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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Godolphin House Care Home on 25 April 2018. Godolphin House is a 'care home' that provides care for a maximum of 31 adults. 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. At the time of the inspection there were 29 people living at the service. The accommodation is spread over four floors. A shared lounge and dining room are on the ground floor. There is a stair lift to one of the floors and a passenger lift to the other floors.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

During our inspection visit there was a friendly and relaxed atmosphere at the service. People were able to make choices about their daily lives and most people spent time in the shared lounge enjoying the activities on offer. In the morning this included a knitting club and bingo in the afternoon. We observed people had good relationships with staff and each other. Staff interacted with people in a respectful, caring and compassionate manner.

People received care and support that met their needs because there was a stable staff team who had the skills and knowledge to provide responsive and personalised care. People told us they were happy with the care they received and believed it was a safe environment. Comments included, "It's the staff being around so much that makes me feel safe", "There's always somebody around if you're in trouble", "I know I can use my call bell if I need help", "I feel safe because they are so nice to me", "I'm in very good hands here" and "Mum feels safe because there are no raised voices in here."

People's care plans contained personalised information about their individual needs and wishes and people were involved in the planning and reviewing of their care. These care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted.

Incidents and accidents were logged, investigated and action taken to keep people safe. Risks were clearly identified and included guidance for staff on the actions they should take to minimise any risk of harm. Risk assessments had been kept under review and were relevant to the care provided.

Safe arrangements were in place for the storing and administration of medicines. Staff supported people to access healthcare services such as occupational therapists, GPs, chiropodists, district nurses and opticians.

People were supported to eat a healthy and varied diet. Comments from people about their meals included, "There's always a good choice of meals", "The food is very nice and a good choice of food", "The food is

always hot when it comes to my room", "The food is fantastic" and "We have beautiful food."

Staff understood and, applied in practice, the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Applications for DoLS authorisations had been made to the local authority appropriately.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs in a timely manner. Staff knew how to recognise and report the signs of abuse. Staff were supported to develop the necessary skills to carry out their roles through a system of induction, training, supervision and staff meetings.

The environment was clean, odour free and well maintained. However, on the day of the inspection some sinks had no hot water and others had water that was too hot. We were advised that some work had been carried out to the boiler the day before our visit and this had caused the problems with the hot water. Action had been taken to alert people about these risks. After the inspection the registered manager informed us that the boiler had been repaired.

There was a positive culture within the staff team and the management provided strong leadership. There were opportunities for staff to raise any concerns or ideas about how the service could be developed. Staff told us they felt supported and listened to by the management. Their comments included, "Management help us if we are busy", "The management are all about people having quality care" and "Best place I have ever worked."

People, relatives and healthcare professionals all described the management of the service as open and approachable. Comments included, "This place is a miracle", "This is one of the better homes" and "I can go on holiday with peace of mind, knowing (person) is well cared for." There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The service had a suitable complaints procedure.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Godolphin House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 25 April 2018. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people, one relative and one visiting healthcare professional. We looked around the premises and observed care practices during our visit. We also spoke with the registered manager, the deputy manager, an activities co-ordinator and four care staff.

We looked at three people's care plans and associated records, Medicine Administration Records (MAR), three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People told us they were happy with the care they received and believed it was a safe environment. Comments included, "It's the staff being around so much that makes me feel safe", "There's always somebody around if you're in trouble", "I know I can use my call bell if I need help", "I feel safe because they are so nice to me", "I'm in very good hands here" and " Mum feels safe because there are no raised voices in here."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and know what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They told us they would have no hesitation in reporting to the registered manager and were confident their concerns would be acted on. They were aware of the reporting arrangements inside and outside of the organisation.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Individual risk assessments were in place which identified any risks to the person and gave instructions for staff to follow. These had been developed to minimise the potential risk of harm to people during the delivery of their care. Assessments covered areas such as the level of risk in relation to nutrition, pressure sores, and falls and how staff should support people when using equipment. These had been kept under review and were relevant to the care provided. Staff had been suitably trained in safe moving and handling procedures.

Records of incidents and accidents showed that appropriate action had been taken and where necessary changes made to learn from the events. Care records were accurate, complete, legible and contained details of people's current needs and wishes. They were accessible to staff and visiting professionals when required.

There were safe and robust recruitment processes in place to ensure only staff with the appropriate skills and knowledge were employed. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were enough suitably qualified staff on duty and additional staff were allocated if peoples' needs increased, such as when someone was unwell. On the day of the inspection there were four care staff, a cook, a kitchen assistant, a domestic and a laundry worker on duty to care for 29 people. In addition the registered and deputy managers and an activities co-ordinator were working at the service. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had a call bell in their rooms to call staff if they required any assistance. Throughout the inspection we saw people received care and support in a timely manner and call bells were quickly answered.

Medicines were managed safely at Godolphin House. Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted.

All medicines were stored appropriately. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. However, we found there were some gaps in the recording of when staff had applied creams. We were assured by the registered manager that this would be discussed with staff and the necessary improvements made.

The environment was clean, odour free and well maintained. However, on the day of the inspection some sinks had no hot water and others had water that was too hot. We were advised that some work had been carried out to the boiler the day before our visit and this had caused the problems with the hot water. Action had been taken to alert people to these risks. After the inspection the registered manager informed us that the boiler had been repaired and the hot water supply was working properly. Hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately where required. There were suitable facilities to store cleaning materials when not in use.

All necessary safety checks and tests had been completed by appropriately skilled contractors. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

Good

Is the service effective?

Our findings

People's need and choices were assessed before moving into the service. This helped ensure people's wishes and expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination in the way they provided care for people.

Staff completed an induction when they started employment with the organisation which involved them completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a period of shadowing more experienced members of staff. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity and dementia awareness.

