

Athena Care Homes (Kings Lynn) Limited

Goodwins Hall 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Goodwins Hall Care Home is a residential care home providing personal and nursing care for up to 78 people aged 65, some of whom may be living with dementia. At the time of the inspection, 75 older people were using the service. The care home accommodates people two floors and each floor is divided into two units. One of the units specialises in nursing care.

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

People felt safe using the service and staff had a good understanding of how to identify and report any concerns.

Risks were fully assessed using recognised tools and management plans provided clear guidance to staff on how to minimise the risk.

People were supported by enough staff who were well trained, kind and caring and knew people well.

People received their medicines as prescribed by trained and competent staff.

People's needs were holistically assessed, and people were cared for in a person-centred way.

The home was purpose built, adapted to people's needs and kept clean and tidy.

Staff worked well as a team and also worked well with other professionals. Professionals were positive about their experience of working with the home.

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.

People were involved in their care and supported to be as independent as possible. The layout of the home minimised restrictions on people's movement to enhance independence.

There was a varied activities programme in place tailored to people's needs. People were encouraged to be involved in the choice and delivery of activities as much as possible.

Staff knew people well and were able to respond quickly to people's changing needs, although this was not always immediately updated in care plans.

There was a focus on end of life care. Staff recognised this as important and specific care plans ensured a holistic approach that reflected people's wishes and preferences at the end of their life.

People and staff were positive about the management. There was an open culture focussed on continual learning and improvement.

There were robust systems in place for auditing and reviewing the quality of care and the manager had a plan of action to make further improvements to the service based on learning from quality assurance processes.

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 (published 13 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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

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 well-led.

Details are in our well-Led findings below.

Good ●

Goodwins Hall 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.

Inspection team

The inspection was conducted by an inspector, a pharmacy inspector, a specialist advisor in nursing 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

Goodwins Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 in place. This person had applied to be registered with the Care Quality Commission. They are referred to as, 'the manager' throughout the report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with 13 members of staff including the manager, deputy manager, senior care workers, care workers the activities worker, the chef and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and ten medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management and governance of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found and gained feedback from professionals who regularly visit the service.

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 told us they felt safe. One person said, "I feel that I matter to the staff and they treat me really well. I've lived here for nine years and I've never felt unsafe."
- Staff had been trained and knew how to identify signs of abuse and how to report concerns.

Assessing risk, safety monitoring and management

- Care plans contained detailed information on risks relating to people's care and support, including skin care, moving and handling, falls, weight loss and nutrition. Where equipment was used to manage risk, this was noted in the care plan eg. pressure relieving mattresses or hoists.
- There was a positive approach to risk management which enabled people to try out new things and take on challenges. One person told us, "I recently did a sky dive in a wind tunnel...All being well, I'm going wing walking to celebrate my 100th birthday next month."
- A summary care plan provided details of risks to people on the front page of their care plan including assistance they would need if there was a fire, whether they had difficulties eating, drinking or swallowing and whether they were at risk of falls.
- Checks on the safety of equipment and the environment had been carried out, in relation to areas such as fire, electrical testing and servicing of equipment.

Staffing and recruitment

- All the staff we spoke with told us they thought there were enough staff to meet people's needs. However, some people we spoke with thought there should be more staff sometimes.
- The nominated individual told us they didn't use any agency staff and they used staff from a nearby home run by the provider to cover absences. We observed during our inspection new staff being supported by more experienced staff to learn their roles.
- There were robust recruitment processes in place to ensure that the service employed staff who were suitable to work in a care home.

Using medicines safely

- People received their medicines as they were prescribed.
- People's medicines were regularly reviewed, and care plans showed involvement of the GP and pharmacist in these reviews.
- There was a specific care plan which gave guidance to staff on how and when to administer medicines 'as required' (PRN).
- The management checked staff competence to administer medicines on an annual basis and also carried out regular check of the records to ensure procedures were followed and any errors or concerns were

identified.

Preventing and controlling infection

- People told us the home was kept clean and tidy. One person told us, "It's always bright and clean here – and no nasty smells."
- Staff understood how to prevent and control the spread of infection. Personal protective equipment such as gloves and aprons were available throughout the home and we saw staff using them when delivering care.
- There were housekeeping staff employed to keep the home clean and carry out laundry duties. Management carried out regular checks to ensure procedures were followed.
- The home had a food hygiene rating of five stars which is the highest rating.

Learning lessons when things go wrong

- There was an ethos throughout the home of learning from mistakes and looking how to put things right for the future.
- Accidents and incidents were recorded, including action taken following an incident. For example, if people had a fall, there were separate records of hourly monitoring following the fall. Where necessary, people were referred to specialist professionals such as the falls clinic and risk assessments were updated to minimise the risk of the incident happening again.

