

Ablecare (Helston) Limited

Godolphin House Care Home

Inspection report

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Date of inspection visit:
11 March 2016

Date of publication:
26 April 2016

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

This unannounced inspection of Godolphin House Care Home was completed by one adult social care inspector on 11 March 2016. The service was previously inspected on 5 September 2014 when it was fully compliant with the regulations.

The service is registered to provide care and accommodation for up to 31 people. On the day of our inspection 27 people some of whom had a diagnosis of dementia were living at the service.

There was a registered manager in post at the time of this inspection. 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 were relaxed and comfortable in the service and told us they were safe and well cared for. People said "They look after me very well", "The staff are all lovely, very nice" and, "They are just nice people." People's relative also told us; "The staff are lovely. [My relative] is well looked after", "The staff are extremely helpful and cheerful. There is a nice atmosphere here" and, "The staff are gentle, kind and affectionate."

Staff knew people well and provided calm and compassionate support throughout our inspection. People requested support from staff without hesitation and staff told us; "I like it here, there are some real characters" and, "The staff are all lovely with the residents."

The service was fully staffed and there were no vacancies in the staff team. During our inspection we found sufficient numbers of staff were available to meet people's care and support needs. Staff recruitment processes were robust and designed to ensure all new staff were suitable for work in the care sector.

Assessments of risks had been completed and people's care plans included guidance for staff on the action they must take to protect people from identified risks. Where accidents or incidents had occurred these had been documented and fully investigated.

Records demonstrated all staff had received regular training updates and appropriate supervision to ensure they were sufficiently skilled to meet people's care needs. Staff told us, "The training has been very good" and, "The managers are very supportive when it comes to training."

People's care plans had been developed from information gathered during the assessment process and regularly updated to ensure they reflected people's current care and support needs. These documents provided staff with clear direction and guidance and included information about the person's background, life history and interests.

People received regular support from external health care professionals and any guidance provided, had been incorporated into people's individual care plans.

Staff and managers consistently acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA). The registered manager had recognised that some people's care plans were potentially restrictive and appropriate applications for the authorisation of these care plans had been made to the local authority. The registered manager told us, "Often I will ring the DoLS team for information if I am not sure."

Staff respected people's decisions and choice and one person told us, "I can do what I like." People care plans included information for staff on how to respond where care was declined and staff told us, "You can't push yourself on people" and, "I went in to see [person's name] today but she asked me to leave so I did."

People told us; "The food is very very good" and, "The food is lovely, excellent meals with nice vegetables and gravy. I like that." While the cook said, "Everything is fresh and home cooked here. We make fresh cakes every day." Where people required support at meal times this was provided discreetly. People were offered drinks regularly throughout the day and each morning staff visited people to discuss the day's menu. At lunch time a choice of two hot meals was available and other dishes could be prepared if requested.

The service employed two part time activities coordinators who were supported by two volunteers. Staff told us, "We have an activities coordinator on duty every day except Sunday" and, "There is always something going on activities wise." Each month there was an activities theme which culminated in an event with in the service. The theme of the month of our inspection was "Crufts" and a dog show had been held at the service on the day before our inspection. Staff had created numerous games based on the theme, nine dogs owned by staff and relatives had visited during the day and the cook had prepared paw shaped cakes and bone shaped biscuits in support of the event. People told us this event was; "Brilliant" and, "Thoroughly enjoyable." While staff commented, "Yesterday was good, it was really well received."

The service was well led by the registered manager. Staff told us, "The registered manager is great really approachable. She takes an interest and cares. I would be happy to go to her with anything." While one person told us, "I am very very happy with the registered manager. We get on like a house on fire." There were appropriate procedures in place to monitor the service's performance. Residents meeting were held regularly and were feedback was provided it was acted upon by the service's management team.

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 ●

The service was safe. There were sufficient staff available to meet people assessed care needs.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Is the service caring?

Good ●

The service was caring. Staff knew people well and provided kind and compassionate support.

