

Gibson's Lodge Limited

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Inspection report

Gibson's Hill
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Date of inspection visit:
14 June 2022

Date of publication:
15 July 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Gibson's Lodge is a nursing home providing personal care and support to older people many of whom were living with dementia. There were 29 people living there at the time of the inspection. The service can support up to 53 people.

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

The provider had followed their action plan to monitor and improve the service given the concerns we identified at our last inspection. Systems to ensure the care people received was good enough were sufficient. We did not identify any concerns and people were happy with their care. This meant the registered manager had good oversight of the service. The registered manager understood their role and responsibilities and people and staff told us they were good at their job. At our last inspection we found many of the concerns were impacted by the turnover of managers and this had affected staff morale. At this inspection we found the registered manager had brought much needed stability. Staff felt well supported and enjoyed their jobs.

Risks of avoidable harm were reduced because the provider had improved their assessing and risk management processes. Risks such as entrapment in bed rails were reduced as checks were in place and staff received training. Medicines management had also improved and was now safe. When people required medicines to be hidden in their food this was done safely and in accordance with the law. The provider operated safe and effective recruitment practices to ensure staff working with vulnerable people were suitable. This included carrying out the necessary checks such as identification, criminal record checks, work history, right to work in the UK and health conditions.

The provider followed best practice in relation to infection control and prevention and management of risks relating to COVID-19. The provider carried out health and safety checks of the premises and equipment. Care plans in place were detailed and covered all areas of people's individual needs and preferences. People were involved in their care planning.

Staff received regular and frequent supervision and appraisal to support them. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the provider's policies and procedures supported this practice. The provider carried out decision-specific mental capacity assessments relating to areas including the use of bed rails. Staff understood and met people's needs and preferences relating to eating and drinking. People received a choice of food which was served hot and in sufficient quantities. People's day to day healthcare needs were met.

Staff supported people in a caring manner and knew the people they were caring for well. People told us they liked the staff and we observed staff were kind and responsive towards people and treated them with dignity and respect. People were encouraged to be involved in their care. Care was personalised to meet

people's needs and preferences. The provider could provide information to people in alternative formats to meet people's communication needs if required. The provider investigated and responded to any concerns or complaints and people were encouraged to raise concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (28 May 2021, published 21 September 2021) and there were breaches of regulations relating to relation to people's safety, person-centred care, fit and proper persons employed, need for consent, staffing, and good governance. We served the provider with a warning notice in relation to staffing. We served the provider a notice of our decision to require a monthly action plan in relation to the breaches. At this inspection we found the provider had taken sufficient action and were no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating and breaches.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gibson's Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Gibson's Lodge Limited

Detailed findings

Background to this inspection

The inspection

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

This was a comprehensive inspection to check whether the provider had made the improvements required in relation to breaches of Regulations 9, 11, 12, 17, 18, 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a specialist advisor who was a registered nurse and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was 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 attended monthly meetings with the local authority where some concerns regarding this service were raised.

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with the operations director who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the quality assurance lead, deputy manager, two members of care staff, a nurse, a domestic worker and the laundry assistant. During the inspection we observed how staff interacted with people who used the service. We reviewed a range of records. This included five people's care records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, accident and incident forms and audits were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found the provider did not always ensure staff had access to risk assessments with guidance on the best ways to support people. Risks relating to entrapment in bed rails were not always well managed. This formed part of the breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

- Staff had access to all risk assessments and accompanying guidance to keep people safe. The electronic system had been updated and staff reviewed information so it remained reliable. Risk assessments were comprehensive and staff managed risks to people, such as those relating to pressure ulcers.
- The risk of entrapment in bed rails was reduced because the provider carried out checks and made adjustments to keep people safe. Staff had received training in bed rail safety to help them manage risks to people safely.
- The provider carried out the expected checks of the premises and equipment, so they were maintained safely. These included checks relating to the general environment, fire, electrical, gas and water safety, lifting equipment and the passenger lift.

Using medicines safely

At our last inspection we found people's medicines were not always safely managed. This formed part of the breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

- The provider had reviewed how they administered medicines covertly (usually hidden in their food) to people to ensure risks were reduced and reliable guidance was in place.
- The provider had arranged for regular medicines reviews, including medicines for mental health conditions, to check medicines remained suitable for people.
- Our checks of medicines stocks and records were as expected which showed people received their medicines as prescribed and recording systems were suitable.
- Medicines were stored safely and access to medicines was well controlled with an electronic system to monitor which staff held the keys.
- Medicines were administered safely and a person told us, "I always get my medication on time".

