Anchor Trust

Godiva 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

Overall summary

This inspection took place on 19 November 2014 and was unannounced. At the previous inspection in August 2013 the provider was meeting the required standards.

Godiva Lodge is registered to provide accommodation for up to 40 people who require personal care. The home provides a service for older people with dementia care needs. Godiva Lodge is divided into four units. Each unit consists of ten bedrooms, a lounge, dining area and a kitchenette.

At the time of this inspection there were 37 people living at the home.

The home has a registered manager. 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

People who lived at Godiva Lodge, relatives and staff told us people were safe. Staff understood their responsibilities around keeping people safe and understood what constituted abuse or poor practice. There were systems and processes in place to protect people from the risk of harm. These included a risk management process, robust staff recruitment procedure and an effective procedure for managing people's medications.

Staff understood about consent and respected decisions people had made about their daily lives. The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people did not have capacity, decisions were taken in 'their best interest' with the involvement of family and appropriate health care professionals.

People told us staff were kind and caring. Staff provided compassionate, respectful care to people. Staff protected people's privacy and dignity when providing care. There were enough suitably trained staff to meet people's individual care needs.

People were treated as individuals and were encouraged to make choices about their care. People had a choice of meals and enough to eat and drink during the day. People felt listened to and were confident they could raise any concerns with staff and the registered manager. There were processes in place for people to express their views and opinions about the home.

Care plans and assessments contained detailed information that supported staff to meet people's needs. Staff had time to read care plans and to provide care to people in the way they preferred.

People who lived at the home, relatives and staff said the home was well managed. People described the management of the home as open and friendly. There were systems in place to monitor the quality of the service. This was through feedback from people who used the service, their relatives, staff meetings and a programme of audits.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe living at Godiva Lodge. Staff understood how to keep people safe and there were processes in place to protect people from the risk of harm. These included a robust staff recruitment procedure and an effective procedure for managing people's medication. There were enough suitably experienced staff to meet people's individual care needs.

Good

Is the service effective?
The service was effective.

Staff received appropriate training to support people effectively. Staff understood about consent and respected decisions people made about their daily lives. People had enough to eat and drink during the day and were supported to manage their healthcare needs.

Good

Is the service caring?
The service was caring.

People told us staff were kind and caring. Staff had a good understanding of people's care needs and provided compassionate, respectful care to people. People's privacy and dignity was protected.

Good

Is the service responsive?
The service was responsive.

People were happy with their care and had no complaints about the service they received. People were supported to express their views and opinions about the home. Care plans were up to date and staff had a handover meeting at the start of each shift. This enabled staff to provide the care and support people required.

Good

Is the service well-led?
The service was well led.

There was good management and leadership within the home. People, relatives and staff told us the home was well managed. The registered manager and the care staff understood their roles and responsibilities. The quality of service people received was regularly monitored.

Godiva Lodge

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

This was an unannounced inspection carried out by two inspectors and an expert by experience on 19 November 2014. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for a relative who used this type of service.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority contracts team and the district nurse team and asked for their views about the service. They had no concerns about the service.

We reviewed the information in the provider's information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Not all the people living in the home were able to give us their views and opinions about how they were cared for, as some had varying levels of memory loss or dementia. We spent time observing care in the lounge and communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who lived at Godiva Lodge and three relatives. We also spoke with two team leaders, six staff members and the registered manager. We looked at three people's care records to see how they were cared for and supported. We looked at other records related to people's care including the service's quality assurance audits, staff recruitment records, records of complaints and incident and accidents at the home.

Good

Is the service safe?

Our findings

We asked people who lived at Godiva Lodge if they felt safe living at the home. People told us they did. "Yes as a matter of fact I do," and, "Yes it's very safe here I have no worries"

There were processes in place to protect people from abuse. Staff understood how to safeguard people from abuse, what constituted abuse or poor practice and how to keep people safe from harm. Staff told us they had completed training in safeguarding and knew what they should do if they had any concerns about people's safety or if they suspected abuse. For example, "I would report it to the manager; they would take the appropriate action." A staff member told us they had reported a safeguarding incident. They said the manager had responded immediately to their concerns and had alerted the local authority and the police.