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.

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

- Detailed assessments were carried out before people moved into the home. These assessments were holistic; as well as health and care needs, they included areas such as communication, wellbeing, sleep and rest. They enabled staff to support people in a person-centred way.
- People's preferences and choices were recorded, including their interests, hobbies and work life history.
- The manager was encouraging staff to update care plans in line with best practice. They wanted to ensure plans were holistic and covered the whole person including their daily life and not just medical needs.

Staff support: induction, training, skills and experience

- Staff did regular training in areas relating to people's needs such as nutrition, food safety, challenging behaviour, infection control and moving and handling.
- One of the team leaders told us they had completed train the trainer training for moving and handling and trained new staff and carried out competency assessments.
- Staff told us the induction programme had been recently reviewed to include an 'induction week'. Staff felt this was an improvement because new staff trained alongside other staff which gave them a chance to get to know people and ask questions.

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

- We observed people being offered drinks regularly throughout the day.
- Where there were concerns relating to people eating and drinking, care plans were in place and these were highlighted at the front of the care plan. Staff recorded what people had to eat and drink throughout the day. However, they did not always record this in the same place in the care plan. The manager was aware of this and was working with staff to improve recording to make it easier to monitor.
- There was a varied and seasonal menu in place and the catering staff understood people's specific dietary requirements.
- There was guidance in care plans for specific dietary needs such as diabetes or if people were at risk of choking. Allergies were clearly noted on the care plan.

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

- Staff worked with other agencies to provide consistent support to people. Care plans included details of contact with, and advice from, other professionals such as physiotherapists, GP or district nurse. One professional told us, "The home always seeks to go the extra mile for the residents and the staff team treat everyone with courtesy and respect. Nothing is too much trouble, I would recommend Goodwins to anyone I

know."

- Staff told us they referred to other professionals if they were concerned about a person's health. One person we spoke with said, "If I'm poorly they always get the GP, or the paramedics... I get my eyes checked every year."
- People were supported to live healthy lives and encouraged to move about the home. People had access to the garden outside of the home which had paved walkways to enable people to spend time outside.

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

- The home was purpose built with wide spacious corridors. Hand rails were available to assist people with limited mobility.
- There was a spacious coffee bar area where we saw people meeting and socialising throughout the day. There was also a cinema where films could be shown and a library for quiet space.
- Bathrooms had been adapted with specialist equipment including hoists.

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.

- Staff had been trained in the MCA and understood the importance of helping people make their own choices regarding their care and support and had a good understanding of the principles of the Act.
- Where people had a Dols authorisation this was clearly recorded in people's files. These were managed in the least restrictive way possible. For example, staff described how a person was not restricted from going outside in the grounds and they managed the risk by ensuring the resident had a wrist band with their address on just in case they wandered beyond the premises. The person had never done this, and they were confident this was a safe way to manage the situation.
- Files contained MCA assessments where necessary and there was guidance on how to support people in their Best Interests in each area of care.

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

- Most people felt the staff were kind and caring. One person told us, "They're discreet and help me when I need it... They always listen and are very kind."
- We observed staff to be kind and caring throughout the inspection. Staff knew people well and we could see more experienced staff supporting new staff by sharing knowledge of people's choices and preferences. One member of staff told us, "A five-minute conversation is never wasted, they are important with residents...what has happened in someone's past has an effect on the present and the future...that is what personal care is about."
- One member of staff halted their conversation with an inspector as they were concerned with the way a person was walking with their frame and was concerned they may fall. The staff member spoke with the person with a kind and supportive approach to check the person was okay.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in their care. Care plans contained details of people's preferences.
- One person told us, "I feel I matter to the staff, they know my likes and dislikes."
- People were able to choose how they spent their day and we observed people taking part in a range of activities of their choice in the café area throughout the day.

Respecting and promoting people's privacy, dignity and independence

- People felt they were supported to be independent. One person told us, "I choose when I get up and get support when I need it. I can wash myself okay but always have someone with me when I have a shower. I feel that they all respect me and give me privacy and dignity"
- People were supported to be as independent as possible. The design of the building was very open, so restrictions were kept to a minimum. Some people went independently out of the home to the shops or church for example. One person had become anxious after their partner passed away, when they were living alone in the community this restricted their independence and their confidence to go out. After moving into the home, they felt safe and were supported to lead a very active life, going out independently in the community.
- Staff understood how to maintain privacy and dignity. One member of staff described how one person who did their own care but would undress with the door open, so they were mindful to support them and close their door.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was a daily meeting that team leaders and managers attended to share information about changes in people's needs. For example, whether people had fallen or developed pressure ulcers.
- We saw where care had been adapted due to people's changing needs. For example, following a fall or if someone developed pressure ulcers.
- We also saw that people were supported to maintain their mobility. For example, if people became less mobile following a fall, staff provided additional support, but when they regained their mobility, care was reduced. However, in some areas, care plans were not updated immediately to reflect the changes in people's care. Staff were aware of these changes because the information was reported and shared at daily meetings.
- One person told us, "I feel I matter to the staff, they know my likes and dislikes and if there's a problem they're responsive and change things."
- The home employed activities workers who organised a range of activities based on people's needs, interests and life histories. The activities workers completed, 'Ten things about me' when people arrived, which helped them to organise relevant activities.
- People contributed to a regular home magazine and one person who used to be in the publishing business had helped to put the magazine together.
- The manager was trying to encourage a, 'whole home' approach to activities to get all staff engaged in activities to provide more opportunities.
- People who preferred to stay in their room or who preferred not to participate as a group were offered activities in their room.

