Balkerne Gardens Trust Limited

Freda Gunton Lodge Residential Home

Inspection report

Balkerne Gardens
Colchester
Essex
CO1 1PR

Tel: 01206574786

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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?	Requires Improvement

Summary of findings

Overall summary

About the service
Freda Gunton Lodge is a residential care home providing personal care for up to 40 people. The home supports people over 65 and was supporting 39 people at the time of the inspection.

The home shares its large gardens with the provider's supported living service and head office. Freda Gunton Lodge has a large lounge and dining room to the ground floor and other smaller communal spaces. The home is serviced by a large laundry and kitchen on the ground floor but also has satellite kitchen facilities to the first floor. The upper floor is accessible by two passenger lifts and stairs.

People's experience of using this service and what we found
People received their medicines when they needed them by trained and competent staff. Physical and social needs were met by enough suitably trained staff who knew people well. Staff ensured risks to the people's health and wellbeing were mitigated wherever possible. This included fire evacuation procedures which were practiced and equipment which was professionally tested to ensure it was safe to use. The home was very clean and staff had access to all the equipment they needed to reduce the risks of infection.

Consent was routinely acquired from people throughout their day but some more formal consents were missing for the use of monitoring equipment. The provider took immediate action to ensure the appropriate consents were in place. People were supported to have maximum choice and control of 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. The food was enjoyed by everybody we spoke with and there was a good choice available to meet people's individual needs. Staff had access to comprehensive training covering each aspect of their work, they were also supported to complete relevant professional qualifications. Referrals were made to professional teams when additional support was required.

People's opinion was sought around the service they received. One person told us, "Whenever I am asked what it is like living here, I say excellent, they think of anything we could need before we do, so it is all in place." Choices were available in all aspects of people's lives, we saw there was no dedicated supper time and people received what they wanted to eat, at a time and place of their choosing.

Comprehensive daily records were kept and handovers from shift to shift shared any changes in people's circumstances or needs. There was a diary which included details of appointments and visiting professionals and any action required. These records were reviewed daily by all staff, ensuring they were kept informed of people's changing needs. End of life care was fully embedded with staff taking lead roles to implement the Gold Standards Framework for care of the dying. Staff took pride in the service they delivered and we saw from the thank you cards and compliments received, the support was greatly appreciated by family members. When complaints were received they were responded to and steps were taken to change practice if this was required to meet people's preferences.

Monitoring tools were used to determine if paperwork was completed correctly, lessons were learnt from concerns and the service was delivered in line with people's expectations. However, these did not always identify where action was required. The provider's area team were completing audits on the service delivered, this allowed the provider to understand if the service delivered met the aims and objectives of the provider group. Staff all enjoyed working for the provider and at the home. They felt valued, showed pride in the work they did and the positive impact they had on people's lives in the home.

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

Rating at last inspection
The last rating for this service was Good (24 May 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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 not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Freda Gunton Lodge Residential Home

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 2014.

Inspection team
The inspection was completed by an inspector 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
Freda Gunton 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was completing a secondment opportunity in the provider's head office (also on site) A director from the provider group was taking the opportunity to manage the home. The registered manager was available, if requested, throughout the course of the inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed all available information we held on the service and the provider group, we sought feedback from professional teams involved with the home and reviewed information available in the public domain.

The provider was not 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 used all of this information to plan our inspection.

During the inspection
We spoke with ten staff, including the registered manager, directors, including 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 deputy, activity coordinator, care staff, maintenance, catering and domestic staff. We spoke with 10 people who lived in the home, seven visiting family members and three other visitors. We also spoke with a visiting health care professional.

We looked at five people's care plans in detail and others for specific information, we also looked at three staff recruitment files. We looked at other records used to support the day to day management of the home, including medicines records, audits and meeting minutes.

After the inspection
The provider sent us additional information after the inspection to show us how they were moving any concerns forward including actions they had already taken following feedback from the inspection.