People were treated with dignity and their privacy was respected.

Staff respected people's decisions and choices.

Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed and personalised. These documents contained sufficient information to enable staff to meet their identified care needs.

People were supported and encouraged to engage with the wide variety of activities available within the service.

People and their relatives understood the services complaints procedures.

Is the service well-led?

Good ●

The service was well led. The registered manager had provided staff with appropriate leadership and support and the staff we spoke with were well motivated.

Quality assurance systems were appropriate and people's feedback was valued and acted upon

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 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 11 March 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

The service was previously inspected on 5 September 2014 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the five people who used the service, three relatives who were visiting, five members of care staff, the registered manager, deputy manager, the provider's area manager and three health professionals who regularly visited the service. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included three care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

People told us they felt safe at Godolphin House Care Home and relatives said people were well looked after. Staff told us, "People are definitely safe here" and, "I like to think people are safe."

There were appropriate procedures in place to help ensure people were protected from all forms of abuse. Staff had received regular safeguarding training and understood their responsibilities in relation to the protecting people from harm and all forms of abuse. Information about local safeguarding procedures was provided to staff and visitors and available from the service's reception area. Where staff had identified concerns about people living in the service these concerns had been reported to the registered manager who had acted to ensure people's safety and support staff to make referrals where appropriate.

There were systems in place to assess and manage risk within the service. People's care plans included detailed assessments of risk with clear guidance for staff on the action they must take to protect people from each identified area of risk. For example, where people were identified as being at risk of developing pressure area damage staff were provided detailed information on how to ensure the person's skin integrity was maintained. Where any changes were identified staff were instructed to make prompt referrals to health professionals to ensure people's needs were met.

All lifting equipment had been regularly serviced to ensure it was safe to use. We observed staff using safe and appropriate manual handling practices to support people to mobilise within service. We observed two people being transferred with the assistance of a hoist. Staff clearly explained to the person how there were going to transfer them and provided reassurance and encouragement throughout the process.

Records showed necessary routine maintenance tasks had been completed. The service's lift had been regularly serviced and water quality and electrical safety checks had been completed in accordance with current guidelines. Staff told us, "Once a week we have a fire drill." We found the service's firefighting equipment had been regularly serviced to ensure its effective operation.

Where accidents or incidents had occurred, these had been accurately documented and investigated by the registered manager. Where any areas for improvement were identified during the investigation process appropriate changes were made within the service to further improve people's safety. For example, one person had repeatedly fallen from bed. The registered manager had recognised that as a result of these incidents the person was at increased risk. The person's care plan was reviewed and prompt referrals made to health professionals for guidance on how to protect the person from the identified increased risk. Health professional's reviewed the person's needs, provided detailed guidance to staff that was included in the person's care plan and arranged for a new bed to be provided to ensure the person's safety.

The service was fully staffed at the time of our inspection and although one member of staff had become ill on the morning of our inspection there were sufficient numbers of staff available to meet people's assessed care and support needs. Staff told us, "This morning we were one down. It does not happen very often" and, "We were one carer short this morning as they had to go home sick."

Recruitment procedures were robust at Godolphin House Care Home. Prospective staff were interviewed by the registered manager and detailed records were kept of the interview process. Prospective staff members identities were confirmed and references were checked before they were offered employment. Disclosure and Barring Service (DBS) checks had been completed and where there were any delays in this process, adults first checks had been completed before staff began working in the service. These processes ensured prospective staff were suitable and safe to work in a care environment.

The service's systems for managing people's medicines were inspected by a visiting pharmacist on the day of our inspection. We discussed the results of this inspection with the pharmacist who had found that the service's systems were well organised. There were appropriate storage facilities available for people's medicines and people had been provided with the medicines in accordance with their prescriptions. Medicine Administration Records (MAR) had been fully completed and where any had written entries had been made these had been signed by a second member of staff to confirm the accuracy of the information transcribed onto the MAR chart. Training records showed staff had received appropriate training on how to support people with their medicines.

