Bupa Care Homes (CFHCare) Limited

Godden Lodge Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out an unannounced comprehensive inspection of this service on 21, 22 and 24 July 2015. A breach of legal requirements was found. This was because the provider did not have suitable arrangements in place on Murrelle House to ensure that people who used the service received caring and compassionate care, had the opportunity to participate in a range of social activities or to maintain hobbies and interests. In addition, people's care records did not always reflect their care needs and effective arrangements were not in place to monitor and assess the quality of the service provided. Warning notices were issued on 21 August 2015 to the provider and the manager. The Care Quality Commission also held a meeting with the provider and manager to discuss our concerns. In response, the provider shared with us their improvement plan that they had in place and has since provided us with regular updates on their progress to meet regulatory requirements.

We undertook a focused inspection on 29 September 2015 to check that they had followed their plan and to confirm that they now met legal requirements. For the purpose of this inspection Murrelle House was the only house inspected. At the time of this inspection there were 25 people living in Murrelle House.

Summary of findings

This report only covers our findings in relation to this requirement. You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Godden Lodge on our website at www.cqc.org.uk

Godden Lodge Nursing and Residential Home provides accommodation, personal care and nursing care for up to 133 older people. The service consists of five separate houses; Boyce House and Murrelle House for people living with dementia and who have nursing needs, Cephas House for people who require nursing and palliative care, Appleton House for people living with dementia and who require residential care and Victoria House for people who require residential care.

A registered manager was in post. 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.

We found that people's care plans were reflective of their care and support needs however, further improvements relating to the accuracy of some records were required.

Improvements at this inspection showed that people were treated with consideration and kindness by staff.

Staff interactions with people were positive and the atmosphere within the service was seen to be relaxed and calm. Staff communication with people was much improved and staff provided clear explanations about the care and support to be provided.

There was a good level of engagement between staff and people who used the service as people were supported to take part in social activities that met their needs.

We found that improvements had been made to ensure that an effective system was in place to regularly assess and monitor the quality of the service provided. The provider was able to demonstrate how they measured and analysed the care provided and how this made sure that the service was operating more effectively and safely so as to ensure good outcomes for people living on Murrelle House.

The provider had taken steps to mitigate the risks to people and address the shortfalls found at the last inspection. This included implementing systems to monitor the quality and safety of the service. However, further improvements were required to ensure that changes and improvements are embedded and sustained over time to ensure people are provided with a consistently safe quality service.

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 caring?

Action had been taken to ensure that people who used the service received caring and compassionate care.

This meant that the provider was now meeting legal requirements.

While improvements had been made and we have revised the rating for this key question; to improve the rating to 'Good' would require a longer term delivery of consistent good practice.

Requires improvement

Is the service responsive?

Action had been taken to ensure that people who used the service had the opportunity to participate in a range of social activities. In addition, people's care records had been reviewed and updated to reflect their care needs, although some further improvements were required in order to maintain the accuracy of some records.

This meant that the provider was now meeting legal requirements.

While improvements had been made and we have revised the rating for this key question; to improve the rating to 'Good' would require a longer term delivery of consistent good practice.

Requires improvement

Is the service well-led?

Action had been taken to ensure that an effective system was in place to regularly assess and monitor the quality of the service provided.

This meant that the provider was now meeting legal requirements.

While improvements had been made and we have revised the rating for this key question; to improve the rating to 'Good' would require a longer term delivery of consistent good practice.

Requires improvement

Godden Lodge Residential and Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

We undertook an unannounced focused inspection of Godden Lodge on 29 September 2015. The inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of caring for older people and people living with dementia.

Before the inspection, we looked at information that we had received about the service. This included information we received prior to the inspection and notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with the Regional Support Manager, house manager and seven staff working on Murrelle House. In addition, we spoke with five people who used the service and seven relatives. We looked at the care plans for five people who used the service and the support records relating to six members of staff. We also looked at the provider's arrangements for monitoring and assessing the quality of the service provided.

Requires improvement

Is the service caring?

