Gibson's Lodge Limited

# Gibson's Lodge Limited

**Inspection report**

Gibson's Lodge Limited
Gibson's Hill
London
SW16 3ES
Tel: 020 8670 4098
Website:

Date of inspection visit: 18 February 2015
Date of publication: 22/04/2015

## 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** |

## Overall summary

This inspection took place on 18 and 20 February 2015; the first inspection day was unannounced.

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 47 people using the service at the time of our inspection.

We last inspected the service in August 2013. At that inspection we found the service was meeting all the regulations that we assessed.

There was no registered manager in post at the time of our inspection, a person was appointed to manage the service in August 2014, but the application to register as a manager was not completed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

The home's recruitment procedures were not robust and did not ensure thorough checks were completed on staff prior to employment; only one reference was sourced for some applicants. All staff had a disclosure and barring check (DBS) completed by the provider before working in the home.

People told us they felt safe using the service and trusted staff. Staff were trained in safeguarding adults and the service had policies and procedures in place to ensure that the service responded appropriately to allegations or suspicions of abuse. The service ensured that people's human rights were respected and took action to assess and minimise risks to people.

Staffing levels promoted safety; these were based on the numbers and needs of the people who lived at the service and on the layout of the premises. The staff rota was planned to provide sufficient numbers of staff in both of the units during the day and at nightime.

Staff were present in communal lounges, supporting people and ensuring they were safe. Call bells were placed closeby to people that remained in their bedrooms, when people asked for assistance staff attended to them quickly.

The provider had appropriate arrangements in place to manage medicines safely.

The service has experienced a high turnover of staff in the last two years, including managers. Care staff have 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.

People told us they were happy with the service and found staff kind and compassionate. We saw staff interacting with people in a patient and sensitive manner.

People were provided with a range of activities in the service which met individual needs and interests, but did not fully consider the needs of people with cognitive impairment. Staff responded to what people wanted to do on a daily basis.

People were encouraged to continue to see friends and relatives and access the community with staff or relatives.

The service did not have efficient or effective systems in place to monitor the quality of the service, 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.

We found breaches of the regulations relating to staff support systems, and systems to monitor the quality of the service and records. You can see what action we told the provider to take at the back of the full version of the report.

# 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?**

Requires Improvement

Some aspects of the service were unsafe. The service did not follow robust recruitment processes meaning we could not be assured that staff were suitably vetted or had the skills and knowledge to meet people's needs.

There were arrangements in place to protect people from the risk of abuse and harm. People felt safe and staff knew about their responsibility to protect people. Staffing levels responded to individual and collective needs. Risk assessments and risk management plans were in place which staff were familiar with.

Staff followed recommendations made by health and social care professionals that helped keep people safe from harm.

**Is the service effective?**

Requires Improvement

The service was not effective because staff were not suitably trained for their roles. The training needs of staff had not been monitored or considered during the managerial changes over the past eighteen months. Staff were not up to date with essential training, such as dementia care.

People were able to make day to day decisions about their care, and their choices and wishes were respected. People received the support they needed to maintain good health.

**Is the service caring?**

Good

The service was caring. People benefited from the support provided by the staff at the service and had built trusting relationships with the staff.

People were able to make day to day decisions about their care, and their choices and wishes were respected. People felt respected and well cared for by staff.

Staff practice promoted people's values, staff treated people with dignity and promoted their independence.

**Is the service responsive?**

Good

The service was responsive. Changes to people's care plans were communicated appropriately to staff which enabled them to respond in a timely manner.

There was a complaints procedure which people had confidence in, with suitable arrangements in place to deal with people's concerns and complaints.

# Summary of findings

**Is the service well-led?**

The service was not consistently well-led. It has experienced a number of managerial and staff changes in the past eighteen months which has destabilised the service.

We found that quality assurance systems were  ineffective.

**Requires Improvement**

# 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make. The PIR was well completed and provided us with information about how the provider ensured Gibson's Lodge was safe, effective, caring, responsive and well-led.

We visited the home on 18 and 20 February 2015. Our first visit was unannounced; we told the manager we would return the following day to examine records. The inspection team consisted of two inspectors and a specialist professional advisor who was a registered nurse and experienced in dementia care.

On the first day of our visit we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for.

During our inspection we spoke with 20 people using the service, five visitors, seven care staff and the manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for eight people. We also looked at records that related to how the home was managed. After the inspection visit we contacted and spoke with two health professionals who had involvement in the care of people who lived at Gibson's Lodge, we also spoke with three social care professionals.

