

Mr & Mrs P Chellun

Gate Lodge

Inspection report

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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

Gate Lodge is a residential care home providing personal or nursing care to up to 19 adults. The service provides support for older adults living with dementia. Gate Lodge is an adapted building in a residential area of Purley. The home had a lift to assist people in accessing the upper floor of the home. There was an accessible garden to an outside area with seating. At the time of our inspection there were 17 people living at the service.

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

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were kept safe. Staff knew how to raise safeguarding concerns and how to report them appropriately. Risks to people were identified as part of the assessment and care planning procedure. Risk management strategies were in place to assist staff to manage these risks and to identify triggers for behaviours that may challenge, for people they were supporting.

There were sufficient numbers of staff to meet people's needs.

People received their medicines in a safe manner. Staff received appropriate training and medicine competencies were assessed to ensure staff followed safe guidance.

Staff received a wide range of training to ensure they had the skills and knowledge to support people safely. Staff told us they also received regular formal and informal support in their supervision with the manager.

People's dietary needs were being met, and they had access to healthcare services where needed.

People were supported by staff in a kind and caring way. Staff knew the people well and care records which were well maintained and easy to access, detailed people's preferences, likes and dislikes. People had access to social activities that met their interests and needs.

A complaints procedure was available and displayed to enable people to access it if they or their relatives had a need to do so.

People received personalised care and support to meet their needs and wishes.

People using the service, relatives and staff were given the opportunity to provide feedback on the service. Regular comprehensive auditing took place to ensure the quality of the service was maintained.

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

Rating at the last inspection and update

The last rating for the service was good [published February 2020].

Why we inspected

We 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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 ●

Gate Lodge

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 Care Act 2008.

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 undertaken by one inspector.

Service and service type

Gate Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Gate Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The service had a new manager who is in the process of registering with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Prior to the inspection we reviewed the information we held about the service, including statutory notifications received. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 6 of the people who used the service about their experiences of the care provided. We spoke with 2 visiting health professionals, 4 members of staff, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included people's care records and needs / risk assessments. We looked at 3 staff files to check safe recruitment was followed. We also reviewed a variety of records relating to the management of the service, including policies and procedures, training and quality audits. We spoke with 6 relatives and we continued to seek clarification from the provider to validate evidence found and reviewed additional management records sent.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and staff members told us people were kept safe. Comments from relatives included, "My [family member] could not be safer anywhere else, they are so well looked after and so well protected at Gate Lodge"; "My [Family member's] care is very good, they are so safe and staff support people sensitively."
- The comments above reflect relatives' confidence and happiness about their family members general safety and the high-quality care they received. From our discussions with staff it was apparent they cared for people living in the service as if they were their own family members and this evidently contributed greatly to the positive comments we received.
- Staff completed safeguarding training and staff understood their responsibilities and how to report any concerns. A staff member said, "I have had training in safeguarding to help keep people safe. It was helpful in reminding me about the process to follow."

Assessing risk, safety monitoring and management

- People's needs and risks were assessed and care plans developed to ensure people were supported safely and appropriately. Relatives all told us they were part of the assessment and care planning process and reviews. This meant people's needs, risks and care plans were as comprehensive as possible.
- Personal emergency evacuation plans (PEEPs) to assess people's individual risks were drawn up and risk management strategies were developed to reduce any identified risks and to help keep people safe.
- Health professionals were contacted in a timely way to ensure people received appropriate support and treatment. Appropriate risk assessments and individualised care plans were up to date and included input from relatives. Where possible people and their relatives were involved in this process. The healthcare professionals we spoke with told us they thought people were very well looked after and were kept safe by staff.
- Systems were in place for all accidents and incidents to be reviewed. The manager monitored any incidents to identify patterns and trends in behaviour and other risks. Action was then taken to reduce these behaviours.

Using medicines safely

- Medicines were stored safely. Regular daily temperature checks were taken for medicines in the medicines cabinet and daily readings recorded. The staff member who led on medicines knew why it was important to maintain a suitable temperature for medicines stored and what action to take if the temperatures were too high or too low.
- The manager ensured accurate records of medicines were kept and records confirmed this. The Medication Administration Records (MAR) were signed by staff and audited weekly by the manager. This meant people could be sure they received their medicines safely.

- There was a robust system in place to ensure medicines prescribed on an 'as required' basis were used appropriately. Protocols were in place for the safe use of these medicines.
- Staff understood their responsibilities in relation to medicines management, staff understood the importance of using 'as required' medicines appropriately. Staff told us, and records confirmed, they had received medicines training, and this was on-going.
- Staff had their competencies assessed regularly to ensure they followed safe medicine practices.