Our findings

At our previous inspection to the service on 21, 22 and 24 July 2015, we found that the provider did not have an effective system in place to ensure that people who used the service received caring and compassionate care. People's comments about the standard of care provided were variable and the majority of interactions by staff were routine and task orientated. Communication by staff with people who used the service was poor. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (the Regulated Activities Regulations 2014). As a result of this breach of regulation, a warning notice was issued on 21 August 2015 to the provider and the manager. The Care Quality Commission also held a meeting with the provider and manager to discuss our concerns. In response, the provider shared with us their improvement plan that they had in place and has since provided us with regular updates on their progress to meet regulatory requirements.

At this inspection our observations throughout the day showed that people were treated with consideration and kindness by staff. People told us that they were happy with the care and support provided. One person told us, "I am well looked after here." Another person told us, "The staff are very nice. I think that they look after me well." Five out of seven relatives spoken with told us that the care provided by staff for their member of family was good and that they were generally confident and happy that their relative's care and support needs were being met.

Staff interactions with people were positive and the atmosphere within the service was seen to be relaxed and calm. Interactions by staff were less routine and task orientated and they spent time with the people they supported. Staff demonstrated affection, warmth and compassion for the people they supported and it was evident from our discussions with staff that they knew the care needs of the people they supported and the things that were important to them in their lives. There were good signs of wellbeing amongst the people who used the service and we observed positive engagements between staff and people living at the service. All of the interventions observed between staff and people living at the service were delivered in a kind and compassionate way, for example, prior to any intervention, staff approached people advising them of what was about to occur and seeking their consent and participation.

We saw that staff communicated well with people, for example, at lunchtime staff were seen to kneel down beside people to talk to them or to sit next to them, rather than standing over them. Staff were noted to explain to them that it was lunchtime, told them of the meal choices available and gave them time to respond. Staff were seen to provide clear explanations for people about the care and support to be provided, such as, we observed several occasions throughout the inspection whereby staff completed manual handling support for people whose ability to mobilise was poor. This was undertaken competently and with kindness and patience. Staff were noted to explain each part of the process before carrying it out and staff were observed to provide reassurance so that the person did not feel fearful or anxious when being hoisted.

Requires improvement

Is the service responsive?

Our findings

At our previous inspection to the service on 21, 22 and 24 July 2015, we found that the provider did not have an effective system in place to ensure that people who used the service had the opportunity to participate in a range of social activities or to maintain hobbies and interests. In addition, people's care records did not always reflect their care needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (the Regulated Activities Regulations 2014). As a result of this breach of regulation, a warning notice was issued on 21 August 2015 to the provider and the manager. The Care Quality Commission also held a meeting with the provider and manager to discuss our concerns. In response, the provider shared with us their improvement plan that they had in place and has since provided us with regular updates on their progress to meet regulatory requirements.

At this inspection our observations throughout the day showed that people were supported to take part in social activities as part of their day and also to help distract those who could become anxious or distressed. For example, one person was noted to become anxious and distressed during the morning. The person responsible for activities sat down next to the person and together over a 25 minute period they chatted whilst looking at a 1960's scrapbook. During this time the member of staff also discussed aspects of the person's personal life history with them and this was seen to be appreciated and enjoyed by both parties resulting with the person's anxious and distressed behaviours subsiding. In addition to staff sitting and talking to people within the communal lounge or in people's bedrooms, during the inspection staff were also noted to engage with people by playing board games and several female people living on Murrelle House were noted to have their hands manicured. One member of staff was observed to eat their lunch whilst sitting and talking with a person who remained in their bedroom throughout the day. The banter between both people was seen to be friendly and warm.

Staff told us that they were made aware of changes in people's needs through daily handover meetings and from discussions with senior members of staff. Although there was evidence to show that people's care plans had been reviewed and updated since our last inspection and people's care plans included information relating to their specific care needs and how they were to be supported by staff, improvements in record keeping were still required so as to provide a robust audit trail of care and interventions provided. For example, although much improved, gaps were still evident in relation to the completion of topical cream administration information and bodily repositioning charts for people at risk of developing pressure ulcers. We discussed this with the Regional Support Manager and interim house manager and were provided with an assurance that more robust arrangements would be put in place to rectify this.

