

Ablecare (Helston) Limited

Godolphin House Care Home

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Godolphin House Care Home provides care and support for up to 32 older people. At the time of the inspection the service was supporting 26 people. The service is part of a group of three care homes in Cornwall.

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

People told us they felt safe living in the service and staff provided care with compassion. The atmosphere in the service's communal spaces was relaxed and people were supported to participate in a range of activities. The service had a dog that people enjoyed interacting with.

The service was appropriately staffed on the day of the inspection and rotas showed although staffing was challenging safe staffing levels had been consistently achieved. The providers recruitment practices were safe and 4 additional staff had been recently recruited.

Risks were managed appropriately, and staff had the skills and support necessary to meet people's needs. People received their medicines as prescribed.

There were appropriate infection control measure in place and an ongoing programme of improvement to the service environment. The toilet adjacent to the lounge did not have a lock and we have recommended the service seeks advice on how to ensure people dignity is protected while using this facility.

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 service worked effectively with health professionals to ensure people needs were met and additional systems had been introduced by the provider to ensure information and advice provided was accurately documented.

There was a registered manager in post who was responsible for this and one other of the provider's services. The registered manager spent two days each week in the service and was supported by a deputy manager and senior team leader. Staff told us they were well supported by the leadership team.

Quality assurance systems were effective, and the service regularly received compliments and positive feedback.

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

Rating at last inspection (and update)

The last rating for the service was Good published on (19 May 2018). At this inspection the service has

remained good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

As a result, we undertook a focused inspection of Godolphin House to review the key questions of Safe, effective and Well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Godolphin House Care Home on our website at www.cqc.org.uk.

Recommendations

We have recommended the provider seeks guidance on how to ensure people's dignity is protected while using toilet facilities independently.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Godolphin House Care 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.

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

Inspection team

The inspection was carried out by two adult social care inspectors, 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

Godolphin House Care Home 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.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. 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, for the quality and safety of the care provided and compliance with regulations. There was a registered manager in post at the time of the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection as part of the planning process. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We met and spoke with 7 people who lived at the service and 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 also spoke with 4 care staff, 2 activities coordinators, a housekeeper, a cook, the nominated individual and one of the provider's directors. We also spoke with 2 visiting healthcare professionals about the service's performance.

We looked at records relating to people's care. This included 3 care plans, medicine administration records (MARs) and a section of accident and incident records.

We also asked the service to send us records relating to the day to day management of the service, such as call bell records and quality assurance audits. This information was reviewed in detail after the site visit.

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.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable in the home and told us they were safe and well cared for. People's comments included, "I feel very safe here" and "The staff pop-in throughout the day, this makes me feel safe."
- Staff, managers and the provider had a good understanding of their roles and responsibilities in relation to safety. Staff understood local safeguarding procedures and knew when to raise safety concern outside the organisation. Staff told us they had no concerns about people's safety.

Staffing and recruitment

- On the day of our inspection there were enough staff available to meet people's needs. The provider told us that because of recent staffing issues the service was not fully occupied. This ensured sufficient staff were available to meet people's needs.
- Rotas showed that although the service had experienced some staffing challenges, safe staffing levels had been consistently achieved. People told us, "The staff are very attentive."
- The provider aimed for the registered manager and deputy manager to be supernumerary and able to focus on their leadership responsibilities. Records showed during periods of unexpected staff absence, managers had worked alongside care staff to ensure people's needs were met. Staff told us everyone worked together and commented, "There have been times we were short staffed but we make it work".
- The service was actively recruiting staff and had made changes to pay and conditions to make roles more attractive. The providers operations manager told us, "[We have recruited] 4 new staff in the last month. Interviewing today for someone."
- Professionals confirmed the staffing situation had improved and commented, "At times they have been quite understaffed with sickness, 6 weeks ago they were a bit short but I think it is improving, the reports I get are that there are more staff."
- The provider had system in place to monitor staff response times to call bells. These records showed staff were normally able to respond promptly to people's requests for assistance.
- The service's recruitment practices were safe. Necessary checks had been completed to ensure prospective staff were suitable for employment in the care sector. This included disclosure and barring service checks.

Assessing risk, safety monitoring and management

- Risks in relation to people's care and support needs had been identified. Staff had been given guidance on the management and mitigation of identified risks. Where risks to skin integrity had been identified advice from professionals had been sought and acted upon
- Staff understood how to support people to mobilise and used lifting equipment correctly to support

people. The provider had acquired specialist lifting equipment to enable staff to aid people up from the floor after falls where no injuries had occurred. We observed occasions where walking aids were used during transfers. These practices were discussed with the provider to help ensure all transfers were completed as safely as possible while enabling people to remain as independent as possible.