Requires Improvement

# Is the service safe?

## Our findings

People told us they felt safe because they were cared for by staff that provided them with reassurance and support. Relatives told of "having confidence in staff at Gibson's Lodge" because their family members had their needs understood and met safely. One relative said,

"The staff are marvellous here; they look after [my relative] and make sure he is safe."

A relative of another person told us they visited the home on regular occasions and never saw or heard anything that gave them concern for people's safety or well-being.

The manager told us the required recruitment processes were followed in the past six months for employing new staff. However, they were not confident about earlier recruitment procedures and this could not be evidenced for all staff employed since 1 January 2014. The manager was unable to locate all the necessary documentation such as a second reference for staff. On the staff files we looked at there was confirmation held electronically of a check conducted by the Disclosure and Barring Service (DBS) to show staff were not barred from working in adult social care and to inform the provider of any criminal record that staff might have. The staff personnel files were poorly maintained, with no index of the contents, and nothing to refer to the fact that some information was held electronically. Proof of identity and right to work was not available for two of the staff employed, but the home office completed a recent check on staff employed. This was followed by a letter which confirmed that all staff employed had permission to work in the UK. A second reference was absent for two of the staff but it was unclear from correspondence if these were received initially and later mislaid through poorly organised records. The manager told us they had not had the opportunity to audit all staff files but the administrator was assisting her with organising staff records and undertaking an audit of all staff records.

Staffing levels were based on the numbers and needs of the people who lived at the service. A staff rota was planned to provide sufficient numbers of staff in both of the units during the day and at nightime. One unit was not purposely designed and the layout was over three levels, it was difficult to monitor, this was considered and staffing levels reflected this, eight staff were on duty during the day caring for 30 people. This included two nurses and six carers. We saw staff were present in communal lounges throughout the inspection, supporting people and ensuring they were safe. Call bells were placed closeby to people that remained in their bedrooms; we saw when people asked for assistance staff attended to them quickly. Staff checked at regular intervals on people who were spending time in their own rooms to ensure they were satisfactory and if they needed anything. Staff were available to provide support and guidance to people if they were undertaking an activity that put them at risk. For example, one person was quite irate, they were gently encouraged to go the lounge area and have a mid-morning snack and drink.

Relatives told us they felt staffing levels were good and people did not wait long to get help. When staff were absent unexpectedly a team of 'bank staff' was available to fill vacant shifts. However during this inspection two care staff and an activities person were absent on day one, one bank care worker covered one of the vacancies, but there was no temporary cover for the other absent staff. Care staff assisted with activities, and carers worked longer days to help out. The majority of the bank team were permanent members of the staff team who were willing to work additional shifts. This helped to provide consistent care as the staff were familiar to people and aware of their needs. One health professional commented on the number of nurses available, they said a qualified nurse was not always available to assist when visiting health professionals were present. However, staff told us that occasions arose when visiting health professionals attended the service at the same period, when this happened nurse's availability was stretched.

The service had systems in place that staff used to protect people from the risk of abuse, and had taken suitable steps to identify the possibility of abuse and prevent abuse from happening. Staff were knowledgeable about safeguarding procedures, they felt competent at recognising any concerns and responding and reporting accordingly. The importance of this was reinforced by the manager at handovers. A staff member told us that although they were recently appointed, they knew how to report their concerns and how to escalate them should that be necessary. Most of the staff had received training regarding safeguarding and the protection of vulnerable people and knew about whistle blowing. They told us this training was repeated yearly. The majority of people had dementia, with some presenting behaviour that challenged. Staff described how

Requires Improvement

# Is the service safe?

they managed situations when the behaviour of people living at the service presented risks to themselves or others. They told us how they assisted people and said they explored reasons for their distress. We saw staff responding appropriately to such incidents. If people were comforted by specific actions this information was recorded in care plans. For example, one person was distressed and agitated, they were reassured by a staff member who helped them talk of their job role in their younger days, and their previous personal history was used as a point of reference.

Before people came to live at the service a needs assessments was carried out which included the identification of risks. The assessments provided information to decide whether an appropriate and safe service could be provided. Risks including those relating to falls, pressure care and malnutrition were assessed and management plans were put in place as necessary. For example, moving and handling assessments were conducted and equipment was provided to minimise the risks of falls. People's records showed there was detailed guidance that identified the hazards people might face and what action staff needed to take to minimise these known risks and keep people safe. This included information on how to keep people safe in the event of an emergency and risks associated with people's medical conditions, mobility/ falls, environment, moving and handling, skin integrity.