Preventing and controlling infection

- Staff received training in infection control and were able to tell us the correct and safe use of equipment.
- Staff told us personal protective equipment was available to them and we saw staff accessed and disposed of this appropriately.
- 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.
- 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.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS), work history checks and references. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- We checked staff rotas and they showed there were appropriate numbers of staff on duty to meet people's needs.

Learning lessons when things go wrong

- There was a comprehensive audit system in place to review incidents which occurred. The manager said they discussed incidents with staff to assess how things could have been managed differently and how they would manage such incidents in the future. Findings of the audit were published in newsletters for relatives to read about.
- Staff understood their responsibilities to raise concerns. They told us they were encouraged by the manager to raise any concerns they had if they felt people's safety was at risk. They told us the manager listened to any concerns raised and took appropriate action to ensure they would be acted on and dealt with to reduce any re-occurrences.

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 good. At this inspection this has remained good. This meant the person's outcomes were consistently good, and relatives and staff feedback confirmed this.

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

- People's needs were comprehensively assessed together with the person, relatives and health professionals to ensure the service had all the available information to best meet the person's needs and wishes.
- People's protected characteristics as identified in the Equality Act 2010, such as their gender, age, culture, religion, ethnicity and disability were all part of the assessment process.
- People's care plans included their healthcare conditions, the care and support they needed.
- Relatives told us they were always invited to their family members reviews and if they could not always attend in person [such as over the pandemic] reviews would be done over social media video so that they were still able to participate in the reviews of their family members.

Staff support: induction, training, skills and experience

- Staff told us and records confirmed, they received training that was relevant to their roles and to the specific needs of the people they supported. Staff responded to challenging situations calmly and with confidence which reduced situations escalating. This also reduced stress and anxiety for people. Comments from people and their relatives reflected this, they included, "Staff are well trained and they know people well, so they offer support appropriately, kindly and compassionately" "Staff are well trained and know just what I want and need, I feel really lucky to be here" ; "If my [family member] had to be in a home, this is the best place they could be, the staff know what they are doing. We tried others before and this is the best."
- Staff received training in a wide range of core areas such as dementia, safeguarding, the safe administration of medicines, infection control and food hygiene. Staff told us the training they received helped them to support people safely and effectively. There was a happy relaxed atmosphere in the home, staff clearly knew people well and people were smiling and relaxed around staff.
- Staff told us they received effective, good support through supervision. This included one to one meetings and team meetings. We looked at staff supervision records and discussed the improvements the manager could make to ensure staff had the skills, knowledge and experience to deliver effective care and support.

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

- There was a strong focus on the importance of people eating and drinking well in order for them to enjoy the best of health. People [and their relatives] told us they were able to make satisfying choices from the daily menus. The chef said the menus were drawn up from what people said they would like, together with a focus on healthy, nutritious, good quality food provision. This meant people received healthy and varied food and a nutritious and well-balanced diet. Where necessary people were supported by staff with eating.
- A system was in place to monitor people's food and fluid intake where needed. We observed there were

good links with dietetic professionals. Staff knew people's individual preferences and patterns of eating and worked with them to ensure these were consistently met.

- Any dietary requirements people had such as a soft food diet or vegan choices were catered for appropriately.

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

- Staff worked closely with community healthcare professionals such as the GP, dentists, opticians, specialised nursing teams and speech and language therapists to ensure people's treatment and support was in line with best practice. This meant people received well-coordinated healthcare from all the professionals involved. Relatives told us their family member's health needs were met appropriately by health professionals. Comments included, "Everything is attended to for my [family member's] health. Doctor, dentist, district nurse etc."; "People's health is a priority for this home and they really work hard to help people experience the best quality of life possible."
- Community healthcare professionals said communications with staff about people in the home were excellent and this had enabled effective coordinated care to be provided to people.
- Records confirmed that people had regular health checks. Relatives all told us they and their family members were kept well informed. Comments included, "Staff always let us know if my [family member] is ill or if they involve the hospital, doctor or nurse as needed"; "Staff always ring me to update me on their [family member's] progress."
- A Health Action Plan [HAP] was in people's care files. The HAP detailed what was needed to promote the person's good physical and mental health, their likes, dislikes and triggers to behaviour.
- Staff monitored the people's oral care to ensure their teeth and mouth were kept as healthy as possible. We saw dental appointments were made and check-ups took place.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- We saw recent decision-specific mental capacity assessments for people who were suspected to lack capacity in specific areas. The manager demonstrated a clear understanding of what MCA assessments were and how they differed to DoLS. They showed us renewed DoLS applications made to the relevant local authorities, together with the local authority acknowledgement of receipt and were awaiting the outcomes. This meant staff were now able to make decisions appropriately for people who did not have capacity to make them themselves.
- Staff had received training in MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA and how this was used when supporting people.
- Staff understood they needed to ensure any decisions made were in line with the person's best interests and was the least restrictive way. Records we looked at also confirmed people were supported with their best interests and safety in mind.