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.

- Care plans recorded people's communication needs, including any sensory impairments.
- Staff were aware of people's communication styles and we observed them to adapt their style of communication according to individual needs.

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

- Staff supported people to maintain relationships with family and friends. Relatives were encouraged to take part in activities such as outings. The home had organised themed days such as a BBQ and a seaside day which relatives attended.
- One person told us how they still enjoy attending a club they were part of before moving into the home. Other people were supported to 'face time' relatives who lived abroad.
- The local community was encouraged to participate in activities and during the summer picnics in the park had been organised where children from a local nursery had attended as well.
- The home welcomed visitors and was seen as part of the local community. An example of this was that it was used as a polling station in elections. This also made it easier for people living in the home to vote.

Improving care quality in response to complaints or concerns

- People told us the management were responsive if they had any concerns. One person told us, "Its not often I've got a problem but when I do they usually solve it."
- We could see that complaints were dealt with appropriately from the records.

End of life care and support

- People who were on end of life care had person centred care plans which included anticipatory medicines where necessary. There was evidence people's wishes had been discussed with them and their family.
- Where people had a DNAR in place this was clear in the care plan.
- Care plans also included details of people's spiritual and emotional needs. One member of staff described how they felt it was also important to involve and support relatives to make the process as comfortable as possible.

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.

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

- There was a very positive culture of learning and support across the home. The manager had moved from another of the provider's homes and had only been at the home for two weeks. Staff told us the transition had been managed well and where the new manager was making changes, they always explained why. While staff had been happy and settled with the previous manager, they were positive about the change and felt that new ideas could help improve the service further.
- Staff told us the managers were supportive, and their door was always open. If they had any concerns or things had gone wrong they felt able to speak about it.
- The provider was introducing, 'Building Accountability' training for all staff which was to encourage staff to find solutions when things go wrong rather than to look for blame.

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

- Managers and staff were clear about their roles. There were clear support and reporting structures for staff and staff were aware of who they should go to with concerns.
- Systems and processes were in place for the auditing of all aspects of care including care plans, and delivery of care as well as the management of the building.
- The manager was aware of where improvements needed to be made; for example, in the recording of food and fluids and updating care plans. Where the care that some people received had recently changed, some care plans had not been updated immediately to reflect the changes. The manager was currently reviewing care plans to make sure they were up to date, holistic and reflected the individual.
- There were systems and processes in place, and managers understood their responsibilities for reporting to CQC or other bodies such as the local authority.

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

- People and relatives were involved in the running of the service. There was a regular meeting for people living in the home. One person told us they felt they had a say in the running of the service and that staff listened to and respected their views.
- Staff attended regular staff meetings and felt listened to and involved in the running of the service. There was a strong feeling from staff that they were part of a team.

- People were supported with specific cultural needs. For example, there was a Christian church service within the home, but a person with different religious needs was supported to attend their own place of worship.

Continuous learning and improving care

- There was an ethos of continual learning throughout the organisation. A care worker told us, "Its dynamic, you are always learning." Another member of staff noted that, "Even just a comment can spark change."
- Both the provider and registered manager were keen to promote and ethos of learning. Where things went wrong, staff were encouraged to complete a reflective account of their learning from the incident.
- The manager was looking to introduce a new system for recording incidents and accidents which would enable them to monitor trends and themes more easily in order to prevent things happening again if there were particular areas of concern.

Working in partnership with others

- The service worked in partnership with organisations in the community enhance people's wellbeing and quality of life. For example, a local nursery, supporting local charities with sponsored events or collecting shoe boxes for the local night shelter.
- The service had strong partnerships with other professionals. One professional told us, "The whole management team are always happy to accept changes and work in partnership with us, we have regular meetings to make sure we are aware of any challenges early and agree the best way forward with the manager. The organisation's approach is innovative, and it is exciting to work with them."
- The home took students on placement from a local college, and some of these students were then employed by the home once they had completed their course.