Good

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were available in people's folders showing how risk was mitigated. People's individual risk assessments were not always updated with other information which had resulted in a change to the support provided. However, information was available to staff on how and why people's support may have changed in other documentation.
- When we spoke with the director (who was the acting manager) this was acknowledged. The provider group were changing to an electronic care planning system which was due to go live shortly after the inspection. We were assured the information was available and people were kept safe.
- Records for the safe evacuation of the building were in their infancy. Straight after the inspection the registered manager sent us updated records they were going to complete.
- Accidents were recorded and information about any action taken or to take was clearly recorded in handover documents.

Using medicines safely

- At the time of the inspection the acting manager was updating the provider's policy with the recently changed best practice documents.
- People received their medicines when they were needed and, in the way, they requested. We were told and we saw staff administered medicines with patience and dignity.
- Records showing the safe management of medicines were audited regularly; the frequency and format of this was about to change due to the recent changes in best practice guidance.
- Staff were competent and knew how medicines should be stored, recorded and administered. However there were times when this was not consistently done and this had not been identified by the audit. We will review this in more detail within the well led section.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding training had been delivered within the last 12 months and everyone we spoke with was clear about what was safe and unsafe practice. Staff told us they would not hesitate to report any concerns they had in relation to people's welfare.
- The acting manager worked with the local safeguarding team as and when required.
- When on site we did not see any incidents of people being restricted. Doors within the home were open, as was the main front door, for people to freely access the gardens and community.

Staffing and recruitment

- There were ample staff on duty to meet people's needs. Staff were accessible throughout the day, they

were seen either observing or engaging with people in every communal room.
● A dependency tool was used to calculate staff required and the rota exceeded this. This allowed people easy access to staff to meet their social and emotional support needs. People told us good things about the staff. One visiting relative told us, "The management is excellent, conscientious and dedicated staff, staff have a very kind attitude to [family member] and to us, cannot fault them." We saw lots of laughter and purposeful conversations throughout our inspection.
● Staff were safely and equitably recruited. Files included the information required under the regulations including checks on peoples suitability and safety for the position in which they were to work. Many staff had been in post over 10 years.

Preventing and controlling infection
● The home was very clean and furniture was cleaned regularly and kept its 'as new' appearance throughout the home.
● Domestic staff told us they had all the equipment they needed to keep the home clean and had access to safe storage for the equipment they used.
● People were supported by staff who wore the correct equipment including gloves and aprons as required.

Learning lessons when things go wrong
● Team meetings discussed any issues raised by people in the home either formally or informally. Staff had the opportunity to discuss and agree how to make improvements and address any concerns.
● When staff engaged with people throughout the day they consistently checked things were ok and if anything needed to change. One staff member told us that one person who was new had found it difficult to get to know people. Since then all new people were introduced to the home and each other person during the first week of their stay. This has been well received by new people to the home since it was introduced.

Good

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 Good. At this inspection this key question has remained the same. 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
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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Only one person living at the home had a DoLS in place. This person was due to move on as the service could no longer meet their needs. The home did not provide a safe environment for those living with dementia as the main front door was open for people to leave and access the community freely.
- People had signed different parts of their care plans in agreement to their contents. However, where the use of equipment monitored people's movements, specific assessment and consent, had not always been acquired.
- Lots of people had sensor mats by their beds to alert staff when they had got up from their bed or chair. Whilst these were used to help keep people safe, we did not find the need for them had always been assessed and agreed to by the individual.
- The acting manager took immediate action to assess the need for the sensor mats and acquired consents from people where they were used. When people were unable to agree to the sensor mat, assessments were completed to ensure their use was in the person's best interest.
- Some forms of consent had not been signed by the person themselves and there was not a record to say why someone else had signed in agreement to information. It was not clear who had signed and under what authority they had signed on behalf of the person in the home.