The service was clean and one person's relative told us, "The place does not smell." All cleaning equipment including all Control of Substances Hazardous to Health (COSHH) materials were stored securely when not in use. Staff used Personal Protective Equipment (PPE) appropriately where required and hand cleaning gels were available in the reception area.

Is the service effective?

Our findings

People were cared for by staff who had a good understanding of their needs and were skilled in delivering care. Staff spoke about people knowledgeably and demonstrated during our conversations a detailed understanding of people's needs and preferences. The service's training matrix and individual staff training records demonstrated staff had received regular training in topics including; manual handling, food hygiene, health and safety, infection control and dementia awareness. Staff told us; "The training has been very good", "The managers are very supportive when it comes to training", "They like to encourage training here" and, "We are pretty up to date with all that [training]."

When new staff members joined the service they initially received a number of formal training course followed by two weeks of shadowing experienced care staff before providing care and support independently. In addition, during their first three months of employment staff completed training in accordance with the requirements of the care certificate. This training replaced the common induction standards and is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. At the time of our inspection we saw that three recently recruited staff members were in the process of completing their care certificate training.

Records showed staff received regular individual supervision meetings which had provided an opportunity to each staff member to discuss working practices and their training needs with managers. Team meeting were also held regularly by the registered manager. The minutes of these meetings showed they provided an opportunity for managers and staff to review the service's performance, identify areas where improvements could be made and share information about changes to people's individual care and support needs.

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 Registered manager understood most of the requirements of the MCA and although formal capacity assessment had not been completed managers and staff consistently provided support in line with people's best interests.

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. Appropriate applications for DoLS authorisations had been made to the local authority. Staff had received training in both the MCA and DoLS as part of their induction and this training had been regularly refreshed. Care plans included records of best interest meetings where professionals had been appropriately involved and the registered manager told us "Often I will ring the DoLS team for information if I am not sure." Where people's care needs changed significantly previously made best interest decisions were reviewed to ensure they remained valid.

People were encouraged to be involved in the care planning and review processes and where people had capacity they had signed the care plans to formally recorded their consent to the care as planned. Where people withdrew their consent for specific areas of care these decisions had been respected by staff. For example, one person had withdrawn their consent for staff to routinely monitor their weight and this decision had been respected.

People's care plans included guidance on how to support people if they became upset or anxious. Staff were provided with information on situations known to cause the person anxiety, how the person normally behaved while anxious and details of how the person preferred to be supported at these times.

People told us; "The food is very very good", "The food is lovely, excellent meals with nice vegetables and gravy. I like that" and, "We had a nice lemon meringue pie for pudding." While relatives commented, "The food is great." The service's cook told us, "Everything is fresh and home cooked here. We make fresh cakes every day." People were able to choose where to have lunch and their decisions were respected by staff. During the morning of our inspection staff visited each person to discuss what they would like to eat during the day. People were offered a choice of two hot menu options at lunchtime and felt able to request specific dishes if they wished. Where people required support from staff at meal times we saw this support was provided with discretion by staff who sat with the person providing appropriate reassurance and support. Throughout the inspection people were regularly offered choices of hot and cold drinks and alcoholic drinks were able at mealtimes.

People were regularly supported to access external healthcare professionals such as dentists, opticians, specialist nurses and GP's when necessary. Health professionals told us the service made "appropriate and timely" referrals and was, "Proactive in seeking support and advice." Where health professionals provided guidance this information had been incorporated into people's care plans.

Godolphin Care Home is a detached building with people's bed room located on four floors. The service communal lounges and dining area are located on the ground floor and three floors are accessible via the services lift. A stair lift is available to support people living on the top floor. The building was appropriately maintained and we saw people bedrooms were well decorated. People had personalised their room by bring in their own furniture and personal items.

Is the service caring?