The provider had appropriate arrangements in place to manage medicines. The service followed current guidance about the management and review of medicines, only qualified nurses administered medicines. The GP reviewed prescribed medicines six monthly. We saw improvements had been made to medicine management by the new manager. They shared with us concerns from their initial medicine audits. They identified a number of shortfalls in the home's medicine procedures, including medicine errors. They told us they addressed these via staff supervisions and training. We saw a medicine administration training poster in reception requesting staff attended. A staff member said, "The training was really useful; the trainer really made things relevant to our work so I feel quite confident now." The manager completed regular monthly medicine audits, and audit reports show that improvements have taken place in medicine management. We looked at a selection of medication records and medicine storage; we found appropriate arrangements were in place to ensure medicines prescribed to the people were being managed effectively.

The home had a full-time maintenance person who took responsibility for day to day work in the home and for undertaking health and safety checks. Redecorating and refurbishment was taking place when we inspected the service. Smoke detectors and fire extinguishers were available on each floor of the service, these were services at frequencies recommended. The service had regular tests on the smoke detectors to ensure they were in working order and practiced fire evaluation procedures so people and staff knew what to do in the event of a fire. The fire authority completed an inspection in 2014 and asked the provider to remedy minor deficiencies, which included fire risk assessment and fire evacuation procedures, the manager confirmed these were addressed. We spoke to an inspection officer from the fire authority. They told us they had not returned to follow up on these issues, but would check them on their next full inspection.

Requires Improvement

# Is the service effective?

## Our findings

Staff interacted positively with people they cared for, they were competent in providing basic care and support to people but needed further training to effectively meet the needs of people with particular conditions. The service has experienced a turnover of staff in the last 18 months including managers. One relative told us the staff turnover had been high and as a result staff did not know people as well as they used to, especially when the person was unable to express their views to staff. The information we received prior to the inspection demonstrated staff were not all suitably trained for their roles. For example just 40% of staff had undertaken dementia care training, 10% of staff had completed end of life palliative care training. The training needs of staff had not been monitored or considered during the managerial changes The majority of staff who cared for people receiving end of life care had not received any formal training in that area. This home was accredited two years ago with the Gold Standards Framework (GSF) which is a system of training and accreditation in end of life care which enables front line staff to provide a 'gold standard' of care for people nearing the end of life). Recently appointed care staff had not completed the training and were not following these processes. We looked at the records held and saw that monthly meetings that involved the GP and families were not taking place as recommended in GSF standards. The manager told us she had identified numerous gaps in the mandatory training provision and this was reflected in the future training plans. Without the essential training being provided staff may not have had the appropriate skills and knowledge to support people effectively.

This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received support and supervision in their roles. Senior carers and qualified nurses provided one to one support to staff; the manager supervised the nursing staff. This was verified in writing. New staff confirmed their induction process; this included shadowing an experienced carer and all mandatory training. Staff said the recent training received had been very good and they had learned a lot, supplemental training included training nursing staff to take blood. Staff confirmed training (since the new manager joined) had been very useful in giving them more confidence to do their jobs.

All the people using the service had varying degrees of cognitive impairment. The manager had received additional training on the Act and DoLS and demonstrated a working knowledge of both. She had made referrals to the local authority for twenty three people who were unable to consent to the use of cot sides, nine of these had been authorised. A social worker from the local authority was planning to return and complete assessments for the remainder of the people referred.

Some staff had received some basic awareness training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). However, in discussions a number of staff demonstrated their knowledge was limited. This act protects people who lack capacity to make certain decisions because of illness or disability. The safeguards ensure any restrictions to their freedom and liberty are authorised by the local authority as being required to protect the person from harm. Training for staff on this topic was booked. Following the inspection we received confirmation the staff team received the required training in the Mental Capacity Act 2005 and DoLS.

There were relevant guidelines in the home and staff used all available resources to communicate with people and gain their consent, for example, staff understood the behaviour used by people to communicate. Staff also explained how individuals presented signs of being uncomfortable or in distress. These were also reported in handover meetings. Records in the home and observations made confirmed that when DoLS were applied for correct procedures were followed and conditions set were reflected within the individual care plans. A visiting professional involved in the process confirmed that the home's management dealt with DoLS appropriately and involved the local authority as required to safeguard people's human rights.