- People's care plans included guidance for staff on how to support people if they became upset or anxious. Staff knew how to respond to these situations.
- Staff had completed necessary fire safety checks and qualified technicians had completed additional safety checks as required. Personal emergency evacuation plans had been developed, detailing the support each person would require in the event of an evacuation.

Using medicines safely

- Medicines were managed safely, and people received their medications as prescribed.
- Medication were stored appropriately, including those that required stricter controls and there were appropriate systems in place for the receipt, management and where necessary safe return for disposal of people's medicines.
- People were appropriately supported with medicinal creams and staff provided with clear guidance on when and where specific creams should be applied.
- Where people were prescribed 'as required' medicines staff had been given specific guidance on when it was appropriate for these medicines to be used.
- Staff responsible for managing and dispensing people's medications were appropriately trained and their competency in these tasks had been assessed. There were procedures in place to support people who wished to manage their medicines independently. One person told us, "My independence is important to me. I self-medicate in the morning when staff arrive with my tea and breakfast."
- Medication Administration Records had been fully completed and where handwritten amendments had been made these changes had been checked and counter signed. Audits of medication records were completed regularly. Where any issues or medicine errors were identified these were investigated and action taken to minimise risk of reoccurrence.

Learning lessons when things go wrong

- Accidents and incidents were accurately documented and had been analysed so any trends or patterns could be identified. There were systems in place to ensure incident and accident records were reviewed and any areas of learning or improvement identified. Where impacts on staff health or well being were identified, appropriate additional support had been offered.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Professionals told us, "They are very strict with COVID policies and checking how you are."
- 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 noted additional cleaning procedures had been introduced in communal areas at night.
- 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.
- Staff took pride in the care and support they had been able to give people during the COVID pandemic.

Visiting in care homes

- The service was supporting visits from families and friends. During periods of lockdown and other restrictions associated with the COVID-19 pandemic guidance on visiting had been followed.

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 our last inspection this key question was rated good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

Prior to inspection we received information of concern in relation to the quality of food provided at the service. We investigated this issue, during the inspection and found people were appropriately supported with good quality meals.

- People's preferences, likes, dislikes, and dietary requirements were documented and respected. One person told us, "The Cook kindly gets me a certain 'shop bought' tin soup I like, just in case I don't fancy what's on the menu some days." The cook had a good understanding of people specific dietary needs.
- People were generally complimentary of the quality of food provided. They recognised that recent staffing changes had impacted on quality but reported this situation was improving. People's comments in relation to meals included, "The food has got better recently, it went downhill for a while" and "We do have different types of meals, curries, lasagne etc."
- The main meal of the day was at lunchtime with a lighter evening meal. Choices were available at all meals and people asked for their menu selections each morning. On the day of the inspection people enjoyed fish and chips for lunch. Where people required assistance or support this was provided promptly and appropriately. The kitchen had good stocks of fresh vegetables and branded food items.
- Hot and cold drinks and snacks were offered regularly throughout the day and alcoholic beverages were served at mealtimes.
- There was a trolley shop available each Friday for treats and toiletries. People were able to request the purchase of specific items they particularly enjoyed.

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

- The provider has extended the premises to provide additional communal space since the last inspection. In addition, plans were currently being developed to increase the number of bedrooms available through a further extension to the property.
- The property had been appropriately adapted to people's needs and was maintained to a reasonable standard. Carpets in some communal areas required updating. This issue had been identified by the provider and contractors appointed for the necessary works.
- There was an ongoing programme of bedroom redecoration and two rooms were in the process of being modernised at the time of our inspection. Paint work in high traffic areas was damaged in places and works to address these issues were planned.
- The service's lift was accessed via a relatively narrow landing. Following conversations during the inspection the provider agreed to review risks associated with people's mobility in this area.
- One toilet, adjacent to the lounge was not fitted with a lock. Staff told us there was no lock present to

enable them to respond promptly if people needed assistance. However, this meant there were risks to the dignity of people using this facility independently.

We recommend the provider seeks guidance for appropriately qualified experts on how to ensure people's dignity is protected while using toilet facilities independently.

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

- There were systems and process in place to assess and identify people's needs before they moved in. When possible, the registered manager or a senior carer would meet with people in the previous home to gain an understanding to the person's specific support needs and preferences.
- During the COVID pandemic the service had relied on information from Health and Adult Social Care professional as part of the assessment process. The provider told us there had been occasions when important information about specific risks had not been disclosed to the service until after admissions had been agreed.