We recommend the provider reviews the process for seeking consent and ensures it meets legal requirements and follows relevant national guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Comprehensives assessments were completed with people and any relevant involved professionals and representatives prior to admission.
● Once people lived in the home reviews of support needs were completed and changes to any support provided were made.

Staff support: induction, training, skills and experience
● Staff received comprehensive inductions and ongoing training was provided.
● Once in post regular supervision was provided and annual appraisals were completed.
● Staff had completed nationally recognised qualifications in care standards and many had developed skills and knowledge in delivering ongoing training to the rest of the staff team and wider provider group.

Supporting people to eat and drink enough to maintain a balanced diet
● The chef had access to information about everyone's dietary needs, likes and dislikes and prepared food accordingly.
● There was a choice at each meal time and people told us they enjoyed the food. One told us, "The food is varied and I thoroughly enjoy it, get enough choice and lots of fresh fruit."
● People were weighed and additional monitoring introduced when required, to ensure people received enough nutrition and hydration.
● There was access to drinks and snacks 24 hours a day and accessible water coolers were positioned around the home.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● When required referrals were made to specialists teams including the dietician and speech and language team.
● Opticians and chiropodists visited regularly to support people with their eye and foot care.
● Each person had a hospital passport which contained their key information, healthcare needs and medication which was transported with the individual to hospital as required.
● The home worked in partnership with the local university and had access to students who completed placements for speech and language courses. The students developed relationships and worked with people following strokes or other conditions which may affect their speech.
● The acting manager attended a fortnightly GP surgery to discuss people's health care concerns and arranged a GP to visit the home as necessary to review people who were feeling unwell. Staff had access to guidance and support and if referrals were required they were made without delay.

Adapting service, design, decoration to meet people's needs.
● The home supported people over the age of 65. People used mobility assistance equipment and each hallway was wide enough for people to move around the home with ease.
● The home did not support people with dementia and had not taken steps to decorate the home following best practice guidance to support people with their orientation. However, there were signs showing where certain rooms were located to aid people who were new to the home or who sometimes became confused.
● The home was designed with amenities as you would find in the high street. The hairdressing salon was designed and decorated just as a salon on the high street would be. People told us they liked this very much and added a "bit of luxury" to the salon visit.

Good

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 has 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
- People we spoke with in the home told us, they enjoyed living in the home and wouldn't want to be anywhere else. We were told of events and clubs which people enjoyed doing including a book club and a writing club.
- On the day of the inspection there was also a coffee morning which hosted an array of homemade cakes and pastry's. Raffle prizes were on display that people were keen to win. The dining room and smaller lounge areas were filled with guests from the sheltered housing scheme and family and friends of people in the home. People had got dressed up for the occasion and were all clearly really enjoying it.
- Moving forward, the dining room was to be opened once a month to host a formal evening, to which people could invite their family and friends.

Supporting people to express their views and be involved in making decisions about their care
- People were routinely and consistently asked their opinion and consent prior to support interventions.
- A supper list was completed daily which included the times people wanted supper, what they wanted and where they would like to eat it. People choose plates of fruit, cheese and biscuits and sandwiches amongst other things. Some people choose to eat in their rooms, in the dining room or in the lounge.
- Everyone we spoke with told us they did as they liked including walking into town to get a paper or some light shopping and getting involved with the available activities.
- People were happy and we heard laughter and saw smiles throughout our inspection. One person told us when they first came to the home they were very upset. They said, "When I arrived they were very good at consoling me, that helped. They got a counsellor to see me for the first five to six weeks, that definitely helped, they did everything they could to help me settle in."