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 good. At this inspection this has remained good. 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

- We observed a strong person-centred culture of care provision. There were good numbers of staff on duty so that people were able to receive individual attention and support with their care. There were positive, caring and trusting relationships established between people and staff. This meant people were able to express themselves which in turn meant staff understood things from their point of view and were better able to support them.
- Staff used innovative methods of communication with people to help them to be able to express themselves more clearly. Staff knew people well and had developed trusting relationships with people. This together with aids such as flash cards enabled more effective communications between people and staff. When talking with people we observed staff would make good eye contact with people in order to engage with them. Staff told us that for some people with dementia, understanding their facial expressions greatly helped improved communications. For one person who was unable to use words effectively, they would grind their teeth when cross or frustrated. Staff were aware of this signal and knew how to respond to this person's needs effectively.
- People and their relatives told us they were well treated. We observed staff interacting and speaking with people in a calm, friendly and kind way. People were smiling and relaxed. They told us they felt confident to approach staff for support and care.
- Relatives comments included, "Staff are very caring indeed. It's the best home my [family member] could possibly be living in"; "The care at Gate Lodge is really so good, they care about the people they look after, and it shows"; "We are very impressed with the care our [family member] receives. It is excellent, no doubts about that."
- Staff used innovative ways of supporting people. For one person who had been a hospital nurse and wanted to know a bit more about nursing in hospitals today. Staff invited nurses in from a local hospital to do so. The person concerned was so happy about this was reflected in their general well-being.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff knew people living at the service well. Staff encouraged people and their relatives to express their views and make decisions about their care. Comments from relatives included, "Staff involve us in our [family member's] care. It's almost as if they were family, we get progress reports whenever there is any change, good or bad" and "I think the stability of the staff group really helps. They provide continuity of care and there is a good level of trust on both sides for staff and people, staff know the people very well indeed."
- During the pandemic when relatives were not allowed to visit their family members living at Gate Lodge the manager increased and made more regular communications possible through the use of technology. The

relatives we spoke with all said without exception that communications with the home were excellent.

- Staff spoke passionately about their roles and were committed to promoting people's independence. Wherever possible staff encouraged people to do as much as they could for themselves. They told us how they worked with people to build their confidence and independence. People told us staff respected their privacy and dignity when providing care and support.
- Staff received equality and diversity training and knew people's needs well.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this has remained 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

- Relatives told us they were involved in reviewing the care of their family members. They confirmed people were able to make choices and were involved in decision making wherever possible.
- People's care plans had detailed information regarding their personal preferences and people who were important to them. This meant staff had up to date information about people's individual preferences so they were able to support them more appropriately and effectively.
- People could make choices about what they ate and when and where they wanted to eat. We observed staff asking people these questions and people's responses were acted upon positively. The same was the case for any activities people wanted to do during the day.
- Relatives and people told us about the forthcoming Christmas arrangements and how staff support them to enjoy it to the full.

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 manager understood their responsibility to comply with the Accessible Information Standard (AIS). The provider ensured that information was made available to people about the service in different formats where needed and this included easy read documents.
- There was evidence that staff adapted their techniques to ensure they communicated effectively with each person, who each had different methods of communication. This included sitting and speaking with them in a calm way and the use of easy read and pictorial formats.

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 were supported both to develop and maintain relationships that were important to them. People told us they had regular contact with their relatives. This was confirmed by staff and by their relatives. Comments included, "We visit weekly and have regular contact with my [family member]. Staff really help us keep it [our relationship] going especially when [family member] can be difficult at times" and "Staff have really helped us to maintain the relationship [family member] with us."
- People told us they were supported to pursue the social interests and activities that were important to them. An activities coordinator was in post. They discussed with people what activities they would like to do and an activities plan was then drawn up in accordance with people's stated wishes. We noted on the day of

the inspection people were involved in flower arranging. People told us they really enjoyed this activity, and this was evident from our observations. Other activities were wide and varied and people and their relatives spoke enthusiastically about them to us. For example, the garden was easily accessible, and some people were involved in planting and growing flowers and vegetables.