Staff support: induction, training, skills and experience

- People received care and support from appropriately trained staff with the skills necessary to meet their needs. Records showed staff training had been regularly refreshed and updated.
- There were appropriate induction training procedures in place for new members of staff. Where staff had limited previous care experience, they were supported to complete the care certificate. This training is designed to provide new staff with an understanding of current best practice.
- New staff completed and number of shadowing shifts before they were permitted to provided care independently. On the day of our inspection an activities coordinator and a new carer were in the process of completing these initial shadowing shifts. One new staff member told us, "Working alongside [experienced staff members name] is nice as I can ask for advice."
- Staff told us they felt, "well supported" and records showed staff had received regular formal supervision. These meetings provided opportunities for staff to raise any issues, identify additional training needs and share any concerns or learning with their managers.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Managers and senior staff understood the requirements of this legislation. Where people lacked capacity in relation to decisions about where they lived and there were restrictions to people freedoms to ensure their safety, appropriate applications had been made to the local authority for authorisation of these restrictions.
- The provider recognised that people's capacity to make specific decisions could fluctuate over time.

These issues were discussed during the inspection and the provider intended to review capacity assessments processes to ensure they were decision specific.

- The service's exterior doors were locked using a keypad exit system. People with capacity, knew the codes necessary to exit the building and were able to leave when they wished. When we arrived at the service one person was enjoying spending time in the service front garden. Records showed people regularly left the service with support from relatives or independently and one person regularly used public transport to visit local sites of interest.
- Staff offered support and sought consent before providing care. Throughout the inspection, people were involved in decision making in relation to their care needs, how they spent their time and which activities to participate in. Staff consistently respected people's choices.

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

- People told us they were able to access support from professionals when required. Their comments included, "My toes and fingers nails are attended to" and "I have been seen by a dentist and a chiroprapist recently, both visits were instigated by the home."
- Staff worked with involved health care professionals to ensure people's needs were met. Where guidance was provided this was incorporated in care plans and visiting professionals were encouraged to document their visits to ensure the person's records were accurate.

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

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

- The service had a registered manager who was also responsible for managing another location operated by the provider. This meant the manager spent 2 or more days per week in the service. On the day of this unannounced inspection the registered manager was unavailable.
- The registered manager was supported at Godolphin by a deputy manager and a senior team leader. The senior team leader was responsible for leading service during the site visit. They were supported by the provider's area manager and one of the provider's directors who delayed a planned journey to support the team during the inspection.
- The senior team leader told us current management arrangements worked well and other staff told us the registered manager and leadership team were approachable and supportive.
- People told us the registered manager was approachable and welcomed feedback. One person said, "If I have any concerns or needs, I talk to [the registered manager]."
- Governance systems were effective. Audits had been completed regularly and action taken, were necessary to improve systems and the service's performance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Staff were well motivated and focused on ensuring people's needs were met. Staff encouraged people to do things for themselves and provided support at a relaxed pace. The atmosphere in the communal areas was comfortable and people enjoyed interacting with the service's dog. One person told us, "I love it here. It's a wonderful family care home, I can approach the staff [about anything]."
- People consistently spoke positively of the staff team and we witnessed numerous compassionate and kind interactions. One person was visibly reassured by the support offered by a staff member and commented, "I like you near me."
- The service had a team of activity coordinators who supported people to engage in a range of activities each day. During the inspection quizzes and other games were played in the lounge and an art class was held in the dining room.
- The provider valued the commitment and dedication of the staff team. Where issues in relation to the performance of individual members of staff were identified they were investigated and where necessary, action taken to drive improvements in performance.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People's feedback was valued and acted upon. Surveys had been conducted regularly and people told us, "I have been given two questionnaires whilst I have been here, one about my care, and the other about end of life planning."
- The provider had systems in place to ensure any complaints received were investigated. One person told us they had raised an issue with managers, and this had been promptly resolved.
- Compliments and thankyou cards from relatives were regular received by the service. One card received shortly after the inspection said, "We simply could not have asked for better care and you can all be proud not just of your professionalism but your intrinsic humanity too."
- Staff acted to ensure people were protected from discrimination and equality characteristics had been considered during the care planning processes.
- The service actively participated in local community events and relatives had been encouraged to participate in events within the service whenever possible.

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 management team had a good understanding of the duty of candour. Relative were informed of any significant events that occurred within the service and updated promptly when changes in people's needs were identified.
- The provider had made necessary notifications to the commission. The provider, managers and staff team were open and honest throughout the inspection and provided information requested promptly.

Working in partnership with others

- The service worked collaboratively with involved health care professionals to ensure people's needs were met. Records showed information was shared promptly and appropriately with professionals who told us, "They will call if they have any concerns."