Balkerne Gardens Trust Limited

Freda Gunton Lodge Residential Home

Inspection report

Balkerne Gardens
Colchester
Essex
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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?	Good

Summary of findings

Overall summary

The inspection took place on 28 March 2017. The inspection was unannounced. Freda Gunton Lodge is a residential home, which provides accommodation and personal care for up to 40 older people. There were 39 people living at the home on the day of our inspection.

At the last inspection on 23 July 2014, we rated the service as 'Good' overall but found improvements were required. People who used the service were being put at risk because the arrangements for the recording and safe administration of medication were not managed safely. We found the service in breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines.

Following our last inspection the registered provider sent us information, which detailed the action they would take to make improvements at the service. At this inspection we found that the team had worked collaboratively to ensure the previous breach of regulation had been addressed. They had recently introduced an electronic medicine management system, which demonstrated their commitment to continual improvement in this area.

The service had a registered manager in post. 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.

People told us they felt safe and secure. Staff understood the process they should follow to keep people safe and could describe the different ways people may experience abuse and the correct steps they would take if they were concerned that abuse had taken place.

There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were comprehensive pre-employment checks of staff in place.

Arrangements were in place to ensure that newly employed staff received an induction and received opportunities for training. Records also showed that staff received regular supervision and an annual appraisal in line with the service's policy and procedures.

The registered manager and senior staff team supported care staff to provide safe and compassionate care. Risks to people's safety were recognised and staff took action so people were able to do things they enjoyed in a safe way.

People's health and social needs were managed effectively with input from relevant health care professionals and people had sufficient food and drink that met their individual needs.

The service regularly used community services and had links with the local community. People told us they

were supported to take part in meaningful social activities.

The provider had systems in place to check the quality of the service and take the views of people into account to make improvements to the service. There were systems in place for people to raise concerns and there were opportunities available for people to give their feedback about the service.

The service was led by a registered manager and supported by the provider who was open, supportive and approachable. Systems and processes were in place to check on the quality and safety of the service; audits of the service were taking place to monitor and review the service. People benefited from receiving support from care staff who were motivated and enthusiastic.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

Medication systems had been improved to make sure people received their medicines in a safe and timely manner.

Risk assessments were completed to help keep people safe.

People's care was provided by appropriate numbers of staff who had been through a robust recruitment process.

Staff understood how to recognise potential abuse, and knew the process for reporting concerns.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervision and appraisals.

People's dietary needs were met and people had access to health care if they required it.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were treated with kindness, compassion, dignity and respect.

Staff knew people and their relatives well.

Staff were attentive to people's needs. They listened to people and carried out their wishes.

Is the service responsive?

Good

The service was responsive.

People were involved in planning and making decisions about their care and support needs. Care plans reflected their preferences for how they were supported.

The service regularly used community services and had links with the local community. People told us they were supported to take part in meaningful social activities.

Is the service well-led?

Good

The service was well-led.

People, visitors and staff felt the service was well-led.

The management team encouraged an open and transparent culture. Staff had confidence in the management team.

Regular and effective audits were completed. Action was taken when shortfalls were identified.

Freda Gunton Lodge Residential 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 checked 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 inspection took place on the 28 March 2017 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR.) This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection records, and intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

During our inspection, we observed how the staff interacted with people and spent time observing the support and care provided to people to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service.

We looked at the care plans of four people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us to understand how the provider responded and acted on issues relating to the care and welfare of people, and how the quality of the service was monitored.

We also spoke with nine people who use the service, four relatives, the director, the deputy director, the registered manager, the organisations auditor and three members of staff

Good

Is the service safe?

Our findings

At our last inspection we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.This was because the arrangements for the recording and safe administration of medication were not managed safely.. During this inspection, we found that all necessary actions had been taken by the provider to address the risks identified and the service was no longer in breach of the regulation.