Our findings

People at Godolphin Care Home told us they were well cared for and said; "They look after me very well" and, "[The staff] do look after me." Relatives told us, "[My relative] is settled here", "it's not aesthetically wonderful but the care is good. I can't fault it" and, "I think they do an absolutely brilliant job." Everyone in the service was smartly dressed and well cared for.

Staff knew people well and enjoyed spending time with the people they cared for. Staff told us, "I like it here, there are some real characters", "It's home from home here" and, "The staff are all lovely with the residents." On the day of our inspection one staff member, who was off duty, visited the service with their young grandchild whose company people enjoyed.

People approached staff for support without hesitation and we observed staff providing compassionate care and supporting people throughout our inspection. For example, when one person became a little anxious staff sat with the person, held their hand and provided discreet reassurance. People told us; "The staff are all lovely, very nice", "They are just nice people", "Oh yes I always get on well with them [staff]" and, "The staff are really good here." One person said, "All the staff are excellent. They really and truly look after me." Relatives agreed that the staff team were kind and compassionate, their comments included; "The staff are lovely. [My relative] is well looked after", "The staff are extremely helpful and cheerful. There is a nice atmosphere here" and, "The staff are gentle, kind and affectionate." While professionals commented that staff were; "lovely", "insightful" and "knowledgeable."

Staff treated people respectfully and maintained their dignity at all times. Where people were supported to mobilise staff acted to ensure their dignity was respected while there were being supported. Staff always knocked on people's doors and awaited a response before entering bedrooms and people were able to record within their care plans the details of any person they did not wish to see.

We saw staff consistently respected people's decisions and choices. One person told us, "I can do what I like." While staff said; "My attitude is if you don't tell people what you are doing then they won't let you do it", "You can't push yourself on people" and, "I went in to see [person's name] today but she asked me to leave so I did." People's care plans included appropriate guidance for staff of how to respond in the event that care was declined and care records demonstrated people's choices had been respected.

There were systems in place to ensure people's care needs could be met within the service at the end of their lives. People's wishes in relation to end of life care were recorded within their care plans to ensure staff were aware of and respected people's preferences.

Is the service responsive?

Our findings

Before people moved into Godolphin Care Home one of the service's managers visited the person in their current home to assess their care and support needs. The assessment process included discussing their care needs with the person, their relatives and any previous providers of care to confirm the person's needs could be met. During the assessment process people were encouraged to visit the service for a day or overnight if they preferred to gain a better understanding of what life was like within the home. One person had opted to visit overnight on the day before our inspection and subsequently decided to move in permanently.

People's care plans were developed from information gathered during the assessment process combined with data supplied by the commissioners of care. These documents were informative, detailed and designed to help ensure people received personalised care that met their needs. Each person's care plans provided staff with detailed information on their preferences, personal care needs, medical history and specific guidance on the support people needed with specific areas of care. The care plans included information on the level of support the person normally required with specific tasks and guidance on how the person preferred to be supported. For example, one person's care plan described how staff should support the person to shower and said, "Staff to stand either behind [the person] and at the side as [the person] does not like to see the staff."

People's care plans also included some information about their individual life history, background and interests. This information was beneficial to staff as it helped staff to understand how a person's background and experiences could influence their current care needs.

Where changes to people's needs had been identified, care plans had been updated to ensure staff were provided with current guidance on how to meet those needs. Staff told us people's care plans were accurate and informative. Their comments included; "They have all the details, everything you need to know is in there" and, "There is enough information even for new residents." Health and social care professionals told us, "They manage some quite complex cases well."

Detailed care records were completed each day. These records included information about the care and support staff had provided and details of any activities the person had engaged with.

During the morning of our inspection one person came to the manager's office and said, "I would like to go outside for an hour." Staff immediately fetched the person's coat and supported the person to go out for a walk. Staff told us they had enough time to support people with activities during their care shifts. Their comments included, "We do lots of activities", "We have time to do things with people. Big snakes and ladders, ball games, loads of stuff" and, "You can sit and talk. You hear loads of amazing stories."