Staff said people were also protected by having secure entry to the building and plans to follow in case of an emergency. Staff knew about the fire safety procedure and how to evacuate the building in case of fire, but were unsure what action to take in the event of an unexpected emergency where they would have to evacuate the home. The registered manager told us there was a contingency plan in place should an emergency occur. People would be temporarily accommodated at another unit on the same site. The registered manager said they would circulate this information to staff so they were aware of this.

Risks associated to people's care had been minimised and safely managed. Staff understood risk associated with people's care. This included the support people needed to move around, to have sufficient to eat and drink and to take their medication. From our observations of people being supported, we saw that staff carried out the procedures using equipment correctly and safely and knew how to respond to people when they became agitated. Staff took their time to listen to people, reassure them and knew what to do and what to say to support people to remain calm. Records showed potential risks to people's care had been identified and actions put in place to reduce the risks. For example, moving and handling a person. Assessments included what the person could do for themselves, the equipment needed to support the person safely and how many staff were required to carry out this task. Plans had been completed for people whose behaviours were sometimes a risk to themselves and to others. Staff knew how to manage this risk to keep people safe. Risk assessments had been regularly reviewed and changes recorded as people's needs changed.

Records showed accidents and incidents were recorded and acted on to reduce the risk. For example, when people had fallen, the accident had been recorded and analysed to identify any trends. Where necessary, action had been taken and equipment put in place to reduce the risk of further falls.

People told us there were enough staff available when they needed them. "Yes there is always someone around". "Oh yes, they know what they are doing." Staff said there were enough staff to meet people's individual needs. The registered manager told us staffing on each unit had recently been increased to two care staff during the day. Staff told us there was usually two staff on each unit but if a staff member did not turn up for work, there was only one staff on the unit until alternative staff arrived. "It's brilliant when there are two people on duty, but when it's down to one it becomes more difficult." During our visit staff, supported people's care needs, had time to spend talking with people and responded to people's requests promptly. There were sufficient staff on duty to meet people's needs.

There was a system in place to make sure care staff were recruited appropriately and ensure they were safe to work with people who lived at the home. Staff told us about the recruitment process and that they had to wait until their police check and reference checks had been completed before they could start working in the home. Records we saw confirmed this.

We looked at how people were supported to take their prescribed medication**.** People had medication administration records (MAR) completed and records showed people received their medicines as prescribed. There was a process in place to check MAR records to make sure people had received their medicines. We asked staff about administering medication. We were told all care staff completed training in safe handling of medicines but only team leaders and staff 'acting up' administered medicines. Team leaders said they had been trained to administer medication and had regular competency assessments completed to make sure they administered medication safely. Staff knew about medication to be given 'as required' and each person had a protocol in place that informed staff how people were supported to take this. We

Good

Is the service safe?

observed the team leader administer medication to people. We found medicines were administered safely.

There was a safe procedure for storing, handling and disposing of medicines, including controlled medicines. These are medicines that have to be stored and recorded in a specific way.

Good

Is the service effective?

Our findings

People told us the staff had the skills and knowledge to provide the care and support they needed. People said, "They help me to have a bath." "I find them alright, staff do what they have to do, they help me get dressed."

Staff had the skills and knowledge to deliver the care and support people required and there were systems in place to keep them up to date and support their learning and development. As a result people's needs were met effectively, by staff who received appropriate support to carry out their role. Staff completed an induction programme when they started work in the home. The induction covered a 12 week period, during which time staff undertook all relevant training. Staff said after each training session they had been given a booklet to support the training. One staff member told us they still used this for reference.

Staff told us about the training they had completed. One member of staff said, "We have lots of training. I have had training in dementia care, safeguarding adults, mental capacity, pressure ulcers, personal care planning, moving and handling people and completed National Vocational training (NVQ) in health and social care." Throughout our visit care staff carried out good moving and handling practice and worked effectively with people living with dementia.

Staff had a handover meeting at the start of their shift that kept them up to date about changes in people care. Staff said they were well supported by senior staff to carry out their role and the tasks required. Staff had regular supervision to review their practice and personal development. Staff told us, "We have a supervision rota and supervision takes place every six weeks," and, "We have got a team that is spot on."