We found that the storage, administration and disposal of medicines was undertaken safely, and in line with current professional guidelines. The registered manager had undertaken research into electronic medicine systems and recently introduced a new system which demonstrated the commitment of the service to continually improve in this area. We observed the senior completing the medication round which was completed to a very high standard. They used a hand held device that scanned each individual medicine box, the scanner then identified the individual medicine administration record (MAR). The MAR included all relevant information staff required to administer the medicine as prescribed. The system prevented medicines from being administered too early and included protocols for medicines that were prescribed as required (PRN). The senior told us that they were able to see at a glance when stock was required as reminders flagged any stocks that required ordering. The registered manager also received reports by email giving an insight into the previous administrations. The information in the reports aided clinical decisions, supported audit inspections and even identified training needs.

Other records showed the temperature for the safe storage of refrigerated medicines was met. This showed medicines management was taken seriously and staff ensured people received their medicines safely and as prescribed. Medicines were only handled by members of staff who had received appropriate training. We also found staff administering medication had undertaken periodic observational competency assessments, to ensure they were following company polices and best practice. Staff had recently received training on the new electronic system.

People told us they felt safe. One person told us, "Yes, I feel very safe. I ring the bell and they come in a reasonable time." Another person said, "I called and they come, it is quite quick." A relative told us, "Very safe, [family member] has been moved a couple of times before, and can be difficult. This home (in comparison to the others) is far and away the best we have found. I would give it 10 stars." Staff also appeared to be aware of safety, in particular we saw an excellent transfer from a wheelchair to seat in the dining room and back again, staff provided gentle physical support and constant vocal assurance and instructions.

Staff had received training in safeguarding and understood their responsibilities to keep people safe and protect them from harm. They were able to explain different types of abuse and the signs to look out for that would indicate someone was being abused. They knew what they should do if they saw or heard anything that concerned them. A member of staff gave us examples of the kind of things that would alert them to possible problems. They discussed observing changes in behaviour, bruising or loss of appetite. Training records confirmed that staff had received training in safeguarding and staff told us they were in no doubt

that any concerns they had would be listened to and actions would be taken. One member of staff told us, "I would tell the manager, we have a confidential whistle blowing telephone number for staff and residents as well."

Staff were able to tell us about specific areas of risk for individuals and how they were supported to manage situations so that risks were reduced without undue restrictions on the person. When we examined people's care records, we saw a range of risk assessments were in place for each person and there was information of the support they needed to minimise or reduce the identified risks. These included risk assessments for moving and positioning, mobility, falls, eating and drinking and those who were prone to pressure ulcers. Risks assessments provided detailed guidance to support staff to minimise risk. For example, in some care plans where a hoist was required to support the person to move safely, we saw that the risk assessment detailed what hoist and sling size was to be used including where loops on the sling should be fitted to the hoist.

Accidents and incidents involving people were recorded and the registered manager reviewed and monitored these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. We saw in records that appropriate referrals were made to the falls team when required.

People and their relatives were complimentary and full of appreciation for the staff and the service in general. Everyone we spoke with told us they were happy with all aspects of the care and support being provided. People and relative's thought staff understood people's needs and how to support them safely. The service had a business continuity plan in place, the aim of this plan is to detail the response of the service to any incident such as fire, flooding or service breakdowns which might impact on the safety of the environment, or disrupt normal provision of services.

People, their relatives and staff all told us that there were enough staff available to meet people's needs. We observed that there were plenty of staff available throughout our inspection. One person told us, "I don't usually have to wait very long for help." Call bells were answered in a timely way. The provider had introduced a call system with a computerised screen that enabled them to identify how long people had been waiting or if they had staff with them. The registered manager told us, "At the last residents meeting, they told us that call waiting times had improved."

Residents had been involved in interviewing the manager and had been part of the interview panel. We looked at the recruitment records and saw that appropriate checks had been undertaken before staff started work at the home. We saw that written references had been sought and Disclosure and Barring Service (DBS) checks were carried out before a newly recruited member of staff commenced work. DBS checks are carried out to confirm that people are not prohibited to work with vulnerable people who require care and support.

Good

Is the service effective?

Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. One person told us, "Overall they are pretty good."

All staff we spoke with told us they received training that helped them to do their job. The director and deputy director provided some of the training to staff and all training was face to face. One member of staff told us their induction training had provided them with the right level of support. They said, "I shadowed for a month and completed my work books, everyone was supportive and I love it."