Staffing and recruitment

At our last inspection we found staff were not always recruited following robust checking procedures and

the provider had not always checked staff remained legally able to work in the UK. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

- The provider had systems to track staff's right to work and nurse registration expiration dates and took action if they found staff were no longer able to work at the service.
- The provider had checked all staff files to ensure they contained the expected recruitment records. These included references, fitness to work, application forms with any gaps in employment history explored, criminal records checks and identification.
- There were enough staff to support people safely, people and staff told us this. The provider used a tool to calculate the numbers of staff hours required and to check these were met. Staff responded promptly to people. A person told us, "Staff come very quickly when I press the call point button".

Preventing and controlling infection

At our last inspection we found people were at risk of infections from bed bumpers which could not be sanitised effectively due to their poor condition. This formed part of the breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

- The provider had replaced damaged bed bumpers and monitored these to ensure they were replaced if their condition deteriorated.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A person told us, "The home is always very clean and well presented".
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People were safe with staff. People told us this and we observed they were comfortable with staff and approached them freely for support or to converse.
- The registered manager and staff understood their responsibilities in relation to safeguarding such as reporting any allegations to the local authority safeguarding team.
- Systems were in place to protect people from the risk of abuse including regular training. Staff were able to recognise abuse and protect people from harm. A staff member told us, "I know about reporting abuse. I also know about whistleblowing and I will do this if I need to."

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 requires improvement. The rating for this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found staff did not follow the Mental Capacity Act (MCA) in relation to assessing people's capacity and making decisions in their best interests where necessary. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's legal rights were protected and they were supported to have maximum choice and control of their lives because staff followed the principles of the MCA and national guidance. Comments included, "Staff always ask for my consent before they do anything regarding personal care" and "Staff always tell me what they are doing and ask if I consent".
- Staff carried out capacity assessments where it was believed people lacked capacity to make specific decisions, such as those relating to medicines administration including covert administration and bed rails.
- Staff followed best interest planning in line with the MCA where they assessed people lacked capacity. The purpose of such meetings is for relatives, staff and any professionals involved in the person's care to decide whether the decisions were in people's best interests. This meant that people were able to make their own decisions where they had capacity and staff supported decision making where people lacked capacity.
- The provider trained staff in the MCA and they understood the day to day requirements of the Act.
- The provider had applied for DoLS appropriately for people using the service.

Staff support: induction, training, skills and experience

At our last inspection we found staff were not always supported with regular and frequent supervision. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

- Records showed, and staff confirmed they received regular support and supervision with their line manager, with annual appraisals to review their work and set goals. A schedule was in place for this to continue.
- Staff training continued to be sufficient as staff received regular training in key topics including medicines, manual handling, challenging behaviour and health and safety. A person told us, "Staff here are very well trained".

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

At our last inspection we found the provider did not always monitor people's weights frequently and accurately, so people were not always protected from malnutrition. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

- Staff monitored people's weights regularly, at the right frequencies for each person. The registered manager ensured action was taken if people were losing or gaining too much weight so people received the support they needed from specialists.
- Staff understood people's dietary needs and preferences, as did the chef who had clear information to refer to. People were offered food to meet their individual needs such as chopped, pureed, diabetic, low fat and low salt. Food moulds were used to improve the presentation of pureed food. People's cultural needs were met with different cultural foods provided.
- People told us they enjoyed the food and had enough to eat and drink. We observed people were given a choice of food and drink and food was served hot. Comments from people included, "The food is good here", "The food is 10 out of 10" and "I can have hot or cold drinks and snacks like toast a biscuit or fruit 24/7".
- People who required assistance to eat their meals were supported in a timely manner.

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

At our last inspection we found the provider was unable to evidence they had carried out a detailed assessment of people's needs to identify where risk assessments and care plans were required and these records were lacking in key areas. This formed part of the breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

- Records showed the provider assessed people's needs to identify where risk assessments and care plans were required to guide staff. Risk assessments and care plans were in place in key areas not in place at our last inspection including diabetes, catheter care, pressure ulcer management, communication, falls, breathing for those with specific needs and behaviours that lead to distress.
- The electronic planning system was kept updated by staff and records were complete and accurate. Improvements were noted since our last inspection.

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

- People were supported by staff to maintain their health. People's care files set out their medical

conditions and the support they required.

- People were supported by experienced staff who were able to identify changes in people's health conditions.
- Staff followed the recommendations of external healthcare professionals involved in people's care. This helped to make sure people received appropriate and consistent care.