People had access to food and drink throughout the day and were not rushed to complete their meals. People told us they enjoyed their meals and they found the food was of a good standard. We saw people seated comfortably, mealtimes were relaxing and calm and not disturbed by intrusions such as administering medicines. Staff supported discreetly those needing assistance with eating,

Requires Improvement

# Is the service effective?

there were examples of good practice with staff sat beside individuals, engaging and encouraging people to eat. There were records to show the involvement of speech and language therapists and the recommendations made to promote a healthy and safe diet. We saw that staff used thickeners in drinks for a number of people. A carer explained that a number of people were unable to take liquids safely unless a thickener was used in their drinks. Staff were familiar with those at risk of poor nutrition or dehydration, they identified 26 people were at risk of poor nutrition, and appropriate care plans were in place to address this. Records were held showing people were weighed at monthly intervals and more frequently when there signs of a person losing weight. Staff made sure their food and fluids were encouraged and the intake was monitored by maintaining daily logs.

A visitor told us their relative was “fussy about food” and that it must meet their religious needs, namely the fish prepared in specific way. Staff when asked were able to share with us how the person ‘requirements were met in the preparation and serving of fish, this information was also detailed in the care plan. Relatives felt the food was well presented and appropriate for people. One relative was surprised how satisfied their relative was with the food and said, “My dad loved home cooking but he has no complaints about the food.” Staff offered people drinks and additional foods including cakes and, biscuits regularly.

Staff worked together with external health and social care professionals in order to support people with health and social care needs. We saw from care records and daily appointment books the staff engaged with a range of health care professionals, these included three GPs, and a team of community psychiatric nurses and care coordinators. Care records confirmed supporting professionals had regular contact with staff; they conducted reviews of people’s health needs. Feedback from health professionals confirmed the service was effective but the constant changes had impacted on their relationship with senior staff. They told us that guidance and advice was generally followed. The service provided appropriate equipment such as pressure relieving mattresses and hoisting equipment, these enabled staff to carry out their duties and meet the people’s' needs. One health professional described the access facilities from the ambulance bay as unsuitable for stretchers; internal corridors in this section were too narrow. The manager acknowledged the difficulties with the layout of the premises and agreed to share these with the provider.

Good

# Is the service caring?

## Our findings

Three people told us they were happy with the service and found staff kind and compassionate. We saw staff interacting with people in a patient and sensitive manner, for example, when providing support to people taking drinks, and when working with people whose behaviour was challenging the service. We saw a care worker reassuring a person with a comforting arm around his shoulder.

We observed staff supporting people to eat their food with care and patience. A staff member said to a person who was coughing when eating 'Take your time with your soup' and afterwards asked, "Was your soup nice? Did you enjoy it?"

We heard staff interacting in a kind and friendly manner when providing support to people in their rooms. People liked the staff who cared for them. One person said, "Staff are very good on the whole, they do their best", they are easy to talk to; they make me feel very important." A visitor present said, "Staff are excellent, you never hear a cross word, they are very patient which I admire." People told us that they could have visitors anytime, and we saw this to be the case. All staff employed including domestic, catering and maintenance staff interacted with people in a caring and patient way. Staff approached people in a sensitive way they did not rush people and supported them to do things that they wanted to do.

We saw that people were well-dressed, and had had their nails and hair attended to. We also saw that the service had a visiting hairdresser and a private area was provided for this purpose. We saw that doors were closed when staff assisted with personal care. Staff knocked on doors and waited for permission to enter, which helped respect people's privacy. The interactions and practices also observed supported this. We saw examples of people getting appropriate support from staff who ensured they were suitably dressed and groomed, this helped promote their self-esteem and dignity. People were dressed according to their own wishes and tastes, individual's culture was promoted, for example some people wore clothes and had their hair styled in a way that reflected their cultural heritage. Staff were mindful of attention to detail, such as prompting and helping people to fasten buttons and zips, many were unaware of these due to cognitive impairment. A carer we spoke with said, "We must acknowledge and help the people who struggle with remembering to fasten buttons or placing their skirts in a way that protects their modesty." A relative we spoke with said, "Credit to staff here, they ensure people are always suitably dressed when they come to communal areas."