Staff asked people for their consent before supporting people with their care. Care records showed agreement for care and treatment had been given by an appropriate person. For example, one care record showed a relative had lasting power of attorney, so they could make certain decisions for the person, had signed the 'consent to care record' on the person's behalf.

Staff had a good understanding of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation makes sure people who require assistance to make decisions receive the appropriate support, and are not subject to unauthorised restrictions in how they live their lives. The registered manager understood their responsibility in relation to DoLS. All the people who lived permanently in the home had been referred for DoLS assessment. The registered manager said due to the level of people's dementia, people were under constant supervision and were unsafe to leave the home on their own. We saw staff put their knowledge of the MCA into practice and ensured people's human and legal rights were respected. For example, one person received their medication disguised in yoghurt. This medication was seen as crucial to manage this person's health condition. The decision to disguise the medication was taken following a best interest meeting, with consent from the GP and involvement of the person's family.

People told us they had a choice of meals and enough to drink during the day. "If I don't like the food they will do something else." A relative told us, "The food seems alright they have two choices and it is shown to the residents for them to select."

People were offered a choice of breakfast and were able to eat where they preferred. Throughout the day people were offered cakes and snacks and a variety of drinks. People were provided with a light meal at lunchtime, for example soup and sandwiches. The main meal was served in the early evening. People were offered a choice of lunch and were shown the different options to help them choose. People who had risks associated with swallowing were served soft or pureed food. People were supported to be as independent as possible; some people had equipment to make it easier to eat independently, for example a plate guard, other people required prompting to continue eating to make sure they had eaten sufficiently. Lunchtime was unhurried and staff were patient with people. People were provided with sufficient to eat and drink.

Staff understood people's food requirements, their preferences and where people may be at risk of poor nutrition or difficulty in swallowing. Information about people's specific dietary requirements was easily accessible for staff on each unit. Care plans contained risk assessments and where risks had been identified, a care plan was in place to minimise the risk. For example people who had difficulty swallowing received pureed food and thickeners in their drinks. The chef had a good

Good

Is the service effective?

understanding of who required special diets, for example their food pureed, soft and fortified diets. We saw pureed food was served in separate food groups so the meal looked more appetising. Where people had difficulty eating or drinking the Speech and Language Therapist (SALT) had been involved to offer professional advice. There were arrangements in place to ensure people received good nutrition and hydration.

Staff made sure people received appropriate healthcare support and could access appropriate healthcare professionals. A relative told us, “They monitor [person] health and the GP visits regularly. They let me know when the doctor or nurse has visited.” Staff understood how to manage people’s specific healthcare needs so people remained healthy and well. For example, people’s allergies, diabetes and pressure area management. People who had consented had received a ‘flu’ injection. Staff monitored people’s healthcare and referred people to other professionals. Staff recorded when health professionals visited, such as opticians, dentists, speech and language therapists, and dieticians. Staff told us a GP came to the home every fortnight with a nurse, to see people and visited at other times when needed. A district nurse told us staff carried out any recommendations they made to people’s care.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. “Staff are very nice.” A relative told us, “[Person] loves it here. The staff are marvellous to her, she’s very happy.”

Throughout our visit staff provided compassionate, respectful care and interacted positively with people. Staff engaged people in conversations and understood people’s individual communication methods. For example, staff changed their approach and tone of voice when interacting with different people**.** They knew which people liked to laugh and joke with them and others where a calmer, quieter interaction was required. Staff were patient with people and knew how to respond to people who had behaviours which could challenge others. Staff provided comfort and support to people who became distressed by holding people’s hands or putting an arm around them.

Staff were caring and thoughtful towards people. Staff told us, “Some people don’t have family, but with the love we give them, they don’t notice. You can feel the love when you come through the building.” “I love it here, the customers are wonderful.” “You go home at night and you know they are happy, it’s very rewarding.”

At lunchtime we observed a staff member support a person with an emergency health situation. The staff member was extremely caring towards the person. Having assessed the situation they provided appropriate first aid and gave constant reassurance to the person.

People were listened to and staff understood people’s preferences and choices. For example, several people chose not to be addressed by their birth names. Staff knew the names people preferred and referred to people by these names. People were treated as individuals and were encouraged to make choices about their care. This included, how people wanted to spend their day, what clothes to wear, where they would like to sit, what activity they would like to do and their choice of food. Some people wore their nightclothes because they did not want to get dressed, others walked freely around the home spending time on different units.