Respecting and promoting people's privacy, dignity and independence
- Each person had a dedicated keyworker with whom they could develop a more personal relationship. The key worker took the lead in ensuring the person had everything they needed.
- The home had developed links with a local nursery and schools and children visited the home. The people from the home also visited the schools enjoying a day out in different surroundings.
- Support was provided when people needed it but every opportunity was first given to people for them to remain independent. People were not rushed and time was taken to allow people to again gather confidence with their mobility if they had suffered a fall. One person told us, "They are all very kind and caring, they respect me. I will do it if I can, sometimes I do need help and they do – good balance really."
- A visiting professional told us, staff always knocked and asked for people's consent when they visited prior

to letting them enter people's rooms. Staff stayed with them at all times and showed interest in what they were doing, involving the person in all aspects of the visit.

Good

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 as Good. At this inspection this key question has remained the same. 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

● Care plans were in written form and the expectation was they would be reviewed as circumstances changed. This had not routinely happened. We were told this was because paper records were due to become electronic. We found information was available in daily records but it often contradicted the care plans. We spoke with staff who were able to clearly tell us people's up to date care and support needs. This assured us people were not at risk of receiving inappropriate care.

We recommend the provider ensures the person's care plan fully reflects people's current, physical, emotional, mental and social needs.

● Whilst hot meals were cooked for a certain time, everyone had the option of all meals being served at a time convenient to them. Staff asked the day before when people wanted their meals for the following day and we heard one person arrange for their hot meal slightly later due to an appointment.

● People were involved in all aspects of their care delivered. They were given choices about future events and also given the choice again at the time of the event to confirm they still wished to attend. Others were also asked if they wanted to attend if previously they had declined. One person had recently chosen the colour of their new carpet for their room as it needed to be changed. We were told by the acting manager that people would always get the choice and be involved in any planned refurbishments to both their rooms and communal areas.

● At meal times there were different drinks on the table showing a large variety and choice from wine to gin and tonic.

● Oral health care plans were in place and an oral health champion was due to receive more comprehensive training to update information with the latest best practice guidelines.

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 home supported people who relied on asking for the things they needed in different ways. We saw one staff member asked a person what they would like to drink. They were unable to verbally respond and had a laminated picture card which showed a variety of hot and cold drinks. The person chose a glass of orange juice and this was bought to them.

● Another person was blind and was unable to see their call bell. To support them in using the call bell a

piece of Velcro was placed on the call bell to show which was the emergency call and which was the normal call.
● Staff knew how to interact with different people and they were patient with people while they expressed their wishes. Staff also introduced themselves when they approached people to enable people to get to know them.

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
● The activities coordinator had devised with people in the home a varied and full programme of events. We heard how the new activity coordinator had had a big impact on one person. When new to the home this person would not come out of their room but was now going to town weekly.
● There was a variation of group and one to one activity. Visiting professionals also came into to deliver classes. On the day of the inspection a physiotherapist was delivering a class on how to keep active and strengthen the most needed muscles.
● The activity coordinator also worked one weekend in three to ensure structured activities were supported at those times. However, we were clearly told that the activity coordinator left activities for every weekend which were delivered by staff.
● We saw baskets of activity equipment placed around the home which included pens, paper and envelopes. Support was available if people wanted to write letters and a post box was in the main lounge which was used to mail letters etc out of the home. One person told us about a writing group which had helped them get back into the habit of writing letters. Another person told us they now enjoyed reading again as they took it in turns to read when the school children came in.

Improving care quality in response to complaints or concerns
● The complaints procedure was displayed on the notice board and people we asked said they knew how to complain if they needed to. However, all told us things would never get that far and as soon as any concerns were noted they would get resolved.
● Complaints were kept in a hard back booked to ensure a contemporaneous record was kept of information received. However, this had made it more difficult to keep information together as formal responses were sent electronically. We discussed with the acting manager who was going to review how they stored information around complaints.
● We saw complaints were responded to people's satisfaction and where required steps were taken to reduce risks of reoccurrence.

