks made on staff

## Is the service well-led?

practice at night and weekends. We saw that the registered manager used disciplinary measures to address staff practice and when appropriate made referrals to relevant

bodies. We saw evidence of notable improvements in the administration department. Staff records and care records were well organised, they were being audited, and information was up to date and easily accessible.