Requires improvement

Is the service well-led?

Our findings

At our previous inspection to the service on 21, 22 and 24 July 2015, we found that the provider did not have an effective system in place to assess and monitor the quality and safety of the service that people received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (the Regulated Activities Regulations 2014). As a result of this breach of regulation, a warning notice was issued on 21 August 2015 to the provider and the manager. The Care Quality Commission also held a meeting with the provider and manager to discuss our concerns. In response, the provider shared with us their improvement plan that they had in place and has since provided us with regular updates on their progress to meet regulatory requirements.

The provider confirmed that following our last inspection concerns raised by us had been taken seriously and additional support had been provided to ensure future compliance with regulatory requirements. This included support to manage the service on a day-to-day basis by a Regional Support Manager. As detailed within the provider's improvement plan an experienced unit manager and a person responsible for providing social activities from a neighbouring 'sister' home had been deployed to Murrelle House to specifically provide 'hands-on' support and guidance to staff. The organisations quality team had been deployed to deliver additional training opportunities and coaching to staff in a variety of topics and this included house managers, team leaders, senior care staff and care staff. In addition, observations of staff practices had been regularly undertaken by the provider's representatives and reports on this showed both positive improvements and areas for corrective action which required continued monitoring.

We discussed with the Regional Support Manager and house manager that improvements were required to make sure that suitable arrangements were in place in relation to obtaining staff profiles for agency staff and ensuring that the monitoring of staff through formal supervision was robust. Following the inspection we wrote to the provider requesting further information and a rationale as to the discrepancies found. This was duly provided and confirmed that more suitable measures would be put in place to ensure future compliance.

At this inspection we found that the arrangements in place for assessing and monitoring the quality of service provision and the oversight of the management team was much more apparent and robust. The majority of improvements the provider had told us they would make had been made. We found that since our last inspection, staffing levels had been increased on Murrelle House throughout the day and at key times, for example, mealtimes in order to meet people's needs better.

The Regional Support Manager confirmed that a daily visit to Murrelle House was undertaken each day by a senior member of the management team so as to ensure that there were no initial concerns at the commencement of the morning shift. In addition to this, daily meetings were held with the house manager's and other heads of department to facilitate better communication between all departments and to understand what was happening within the service each day.

Observations of staff's practices had been undertaken to ensure that training provided was embedded in their everyday practice. A report of the outcome of the observations had been maintained and this recorded that following our last inspection, the majority of staff on Murrelle House had received 'Person First, Dementia Second' training throughout September 2015 and October 2015. There was also evidence to show that training relating to nutrition and hydration had been completed. The report highlighted that observations of staff practice revealed improvements were being made for the benefit of people living at the service, for example, staff's communication with people was much better and the care provided was person centred rather than 'service-led.' Our observations throughout the inspection confirmed the improvements.

Five out of seven relatives confirmed that since July 2015 they had noted positive changes on Murrelle House, such as, the layout of the dining room and conservatory had been altered to make it more homely and suitable for people living with dementia and care provided for their member of family was much better.

Staff's feedback about the way the service was led was much more positive. Staff confirmed that they now felt supported by the management team and the interim house manager. Staff told us that they found the latter to be a good 'role-model.' Staff stated that the interim house

Requires improvement

Is the service well-led?

manager provided clear explanations about what was required of them in order for them to carry out their role and responsibilities effectively and; provided good support to staff by working alongside them each day.

Staff advised that they received positive praise from the interim house manager and this had provided a much needed confidence boost to their morale. Our observations and discussions with staff showed that they had a better understanding of their role and the provider's expectations of them. This showed that the care and support provided by staff to people living at the service meant they experienced a better quality of life and staff were able to effectively meet people's needs.