We observed many interactions between staff and people using the service were positive. Staff were patient and kind. They told us they were able to meet the diverse needs of people who use the service by having knowledge and understanding of individual's religious and cultural needs and how they should be met and respected. A number of staff spoke different languages, this provided opportunities for people to speak with someone in their first language. People's religion was noted in care plans seen and staff were aware of individual's specific needs and preferences. Staff demonstrated that they had a very good understanding of the importance of person centred care. This included appreciating the need to have information about people's past lives and achievements, however, we found the personal history recorded for some people was limited. A care worker when asked about this told us they were unable to get much past detail for some people as there were no relatives in the country to help share this information. Care records contained important information on individual's needs which help focus on the person and which helped inform staff on how to respond. Staff addressed people politely, in one case using the name that a person preferred, which was also recorded in their care records. A person who recently moved to the home was becoming acquainted with their new environment and required one to one attention from staff during the settling in period. We saw that the assessment record held this detail, staff knew about the person's needs and responded in a manner the person found reassuring and which addressed their needs. A social worker told us staff had made every effort and did well supporting the person in their new environment. Staff made sure they explained clearly to people they were helping to get their cooperation, a staff member when using hoist explained to a person, "We are going to hoist you up now – are you ready?' and then said, "Thank you sir, we're going to take this sling away now."

Staff offered people choices and respecting the choice that was made by individuals. Peoples' individual communication skills, abilities and preferences were known to staff and there were a range of ways used to make sure people were able to make day to day choices

Good

# Is the service caring?

and express how they felt about the care. A staff member explained the importance of "getting to know the person and adjusting to changes that arose in communication" due to conditions such as dementia. One person who was not able to communicate verbally was assisted with their meal in a dignified way. The staff member continued to engage them with meaningful adult conversation and used eye contact as well to encourage interaction.

People displayed personal items in their rooms; a person told us their treasured ornaments took them back to their earlier days. Most rooms seen had photographs of people at a younger age, staff used these as a point of reference in conversation, and it also gave people a sense of identity.

Good

# Is the service responsive?

## Our findings

People told us they received the care and support needed, and their views were listened to. One person said, "The service responds well, when I call staff come and give me the help I need." Our observations found staff were responsive and people were assisted promptly when they requested assistance. Staff were observant and recognised and responded accordingly when a person who was non-verbal became restless and needed help to use the bathroom. A visitor said, "I am pleased with how the service responds to my relative's needs, staff are prompt and seek additional help and advice from health professionals such as psychiatry when needed, they keep me informed of any changes." Family members told us they were asked to contribute to the development of care plans when their relative was unable to do so. A care co-ordinator told us the service responded well to people's needs, they recently reviewed a person living at the home and found they got the support they needed. They said, "The person's needs are being managed well, he has been settled in the environment." We saw clear care information being passed between staff during shift handover times. This helped ensure staff were able to respond in a timely manner to people's changing needs.

People had a full needs assessment completed before admission to the home. This was completed in consultation with people and their representatives where possible, and was used to establish if people's individual needs could be met. There was also input from care coordinators and social workers. The assessment took account of people's beliefs and cultural choices. For example, what religion or beliefs were important to people and how this influenced care delivery or. Care plans were written following admission and reviewed on a monthly basis. Care plans contained detailed information about people's lives before they moved into the home so that staff could help people to maintain the things they liked to do. People's likes, dislikes, wishes and preferences were recorded. For example, one care plan said, "Likes breakfast in bed so they can wake up in their own time." Other care plans showed preferences such as whether people preferred baths or showers, whether they liked male or female staff to look after them. Staff demonstrated a good knowledge of people in their care. The plans also identified the areas in which people wished to be independent and those where they needed support from staff.

The service demonstrated it promoted a person centred approach. Care was delivered in a flexible way that enabled staff dedicate the time people required to receive their care in a person centred way. Staff showed they knew people's needs and were able to share with us what their care needs were and what they liked to do now, and in the past. Staff described the approach used for one person to reduce challenging behaviours we saw staff engaged the person with a conversation about their job when they were young to help reduce the person's increasing anxieties. The home had large communal areas that most people used. The home had an activities coordinator, with a weekly programme in place providing stimulating and recreational facilities. Activities were limited as a number of people with cognitive impairment were unable to participate and required more one to one stimulation. The manager acknowledged this and spoke of plans to develop this area of the service that responds more appropriately to the needs of people with dementia. Staff however responded to what people wanted to do on a daily basis. Small groups of people were supported around tables in lounges, talking and watching the television, or listening to music in the bar area, staff were present to encourage interaction. Staff told us of a person who loved to watch old movies. We saw the person and two friends were in the cinema room enjoying watching a movie. This approach and knowledge was reflected in the care plans.