People were given information in ways that was easy for them to understand. During a moving and handling procedure, staff needed the person to keep their arms out of the way, staff encouraged the person to ‘give themselves a cuddle’. This worked well for the person.

Staff respected people’s privacy. Staff knocked and waited for a response before going into people’s bedrooms. Staff told us they would shut doors and curtains when providing personal care and would use towels to cover parts of the body not being washed to maintain people’s dignity. People told us, “They always knock on my door before they come in.” A visitor told us they had seen staff provide personal care to their relative “I have no concerns about this staff are very caring.” People’s dignity was maintained by staff who discreetly asked people about personal care routines or suggested people changed their clothes when stained. People were seen to be well presented and appropriately dressed. During lunch on one unit, staff could have been more mindful when supporting people. People were not offered aprons to protect their clothes when eating and another person had their meal placed at an angle on a table which made it difficult for them to eat. Staff assisted people to remain well presented after eating by supporting people to wipe their face and wash their hands.

People told us there were no restrictions on visiting times and their relatives and friends could visit when they liked. A visitor told us, “We come when we like, any time of the day.”

Good

Is the service responsive?

Our findings

People told us staff involved them in their care, "Yes they sit and talk to me about my care and ask if I need anything more, but I don't." Relatives told us they were kept informed of any changes in their relation's needs and had been invited to attend review meetings. Staff said they encouraged people to be involved in their care but said some people were reluctant to participate in reviews.

People received personalised care that was responsive to their needs. Staff said they had completed training in 'personal centred care' and spent time with people getting to know their life story, likes and dislikes. A staff member told us, "We try very hard to get to know the resident, their likes, dislikes how they like to be approached as well as encouraging them to talk about their family, past employment and holidays." We saw staff put this into practice when talking to a person new to the home.

Staff said they had time to read care plans and to provide care to people in the way they preferred. Staff knew when people's needs had changed because they shared information at handover meetings and kept daily written reports. Staff had time to sit and talk with people and to support them in things they wanted to do. For example a member of staff supported a person who was not able to go out on their own, to go out to the local shops.

People's diversity needs were discussed with them, for example two people preferred female staff to provide their personal care. Staff knew people's preferences and we observed people's preference to gender of care staff was upheld during our visit. Staff responded to call bells or requests for assistance from people promptly.

We looked at three people's care files. Care plans and assessments contained detailed information that supported staff to meet people's needs. Plans contained personal preferences and had been reviewed and updated regularly. Life stories had been completed with people and their relatives. The registered manager told us it was not always possible to complete life histories without the assistance of family members as people had difficulty remembering past events due to their dementia. The completed life histories supported staff to understand people's hobbies, work background and memories from people's childhood. This supported staff to provide individualised care and to hold meaningful conversations with people.

There were processes in place for people to express their views and opinions about the home. People had 'residents' meetings and visitors told us they had been involved in review meetings about their relative's care. Throughout our visit people had no hesitation approaching staff and expressing their opinions.

People told us there were things for them to do during the day. Staff said it was difficult to involve people in group activities as most people preferred not to join in. "We do a lot of individual activities with people or we try to do things with small groups. For example, when we do baking some people have good concentration and will participate, others loose interest quite quickly." A visitor told us there were daily activities for their relative to join in with but said, "[Person] doesn't seem interested".

On the day of our visit most people chose to sit in the lounge/dining areas where there was usually staff presence. Activities were based around discussions with staff, and observing what other people were doing. One staff member knew a person liked ballroom dancing; they spoke with them about this and had a dance with them. Some people watched television and staff supported people with activities such as jigsaws, card games and reading the newspaper. The main activity during the morning was 'a coffee morning'. An area in one corridor had been set up with small tables; people sat and had coffee and cake in a café style environment. People interacted with each other, with a staff member supporting the activity. The registered manager was involved and talked with people in the café area.

The design of the building reduced the chances of people being socially isolated. There were wide corridors which supported people with restricted mobility to move around the home. There were photographs of people who lived on the unit displayed in the lounge, for example people's wedding photographs and family groups. There were birthday cards and vases of flowers in one lounge from a recent birthday. This gave the units a 'homely feel'.