The service had worked with a local initiative, jointly funded by the Health Foundation and Essex County Council, promoting safer provision for elderly resident (PROSPER) which aimed to improve safety and reduce harm for vulnerable care home residents, who are at particular risk of admission to hospital or significant deterioration in their health and quality of life. The service used quality improvement methods to reduce preventable harm from falls, urinary tract infections and pressure ulcers. This programme supported the service and staff to monitor these areas closely and enabled staff to identify people at risk. There were no pressure sores at the service and Freda Gunton Lodge continues to participate in this initiative.

Staff spoken with told us they were provided with one to one supervisions with the registered manager or senior staff. We saw records of supervision during the inspection and noted a variety of topics had been discussed. The registered manager explained staff were offered an annual appraisal of their work performance in line with the provider's policy and procedures. We noted staff were invited to attend meetings and told us they could make suggestions as they wished. We saw detailed minutes of the staff meetings during the inspection and noted a broad range of topics had been discussed. One staff member told us, "I feel very supported, we have a really good team." Another staff member told us, "I feel listened to, the managers are always around and will talk anything through."

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. The staff that we spoke with had a good understanding of the MCA and how to support people to make choices about their day to day lives

People we spoke with said that had a choice about their day to day decisions and staff would listen to their requests or decisions. Care staff we spoke with understood people's right to choose or refuse treatment and would respect their rights. One person told us, "I decide what time I get up and what time I go to bed." Staff understood the importance of obtaining people's consent when supporting them. We saw staff asking for peoples consent before providing support. A staff member told us, "The ethos here is that residents must have their say." They went on to tell us about one person that liked their breakfast very late and then did not want lunch until later, staff support this and just waited until the person is ready.

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. Most people that used the service had capacity to consent to care and treatment and had signed their care plan. However, for one person their care plan indicated that in some areas they required support with decision making. Issue of capacity was discussed initially with the manager and deputy director and later during the visit, with the director. The director felt the person was not being deprived of their liberty, but when we looked at the care plan further the registered manager and director agreed they would review the capacity assessment. The registered manager informed us that following this inspection they had applied for a deprivation of liberty authorisation for this person and one other.

People told us they enjoyed their meals and that a choice was always offered. One relative told us, "It is very good, I have lunch here every day. If you do not like what is on offer they will do you an omelette." The food itself looked very nice, though some people said that it could be hotter.

The catering team knew people well, for example, who had special diets or required extra calories to maintain weight. Recommendations from professionals had been followed to support people identified to be at risk of malnutrition. We spoke to the chef who told us they had a list of people's preferences and any dietary needs. Snacks were sent out twice daily and 'night bites' were available for staff to offer at night if people required them. A member of the catering team told us, "We work with the care staff and all go out to support people at mealtimes, I take trays to people's rooms and get the chance to chat to them."

Many people chose to eat their meals in their own room and this did present staff an issue of delivering meals to the rooms as hot as people would like them. The registered manager told us that people had brought this up in a residents meeting and in response, the service had purchased an extra heated trolley and was waiting for an extra kitchen assistant to start to support a trial of taking the heated trolleys around to rooms rather than their current method.

Records looked at showed us people were registered with a GP and received care and support from other professionals, such as the district nursing team, opticians and speech and language therapists. The director told us that one of the local surgeries had informed the service that they were withdrawing the specialist nurse service that they had previously provided and that they would no longer visit the service unless the individual was 'bed bound' or 'at the end of their life'. Although this had placed pressures on staffing, the service had responded to this information positively. Staff were supporting people to visit their GP or nurse in the community, staff were taking people in wheelchairs and having to negotiate a fairly steep hill. The service purchased and was trialling a motor which could be attached to a wheelchair to give the member of staff more assistance when supporting people with these visits.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained and lounge areas were suitable for people to take part in social, therapeutic and daily living activities. There was a relaxed and friendly atmosphere at the service.