- Each relative we spoke with told us how much they admired the work of the activity's coordinator together with staff. Comments included, "They [people] have such a variety of activities to do, whenever I visit people look like they really enjoy what they are doing"; "My [family member] really likes the flower arranging, but they are always busy with something or the other" and "The range of activities is exceptional. People are supported at their own pace, if they don't feel like it then that's fine too."

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints policy and procedure which was accessible and well promoted around the home. Staff were well aware of the policy and procedure to follow. A log of complaints was maintained by the manager and was up to date. From our discussions with the manager and the owner we saw complaints and concerns were taken seriously, were explored thoroughly and responded to in good time. Issues were resolved speedily, and findings published so people and their relatives could see how improvements were driven.

- People and their relatives were actively encouraged to give their views and to raise concerns and complaints. The manager and the owner clearly valued such feedback and saw it as essential to drive forward improvements to the service. The annual development plan included ways in which these improvements would be developed in the service.

- There was a range of other ways for people and their relatives to give feedback about their experiences of the care they received and to raise any concerns or issues they may have had. Regular feedback questionnaires were given to people, their relatives, staff and visiting professionals. We reviewed the results from the last feedback survey that was carried out in March 2023. The feedback on all points was very positive indeed. The manager and the owner had analysed the results and created an action plan to ensure where issues were raised they were attended to straight away. The analysis was published so people and their relatives could see how improvements were being driven.

End of life care and support

- The provider ensured people experienced a comfortable, dignified and pain free death by working closely together with people, their relatives and healthcare professionals. Work in partnership with St Christopher's Hospice also when required for some people receiving end of life care.

- Staff received appropriate training which enabled them to have the necessary skills and knowledge to provide a good understanding of the person's wishes together with a compassionate and enabling approach.

- People's wishes for care at their end of life were detailed in care plans.

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 good. At this inspection this has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leaders and the culture they created promoted high-quality, person-centred care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Staff members told us they felt well supported by the manager who had an open-door policy and encouraged staff to seek support where it was needed. Staff told us they were encouraged to make suggestions about how they felt the service could be improved. Staff comments included, "We know we can discuss things with the manager when needed and they do encourage this"; "It's clear that they [the managers] want this to be the best possible service they can be and so our contributions are welcomed"; "The managers are supportive to us when we ask for advice or support."
- We saw documentation to demonstrate the manager carried out a variety of competency assessments on staff members, such as for medicines competencies. Additional training and support was offered to staff where necessary. This has helped to ensure the staff team provided high quality, effective care and support for people.
- Staff told us they knew about the whistleblowing policy and action they would take if they had concerns.

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

- The manager told us they were in the process of registering with CQC to become the new manager. People, staff and relatives all spoke highly of the manager. Comments included, "Since they started here we have noticed there has been a recognisable and positive improvement in all aspects of the home's management"; "This manager is a peoples person, gets stuck in with the team and leads by example" and "The manager gets things done and they have made a positive difference."
- The manager was fully aware of their registration requirements with CQC and of their duty of candour.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service.
- There were processes and procedures in place to ensure people received the care and support they wanted.
- Staff were positive about how the service was run and the support provided to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were systems in place to ensure the service sought the views of people through regular reviews,

keyworker meetings, resident's meetings and regular feedback surveys to people, relatives, staff and visiting healthcare professionals. All feedback received was used to drive improvements in the service. An example of this was where feedback received indicated some areas of the home needed redecoration. Very soon after this, those areas were completely refurbished to a high standard and incorporated people's views and suggestions.

- The manager recognised the importance of regularly monitoring the quality of all areas of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements highlighted. Audits included areas such as medicines management, care plans, staff records, health and safety and the home environment. Where required, action plans were developed to address any issues or concerns identified.
- The manager ensured all the information from audits and surveys was shared and discussed with the relevant people so that they could contribute to and understand how improvements to the service were being driven.
- Daily staff handover meetings were held. We observed these provided staff with the opportunity to discuss people's daily needs and any issues or concerns that had arisen. Staff team meetings were held on a regular basis and provided staff with the opportunity to discuss issues relating to the management of the home.

Working in partnership with others

- The manager and staff worked effectively to develop good working relationships with people's relatives and health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, tissue viability nurses, speech and language therapists, mental health professionals and GPs. Feedback from all these people was positive and complimentary about the provider's commitment and determination to work in partnership with them in order to provide people with the best possible quality of life.
- We observed the service worked in partnership with local community services and organisations to ensure appropriate support was co-ordinated for people. Examples of this were where links were created with local schools for example for carol singing within the home at Christmas.