Visitors were welcomed and able to stay in the home for meals and join in the entertainment if they wished. People were encouraged to continue to see friends and relatives and access the community with staff or relatives. One relative told us they visited regularly and that staff enabled her to take her spouse out for lunch before their condition had deteriorated. Staff were familiar with visiting relatives and maintained effective relationships with them to the benefit of people living in the home.

A meeting was held quarterly for people who lived at the service and their relatives. People were asked their opinions about the service and were always asked about the care, the menu, activities and the laundry service. We noted in the minutes of a recent meeting that people expressed concerns about losing laundry, the chair of the meeting had agreed to look into the problems and to implement a more robust system to prevent clothing being mislaid. People were reminded at the meetings that they may make a complaint if they wished and we saw leaflets about the procedure on display. People we spoke with

Good

# Is the service responsive?

were all aware they could complain and said they felt they could approach any of the staff and they would be listened to. We looked at the complaints logs, Records showed the complaints had been managed in line with the provider's policy and resolved to people's satisfaction.

Requires Improvement

# Is the service well-led?

## Our findings

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. Staff reviewed people's care records each month, however information in some care records was minimal and did not demonstrate evidence or signs of development the care planning process. A member of staff told us they returned to paper records some months ago as staff could manage these more effectively. There were no audits or checks done in the service to ensure documentation such as contact details were up to date, that incident and accident records were referenced to changes to care plans, or for checking if mental capacity assessments were completed. The inspector found that information requested was not kept up to date and contained incorrect contact numbers. There were no processes either to audit the quality of the care records. The manager told us the provider was supportive and visited the service once to twice weekly. When the provider visited there were no reports made of their findings. Neither staff nor people using the service were consulted with during provider visits. The manager told of making unannounced visits to the service at weekends. There were no reports made available of findings, for examples if checks were made on staff practice at night and weekends. Staff records had not been audited, information was unable to be located relating to staffing records, including recruitment. 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.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The most recently appointed manager was in post six months, but had not completed the registration process. People knew the manager as she had a high visual presence in the home. She spent a lot of time on the floors observing practice. When walking around the home she engaged with people, visitors and staff. Staff confirmed that an open and transparent culture was being promoted. One staff member said, "There have been many changes for the better since the new manager started. She has implemented lots of positive changes. The residents are a lot happier now, changes made included cleanliness of home and dignity/respect of residents." Another staff member said, "There is a good atmosphere for staff to work in. The manager leads by example." Staff told us they were encouraged to learn and develop – taking qualifications relevant to their roles – NVQ/diploma/dementia and palliative care.

The management structure in place consisted of an experienced manager and a deputy manager who worked supernumerary three days a week. Staff told us they enjoyed working at Gibson's Lodge and felt they were supported, listened to and could raise any issue with the manager. Care staff were clear about who was in charge and were given areas of responsibility and tasks to perform at the beginning of each shift. The manager when on duty attended and directed handovers in the morning and evening. One staff member said, "The manager really listens to staff." Staff told us the manager encouraged staff to reflect on their practice, to be more empowering and less prescriptive in how they worked with people who used the service. On call arrangements were in place in the home and staff knew who to contact when they needed any advice or guidance.

The home had an appropriate whistle blowing policy in place, which encouraged staff to raise concerns. The manager had introduced team meetings, for the past six months staff meetings were held on a regular basis and all staff had the opportunity to participate. Minutes showed they were well attended, with representatives from each shift, including nights.

The home also organised regular meetings for people who used the service and their relatives. We saw that issues were discussed such as hospital appointments and the need for staff escorts if relatives were unavailable. Surveys were used annually to evaluate the service; however there was no involvement with stakeholders. The manager told us 2015 surveys were due to be sent out in March 2015. We asked for the results of the 2014 quality assurance surveys; however these were unavailable as they had not been analysed and reported on.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Nursing care | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br><br>The service was not effective because staff were not suitably trained for their roles. The training needs of staff had not been monitored or addressed during the managerial changes over the past eighteen months. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>The registered person did not protect service users against the risk of inappropriate or unsafe care by means of an effective system designed to regularly assess and monitor the quality of the service provided. |