Good

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. Comments included; "It is nice here", "The staff bring me whatever I require." And "It's quite a nice place, I have been in a few times before on short stays." One relative told us, "It's amazing here. The staff are very good with [family member]. They are also very supportive of us as a family too. They have helped us make contact with other professions and services."

We observed the interactions between staff and people throughout the inspection. There was a happy and relaxed atmosphere in which people chatted with staff and clearly felt comfortable in their company. Staff used people's preferred names and spoke with them respectfully. We observed warm and kind exchanges. One person was eating a sandwich that had been specially made for them, marmite and peanut butter with the crusts off. They told us that they had gone to great lengths to explain how to make them "properly", and staff were now doing so. Clearly staff went to great trouble to get this minor detail right.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. One member of staff commented, "People get good care, everyone is an individual and we are flexible." People's care plans told us how their religious needs would be met if they indicated they wished to practice.

During an observation in the lounge a blind person came into the lounge to join in an activity, we noted that the activity organiser informed her of the names of everyone in the room. This enabled the person to greet everyone and be aware of who was in the room.

People's privacy was respected. Some people chose to spend time alone in their room and the staff respected this choice. One person commented, "They always knock, and close my door."

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. We observed people being encouraged to do as much as they could for themselves. For example, we saw one person walking out into the garden and chatting with people from the provider's shared housing scheme. People could have visitors when they wanted. People were moving freely around the home between their own private space and communal areas at ease. Staff explained how they promoted independence, by enabling people to do things for themselves. One staff member said, "People are involved in all day to day activities, we have a good rapport with people and their relatives so we adapt to people."

We observed that people were encouraged to express their views and opinions during daily conversations. Residents meetings were held quarterly and this provided the opportunity for people to make suggestions, be consulted and make shared decisions. The director and deputy director were in the service frequently and spoke to people about their experiences. Records kept of meetings showed various matters had been raised and discussed with people. For example, at a recent meeting people discussed the fruit content in the bread and butter pudding and people had different preferences, the head cook stated that they would make

one with more fruit and one with less.

There was no one receiving end of life care at the time of the inspection. However, written records had been made about people's wishes, where known. Care files clearly noted if people had a Do Not Attempt Resuscitation order in place. This helped to ensure that people's end of life choices were respected.

Good

Is the service responsive?

Our findings

People made positive comments about the way staff responded to their needs and preferences. Each person had a detailed care plan in place. There was a strong, visible person-centred care culture at the service. People were relaxed in the company of each other and staff and positive relationships with people and their families had been developed. Staff kept relatives up to date with any changes in their loved one's health. A relative confirmed that the family were consulted by the home and had been involved with [family members] care plan. They told us that they could speak to the manager and the staff about anything. Another relative explained they were so impressed that they had moved another family member into the home.

Assessments were completed for people who were considering moving into Freda Gunton Lodge. Where possible, people and their relatives were invited to visit the home, have a look at the facilities on offer, and meet the staff. The assessment document used by the service ensured a holistic view of the persons care and support needs. The document covered the person's cognitive and physical abilities, their physical health and wellbeing, their prescribed medication and dietary requirements. It also included the person's lifestyle choices and preferences. Assessments were used to develop person- centred care plans that included a family tree. Plans were well-written and provided clear instructions for staff to follow.

Relatives felt that staff were approachable and had a good understanding of people's individual needs. They told us people were supported to continue to follow their interests. One relative told us that their [family member] had been an artist and gone across to the art club. Unfortunately, they had only done this once but they hoped they could be persuaded to go again. One relative told us, "The staff here are wonderful. [Named staff member] took [family member] into town the other day and helped them to get new clothes. They looked good and were very pleased to have gone out, and did need some new things. I was very grateful as it wasn't something I was looking forward to doing myself."

One person we spoke to was blind and staff had placed some 'blutack' on the alarm button so that they could differentiate between the urgent assistance and the general help button. A simple initiative that was greatly appreciated by the person. They told us that they were very happy at the service and said, "I wouldn't want to be anywhere else. Staff are lovely and will pop in to chat when they have a moment. They know I can't read or watch telly so they come in to talk to me."