Staff told us they were well supported by the management team. Supervision meetings were held regularly as well as annual appraisals. These were an opportunity to discuss working practices and raise any concerns or training needs. The registered and deputy managers shared the responsibility for completing supervisions.

Staff supported people to access healthcare services such as occupational therapists, GPs, chiropodists, district nurses and opticians. This helped to ensure people's health needs were met. People and visitors told us they were confident that a doctor or other health professional would be called if necessary. A visiting healthcare professional told us, "No concerns, staff are very helpful and refer to us appropriately."

People were supported to eat a healthy and varied diet. Drinks were provided throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. Tables were laid with linen cloths and table decorations. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. Comments from people about their meals included, "There's always a good choice of meals", "The food is very nice and a good choice of food", "The food is always hot when it comes to my room", "The food is fantastic" and "We have beautiful food."

People made their own decisions about how they wanted to live their life and spend their time. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People's care files showed that they, or their legal representative, had signed to consent to all aspects of their care.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

Care plans detailed the type of decisions people could make and where decisions might need to be made on a person's behalf. When decisions had been carried out on behalf of a person, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a stair lift to gain access to the first floor and a passenger lift to the other floors.

Good

Is the service caring?

Our findings

People spoke positively about staff and their caring attitude. People and their relatives said that staff treated them with kindness and compassion. Comments included, "It's good to have a laugh with the staff, they keep me happy", "The staff are very concerned about getting people better", "They really care for you here", "I get on well with all the staff", "The staff are very good and very caring", "The staff make you feel like it's your home" and "The staff take time to ask how I am."

On the day of the inspection there was a friendly and relaxed atmosphere at the service. We spent time in the shared areas of the service to observe how care was delivered and received. We observed people were comfortable in their surroundings. The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. Staff were observed to stop and engage with people when moving through the lounge and dining areas. We saw people had good relationships with staff and each other. Staff interacted with people in a respectful, caring and compassionate manner.

Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Comments from staff included, "I think people get fantastic care here, all the routines are about what people want" and "We all work well together as a team."

Staff had worked with people and their relatives to develop 'my life before you knew me' documents to help them learn about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

People were supported by staff to make choices about their daily lives. Care plans detailed people's choices and preferred routines for assistance with their personal care and daily living. People told us they were able to get up in the morning and go to bed at night when they wanted to. During the inspection most people chose to spend time in the shared areas. However, people were able to move freely around the building as they wished to. Staff supported people, who needed assistance, to move to different areas as they requested. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Staff supported people to keep in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. Staff were seen greeting visitors and chatting knowledgeably to them about their family member.

We saw that people's privacy was respected. Staff knocked on bedroom doors and waited for a response before entering. When people needed assistance with personal care staff provided this in a discreet and dignified manner. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

Records were stored securely to help ensure confidential information was kept private. All care staff had access to care records so they could be aware of people's needs.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings for people and their families to share their views about the service. People were involved in monthly care plan reviews and managers regularly spoke with people to ask for their views about the service.

Good

Is the service responsive?

Our findings

Managers met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans gave direction and guidance for staff to follow to meet people's specific needs and wishes. These were reviewed monthly or as people's needs changed. Staff told us care plans were informative and gave them the guidance they needed to care for people. Staff were given updated information about people's needs at the start of each shift. Daily records were written by staff detailing the care and support provided each day and how people had spent their time. Staff told us communication within the staff team and with management was good and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately in their care plans.

People were able to take part in a range of group and individual activities. The service employed two activity co-ordinators and between them they worked seven days a week from 10.00am – 4.00pm each day. The activities included bingo, board and card games, exercises, painting, singing and pamper sessions. On the day of the inspection there was a knitting club in the morning and bingo in the afternoon. Staff also supported people to go out regularly into the community to visit local attractions and shops. People commented, "I get so much comfort of being able to go to a local Church every Sunday", "The activities are A1", "I'm hoping to get out and do some gardening soon, they know I enjoy that", "I go to the coffee shop in town, with my friend who lives here, every Monday, Wednesday and Friday" and "My relative likes to spend time in their room and read magazines."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be

comfortable doing so because the management were very approachable. However, people said they had not found the need to raise a complaint or concern.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported in the running of the service by a deputy manager and a team leader. The registered manager reported to an area manager who regularly visited the service. In addition the directors and other support staff worked from this location. These staff arranged training and organised maintenance and repair work.

The management team were clearly committed to providing the best possible care for people and promoting their independence and well-being. There was a positive culture within the staff team and the management provided strong leadership. There was a stable staff team and staff told us they felt supported by management commenting, "Management help us if we are busy", "The management are all about people having quality care" and "Best place I have ever worked."

People, relatives and healthcare professionals all described the management of the service as open and approachable. Comments included, "This place is a miracle", "This is one of the better homes" and "I can go on holiday with peace of mind, knowing (person) is well cared for."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered and deputy managers carried out audits of falls, medicines, and care plans. The directors and area manager were visible in the service and regularly spent time talking to people to check if they were happy and safe living at Godolphin House. The registered and deputy managers also worked alongside staff and this enabled them to monitor the quality of the care provided by staff. If there were any concerns about individual staff's practice the registered manager addressed this through additional supervision and training.

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. They did this through informal conversations with management, at daily handover meetings, staff meetings and one-to-one supervisions. Staff told us they had recently suggested that cream charts would be easier to complete if they were kept with people's daily notes. While, as reported earlier in the report, there were gaps in these charts the registered manager said that recording had improved since the change and she expected this improvement to continue.

People and their families were involved in decisions about the running of the service as well as their care. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys and

found many positive comments and answers. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes. For example, some relatives had said, in their survey response, that they would like regular communication via emails. We saw that this had been actioned by the registered manager.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.