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

- The service was designed to meet the needs of people living at Gibson's Lodge and the service remained in a good state of repair, as at our last inspection.
- People were encouraged to personalise their rooms with things that were important to them.
- People living with dementia can become disorientated in time and space. The provider had adapted the home to meet the needs of people living with dementia by using coloured doors and pictures to help people recognise their bedrooms and communal bathrooms.
- All areas of the home were accessible so people could move freely around the home.
- Staff had the equipment they needed to support people safely and effectively such as, pressure relieving mattresses, hoists and individual slings.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff treated people well. People were positive about the staff who supported them and had developed good relationships. Staff were kind and we observed many caring and warm interactions. Comments included, "The staff are very kind and caring", "All the staff listen to me" and "Staff are fantastic. They know me very well".
- Staff were respectful towards people and treated them with dignity and respect. Staff gave us examples of how they shut doors and curtains when providing personal care, ensuring people remained covered as far as possible. Staff understood how to treat people's information confidentially and had received training in this.
- Staff understood people's needs and preferences well through working closely with them and reading their care records. Many staff had worked at the home for a number of years. A person told us, "The staff know me very well; what I watch on TV; they know I like black tea no sugar".
- Staff encouraged people to be involved in their care and maintain their independence as far as possible, including maintaining their mobility through liaising with specialists and using equipment where necessary.
- Staff received training in equality and diversity to help them understand the importance of this in caring for people.

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

- Staff encouraged people to make their own choices about their care, such as how they spent their day, their food and drink and how they received their personal care. Staff delivered care in line with people's choices.
- People were involved in reviews of their care to check their care met their needs. A translator was booked for meetings to help a person whose first language was not English to communicate. Staff took advice on communicating with this person from their family member, using key words in their language.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we found care plans were not always personalised and some care plans for people's specific needs were lacking appropriate detail. This formed part of the breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

- People's care plans were personalised. Care plans detailed people's health needs, backgrounds, personalities, those who were important to them and how they preferred to receive their care.
- The provider had put detailed care plans in place for all people's individual needs. For example, care plans relating to pressure ulcer prevention, catheter care, diabetes and behaviours that can lead to distress were in place for people who needed them. Care plans were kept up to date and accurate, so they were reliable for staff to refer to and staff understood people's needs. A person said, "Staff always listen and always act on what I request".
- People were involved in their care planning as the provider met with people and their relatives before they came to live at the service to find out about their needs and wishes. A person told us, "I am involved with my care plan. I attend care plan meetings and I have a copy of it".
- A very basic summary of each person's needs was available to give new staff, or agency staff, an overview of each person. However, as some care plans were lengthy, these 'at a glance' summaries could be more detailed to assist in the staff induction period.

End of life care and support

- The provider had supported people to develop end of life care plans setting out how they would like to receive their care at the end of their lives.
- Training was available in end of life care including specialist training for nurses.
- The provider worked closely with the local hospice to provide care to people at the end of their lives.

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

- People had enough group activities they were interested in to keep them occupied. People who spent most of their time in their rooms received one on one support from staff to reduce their risk of social isolation.
- Activities officers led the activities programme which included arts and crafts, exercise classes and music. and people gave us positive feedback about this.

Meeting people's communication needs

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

- The operations director told us they could provide information in accessible formats such as braille or easy read, if requested.
- The provider recorded people's communication needs and the support they required in relation to this in their care plans.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints procedure in place and records showed they investigated and responded to concerns appropriately.
- People had confidence the provider would investigate any complaints. A person told us, "I would speak to the manager if I was unhappy."

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 inadequate. The rating for this key improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found the provider did not have sufficient oversight of the service to provide high quality care. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

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

- The provider's systems to ensure the care people received was good enough were sufficient and the provider had good oversight. There was a wide range of audits in place and our inspection findings showed these were effective in improving the service.
- The provider had followed their action plan to resolve the breaches we found at the last inspection.
- The provider checked records made of all care and treatment people received were in place and accurate. The provider had invested in an electronic system so staff could record care more accurately in real-time and managers were alerted to any concerns or recording errors.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had been in post for approximately a year and had brought stability to the service. Our inspection findings showed they understood their role and responsibilities well and the service had improved considerably since our last inspection. One person told us, "This place is well managed".
- Staff told us morale was high and they enjoyed their job role.
- Management communicated with staff regarding changes to the service and regular staff meetings were held to gather their views.
- The provider gathered feedback from people during residents' meetings. Relatives shared feedback when they visited or called. One person told us, "I can express my views to staff and the manager".
- The provider notified CQC of significant incidents as legally required. This includes allegations of abuse, police incidents and significant injuries.
- The provider displayed their current rating in the service and their website as required by law.

Working in partnership with others

- The provider communicated with external health and social care professionals, specialist nurses, GPs and

the local hospice, to ensure people received the care they needed.

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.

- The registered manager understood their duty of candour responsibilities. People told us their management style was open and transparent.