The registered manager told us about another person that could not quite make their mind up about staying permanently at the home, they explained that they had supported this person to return to their own home on more than one occasion but the person had recently requested to come back to the home. The registered manager supported this person and respected their decision about where they chose to live including helping them to return and pack.

People had access to various activities and told us there were things to do to occupy their time. We noted a programme of activities was given to everyone just before the start of every month. The activities were varied and included exercises, word games, crosswords, quizzes, cinema sessions, games, poetry,

pampering sessions, therapy dogs and reminiscence sessions. One person told us, "There are lots of things to do, although not always what I want but I do go out in the garden." Another person told us, "There are a lot of activities but not as much when you want to stay in your room." Staff told us that were involved in delivering some of the activities. One staff member told us, "We try to keep people occupied and one person likes to go out most days, but like everything we could do better."

The registered manager explained that they did not have a specific activity organiser and staff were allocated to deliver activities. The service had introduced a new keyworker system that provided people with 1-1 support. We noted that this had been discussed at the last residents meeting as some people had reported that they had not seen their key worker as often as they would like, the registered manager was still looking to further improve this system.

There were also additional events related to special celebrations such as Valentine's day, Easter and pancake day. The service had been working with the local Friends and Neighbours Scheme (FaNs). This is a programme funded by Essex County Council and delivered in partnership with My Home Life Essex Community Association. The purpose of this scheme is to encourage and support people and organisations in the wider community to become good friends and neighbours to their local care homes and the people who live in them. Children from a local school visited the home every week, as did students from a local university.

The service was also situated very near to a local theatre and people could access this if they chose. The director told us the pantomime cast had come into the home at Christmas, which people had really enjoyed.

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. People said they would speak with the registered manager if they had any concerns or to make a complaint but most said they had not needed to, as they were happy with the care and support, they received. We looked at previous complaints and saw that they were investigated and resolved within agreed timescales.

Good

Is the service well-led?

Our findings

People knew the staff, management and directors by name and said they could rely on staff to support them. A board showing photographs of staff was displayed in the service. People we spoke with said they thought the home was managed well. Everyone knew who the registered manager was and said they found them approachable. We saw that the manager was an active presence throughout the day. Comments included, "The best one ever", "Very personable and approachable" and "Nothing is too much trouble."

Staff told us the management team; the directors and the board of trustees led the service well and offered positive support. One staff member commented, "[Named registered manager] is very supportive, and it is a great company to work for. It is quite progressive and they move with the times." Another staff member said, "We are supported and have a core group of staff that work together really well." Another said, "I love it here." A fourth staff member told us, "The atmosphere is good, I am confident issues will be sorted."

The management team worked cohesively with the staff each day, providing advice and guidance. The registered manager told us they promoted an 'open door policy' to encourage staff to share thoughts and ideas. There were regular staff meetings held to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings, including any actions needed, were taken so that all the staff were aware of discussions. Staff told us they were able to give honest views and discuss any concerns and that the management team listened and responded.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely. In addition to this, the current ratings for the service awarded by CQC were clearly displayed in the home, as required.

The director and deputy director told us they still did care shifts at the service including nights as they felt it was important to check that the standard of care provided to people during the day continued during the night. They told us this also helped them to understand any issues that people and staff might have.

The registered manager was able to tell us about the key challenges the service may encounter in the future, and they had a business continuity plan in place. There were policies and procedures in place that were regularly reviewed which supported staff to have access to information if they needed it. They told us they felt supported by the director's and trustees.

The provider had recruited a company auditor who was responsible for checking the quality of systems and processes at Freda Gunton Lodge. They completed a range of audits and checks, areas included policies and procedures, care plans, supervision and appraisals, training, accidents and incidents, and environment checks. The auditor made recommendations for improvements and points to action that included what person was responsible. The director and deputy director checked that all actions have been addressed.

Freda Gunton Lodge and the Trust continued its commitment to partnership working and as well as the

initiatives they had already been involved with they were hoping to get involved in the 'Speak Set trial'. Speak Set is an accessible video calling system which allows care professionals to connect with their patients in their own homes.