People told us they had no complaints about the service they received. People said if they were unhappy about anything they would let the staff know. Staff said, "If people

Good

Is the service responsive?

were not happy I would try and sort it out myself or tell the team leader. The team leader would then sort it out." Visitors we spoke with knew how to complain, one person said, "I could speak to the manager anytime."

We looked at how complaints were managed. The registered manager told us, "We receive concerns and niggles from people and their relatives. We try to deal with these before they become complaints." The service had received one formal complaint in the past 12 months. We saw this had been investigated and responded to in line with the provider's policy. The complaints policy and procedure was displayed in the foyer. Relatives we spoke with knew about the complaints procedure and who to complain to if they were unhappy about anything.

People and their relatives said they had regular meetings were they could raise concerns and express their views and opinions about the service. Key questions from meetings and the response from the service were displayed in the foyer. These were called, "You said – We did" and included questions about people's care and support. For example there had been concerns about the staffing levels and issues concerning laundry in the home. The response from the registered manager showed staffing levels had been increased and the laundry service improved. Responses showed people had been listened to and their comments acted on.

Good

Is the service well-led?

Our findings

People told us the home was well managed. All the staff do their job very well." People described the management of the home as open and friendly. A relative told us "The atmosphere is very friendly here. We are quite happy. The manager is always available to talk to."

The registered manager promoted a positive, open culture within the home. People and staff told us the manager was visible within the home and conducted a 'walk around' every day. The manager explained they used the 'walk around' to observe staff practice and as an audit to check the environment. We walked around the home with the registered manager. The registered manager was knowledgeable about the care and support needs of all the people living at the home. People had no hesitation approaching the registered manager to say hello, or request assistance. One person told us, "[The manager] is the best you can get."

There was good management and leadership within the home. Staff told us they felt well supported by the registered manager and the team leaders. "I love it here, my co-workers are so good to me, I feel very supported." "The manager supports me 100%" "Management support is brilliant. If I have an issue I can go to them and they sort it out." Staff had a good understanding of their roles and responsibilities and what was expected of them.

Staff told us the home was a, "Good place to work". We asked staff if they felt able to raise any concerns they had. Staff said, "Management are lovely, really approachable, if I have to report a complaint or something to tell them, they are so approachable." "We have very good management. They listen to both sides."

Staff said they had regular work supervision and team meetings. Staff told us the senior team observed how they worked and gave staff constructive criticism if they noticed areas that needed improvement. Staff had confidence to question the practice of other care staff and would have no hesitation reporting poor practice to the registered manager. They said they felt confident concerns would be thoroughly investigated.

There were systems in place to monitor the quality of the service. This was through feedback from people who used the service, their relatives, staff meetings and a programme of audits. Audits included regular checks on care plans, people's weights, medicines management, infection control, health and safety and the environment. The provider had additional systems in place to monitor the quality of service people received. The district manager completed additional audits on care plans, incidents and accidents records, complaints and quality leadership. These audits were completed to make sure people received good quality care that protected them from potential risk. Where audits identified improvements, actions had been taken to ensure the home made the required improvements. The service was monitored to make sure people received good quality care and support.

Records we looked at showed staff recorded when an accident or incident occurred. Incident records were reviewed to identify patterns or trends, for example when people had a fall or when people's behaviour had been challenging to staff. We saw that appropriate action had been taken to learn from incidents to avoid re occurrence.

The registered manager worked in partnership with other professionals to ensure people received appropriate care and support. This included social workers, the local authority contracts team and the district nurse team. The district nurse told us staff carried out any recommendations they make and there were no concerns from the contacts officer.

The provider supported staff to provide 'best practice' dementia care, for example 'person centred' care and had recently implemented an accredited dementia care programme. The registered manager gave examples of how best practice would be put into implemented. For example how they would make more use of information about people's hobbies and interests to improve people's experiences.

The manager was registered with us and understood their responsibilities and the requirements of their registration. For example they had submitted any statutory notifications required by our Regulations and submitted the requested Provider Information Return (PIR) as requested prior to our visit. The information in the return informed us about how the service operated and how they provided the required standard of care. What we had been told in the PIR was reflected in what we found during our visit.