End of life care and support
● The home had supported a large number of people at the end of their life. When we looked into this we found the provider also supported people in the community and in sheltered housing. When people living in these services had become palliative they had chosen to move into the residential service to receive the support and care they needed at that time from an organisation they knew.
● The provider was in the process of becoming accredited in the Gold Standards Framework of care for the dying. There was a comprehensive board displayed confidentially in the office identifying people's needs in this area and if a Do Not attempt culinary pulmonary resuscitation (DNACPR) in place.
● We saw good information in people's care plans about end of life wishes and also the practicalities of death and care of people following their death. There had been a death the evening before. The home ensured people were made aware that the person had passed away and people simply did not just disappear from the home. Death was dignified, respectful and thoughtful.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated to requires Improvement. This meant the service management and leadership was inconsistent. Records were not kept supporting the quality of the care delivered.

Continuous learning and improving care

- The provider had a set of quality audits completed by a member of the provider's area team. The frequency of these did not allow enough oversight of certain aspects of the service. For example, 10 care plans were audited every 12 months. This meant it may be four years for some care plans to be audited. We were assured care plans were reviewed more informally by senior staff bi monthly, but more frequent formal monitoring would be beneficial.
- More frequent monitoring took place of key systems including medicines but again a sample was taken at each cycle. It would benefit the provider if more comprehensive monitoring was more regularly completed.

We recommend the provider ensures governance systems are effective in evaluating learning from current performance and can evidence continuous improvement

- We found the provider and the home were proactive at seeking feedback and taking immediate action to drive improvement but from the paperwork in place this was not easy to measure. We discussed this with the acting manager who assured us they were aware of the issue and the move to electronic care planning would help in this regard.

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

- Under the requirements of the provider's registration notifications should be sent to the commission of specific incidents and events. When we reviewed the information available at the home this had not always happened.
- We spoke with the acting manager who assured us that moving forward all contact with the safeguarding team would result in a notification to the care quality commission.
- The registered manager was on secondment to head office. Head office was on the same site as the care home so they were available to the acting manager if they had any questions. The acting manager was a director from the provider group and the nominated individual.
- The last report was on display in the home and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider had a clear values base which included treating people as individuals, promoting autonomy

and independence in an environment where care and companionship met. It was clear from what we saw during the inspection each staff member from domestic staff to the directors believed in and adopted this ethos whilst working in the home.

● When we spoke with staff they were open and honest about the role they undertook and understood how they fitted into the home's structure. Each staff role had an equal responsibility to support aspects of people's lives. Champions from the teams of staff came from across staff groups. For example Gold Standards Framework champions included carers, catering staff and the housekeeper.

● All staff told us how much they enjoyed working at the home and how supported they felt. One told us, "Its really nice, friendly and supportive, everyone is so approachable and other staff always there to assist. Really high standards and really feel lucky to work here, best place I have ever worked."

● A health and safety forum was was attended by both staff and people from the home. Agenda items included equipment, the environment and accident prevention. Ideas and solutions were offered by all who attended.

● Clinical staff from another service attended the home voluntarily as a confidential listening ear. They had been trained in this role and people in the home and staff welcomed the opportunity to be able to talk with someone about anything that was bothering them. This was found particular beneficial where people had not wanted to come out of their rooms.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● There was an agreed annual programme of established events which included Easter and Christmas coffee mornings, a summer barbeque, summer and Christmas afternoon teas.

● The activity coordinator had spent time with people agreeing what they wanted to do. They had found people wanted smaller, more flexible activities rather than a fixed visiting entertainer that people might not be in the mood for on the day.

● The provider had links with the local college and had a group of catering and hospitality students who helped in the kitchen and with meal service. People from the home attended the college for themed meals prepared by the students.

● The provider completed annual questionnaires for feedback from people who lived in the home and used the services of the provider. Feedback back was positive and showed the services were greatly received. People saw themselves transitioning through services as their health needs deteriorated from initially receiving care at home, to living in supported accommodation to eventually, if needed, living in the care home.

● As a charitable organisation the provider group was overseen by a board of trustees. Members of the trust board would attend the home on a monthly basis to assess quality and access feedback from people using the service and staff.