The service employed two part time activities coordinators who were supported by two volunteers from the local community. Staff told us, "We have an activities coordinator on duty every day except Sunday", "I think activities here are pretty good" and, "There is always something going on activities wise." There was a

structured programme of organised activities within the service and information about planned activities was displayed on notice boards. We observed one of the service's activities coordinators leading a reminiscing session in the morning and various parlour games during the afternoon. Activities records showed that people who preferred to remain in their rooms regularly received support to engage with activities within their own rooms. People were engaged and clearly enjoyed the activities provided throughout the inspection. Staff told; "Yes there is enough for people to do here" and "Today was kind of normal" while professionals commented, "there is plenty of things to do."

There was an activities theme each month leading up to an event within the service. The theme during the month of our inspection was "Crufts". On the day prior to our inspection the service had hosted a dog show. Staff and people's relatives had been encouraged to visit the service with their dogs. Nine dogs had visited and variety of games and events had been held throughout the service. Kitchen staff had produced paw shaped cakes and bone shaped biscuits in support of the theme and staff had produced hand painted props and developed specific games. For example, during the afternoon of our inspection people enjoyed a game of "feed the dog a bone" (a variation on pin the tail on the donkey) as the previous day events had over run and there had not been time for all of the planned activities. People told us this event was "Brilliant" and, "Thoroughly enjoyable." While staff commented, "Yesterday was good, it was really well received."

People were encouraged and supported to maintain relationships that mattered to them. We saw people using the office phone to contact their relatives. Managers told us free Wi Fi was available throughout the service and people were able to use video conferencing facilities in the services office to contact their relatives. One person's relative told us, "I ring him up regularly and they will call me if anything is needed."

Information about the service's complaints procedure was provided to people and their relatives when they first moved in and displayed in the reception area. The service had not received any complaints and people constantly told us they had no complaints about the service. One person said, "I have been here for five years and no complaints yet."

Is the service well-led?

Our findings

People consistently told us they were happy living at Godolphin Care Home and one person said, "I think the quality of the care is quite outstanding." People's relatives told us, "I am happy with the place" and, "I think it is lovely here."

Staff were well motivated and complimented the registered and deputy managers on their leadership style. Staff told us, "The registered manager is lovely, I think they are the best managers I have ever had", "Things are really good here" and, "The registered manager is great really approachable. She takes an interest and cares. I would be happy to go to her with anything."

The registered manager said, "I welcome and encourage people to come and talk with me." We observed that people routinely visited the registered manager for support and reassurance during our inspection and one person told us, "I am very very happy with the registered manager. We get on like a house on fire." The registered manager's open management style and compassionate responses to people's needs provided a strong role model for staff within the service.

The registered manager was supervised by the provider's area manager who visited the service regularly and was well known to people who used the service. The registered manager told us, "I feel 100% supported" and commented that the area manager always made time to provide support and guidance when needed.

The service had links with the local community and regularly hosted fund raising events for local charities, performances by school children and staff routinely supported people to visit local shops and other amenities. The registered manager was in the process of making arrangements for the service in future to become more actively involved in significant local community events.

A survey of people's experiences was completed each year to gain feedback on the service's performance. The results of the most recent survey were consistently positive and complementary. In addition, the service encouraged people and their relatives to provide feedback on the service performance via a comments box or a website. Recently received feedback had been very positive.

Residents and relatives meetings were held regularly at the service. The minutes of these meetings showed that where people had raised concerns or issues these had been addressed and resolved. For example, residents had requested that pasties be served more frequently and we saw that pasties were now served twice per week.

There were effective systems in place to monitor the services performance. The registered manager completed regular checks to monitor the quality of staff paper work and identify any areas that required redecoration within the home. Where issues were identified these were addressed and resolved promptly. In addition the provider's directors completed five inspections each year. During each inspection one of the providers directors toured the building and met with people, staff and any relatives that were visiting. Where any issues were identified during these inspections the manager was provided with feedback and the issue was reviewed during the next inspection to ensure it had been addressed and resolved.

