

HC-One Oval Limited

# Godden Lodge Care Home

## Inspection report

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Date of inspection visit:  
16 March 2021  
18 March 2021

Date of publication:  
29 April 2021

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Godden Lodge Care Home is a residential care home providing personal and nursing care for people aged 65 and over. Some people have dementia related needs and other people require palliative and end of life care. The service consists of three houses: Victoria House, Cephas House and Murrelle House. The service can support up to 133 people and at the time of our inspection there were 44 people living at the service.

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

The leadership, management and governance arrangements provided significant assurance to suggest the service was being managed well. Quality assurance and governance arrangements at the service had improved since our last inspection in December 2019. However, progress made needs to be sustained and maintained over the longer term.

Improvements were needed to demonstrate how the service's staffing levels are determined. Food and fluid records needed to record if a person's diet was satisfactory. Improvements were still required to ensure all people using the service are given opportunities for social stimulation.

Risks were identified and recorded, and medicines management was safe. People told us they were safe and suitable arrangements were in place to protect people from abuse. Staff understood how to raise concerns and knew what to do to safeguard people. People were protected by the services prevention and control of infection practices. Lessons were learned and improvements made when things went wrong.

Staff received mandatory and specialist training. Staff felt valued and supported by the management team and received regular supervision. The dining experience for people was good and people received enough food and drink of their choice to meet their needs. People were supported to access healthcare services and receive ongoing healthcare support. The service worked with other organisations to enable people to receive effective care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and those acting on their behalf told us they were treated with care, kindness, respect and dignity. Staff had a good rapport and relationship with the people they supported, and observations demonstrated people received a good level of care.

People's care and support needs were documented in an individual plan. Staff had a good understanding and knowledge of people's needs and the care to be delivered. Improvements were required to enable people to participate in meaningful social activities to meet their needs. Complaints were well managed and a record of compliments to capture the service's achievements was maintained.

We have made recommendations about staffing levels, food and fluid records and social activities.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Inadequate (published 4 March 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since March 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Godden Lodge Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

The inspection team consisted of two inspectors. An Expert by Experience made telephone calls to people's relatives on 17 March 2021. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Godden Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return before this inspection. This is information we require providers to send us to give some key information about the service, what the service does well, and improvements they plan to make. We sought feedback from the Local Authority. We took this

into account when we inspected the service and made the judgements in this report and used this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with 12 members of staff, including the registered manager, deputy manager, clinical service manager, house manager's, qualified nurses, senior care staff, care staff, staff who facilitate social activities for people using the service and housekeeping staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included people's care plans and other records associated with their care and support needs.

#### After the inspection

We continued to seek clarification from the provider to validate the evidence found. We spoke with 11 relatives about their experience of the care provided for their family members and spoke with a further four members of staff. A variety of records relating to the management of the service, including policies and procedures were analysed and reviewed. We looked at staff training, supervision data, and quality assurance audits.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection in December 2019, the delivery of care for people was not always safe. Information relating to people's risks was not always recorded or provided enough assurance people were safe. Improvements were required to ensure the safe management of medicines. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this regulation.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people's safety and wellbeing were identified and recorded. These identified how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe. This included risks associated with COVID-19 for both people using the service and staff.
- Risks relating to the service's fire arrangements included individual Personal Emergency Evacuation Plans (PEEPs) for people using the service.
- The Medication Administration Records [MARs] for 12 out of 44 people living at the service were in good order. They provided an account of medicines used and demonstrated people were given their medicines as specified by the prescriber.
- Medication rounds were spaced out throughout the day to ensure people did not receive their medication too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- Arrangements were in place to ensure all staff administered medication were trained and had their competency assessed at regular intervals.

At our last inspection in December 2019, staffing levels and the deployment of staff were not suitable to meet people's care and support needs. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this regulation.

Staffing and recruitment

- Relative's comments about staffing levels were variable. Comments included, "The staff are brilliant, fantastic, but there are not enough of them" and, "I can't fault the staff but there is not always enough staff."
- People living at Victoria House stated those who required more complex care and support were given priority and this meant it could take a long time for everyone to be assisted with personal care and supported to access the communal lounge area. At Murrelle House people received a good level of care but

some people were not able to access the communal lounge until close to lunchtime.

- The dependency needs of people were assessed but it was unclear how this information was used to inform and determine the service's staffing levels. Following the inspection the service's Area Director confirmed a review of people's dependency needs was to be undertaken.
- Staff told us staffing levels were appropriate and there was enough of them to provide safe care to people using the people.

We recommend the provider and management team review how staffing levels are determined and staff deployed to ensure all people who use the service receive support in a more equitable way.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives confirmed they had no concerns relating to the safety of their family members. Comments from relatives included, "On the whole, I think [relative] is safe" and, "100% I think [relative] is safe." One person who used the service told us, "Yes, I am safe with the staff, I can ask them for anything."
- Staff demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns to the management team and external agencies, such as the Local Authority and Care Quality Commission.
- The incidence of safeguarding concerns had greatly reduced since our last inspection in December 2019.
- The management team were aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity. Where safeguarding concerns were raised, investigations were robust and dealt with in an open and transparent manner.

Preventing and controlling infection

- The service was clean and hygienic, cleaning schedules were in place and people told us they were happy with the cleanliness of the service. Comments included, "The home is always lovely and clean" and, "It's [Godden Lodge Care Home] spotless, they're [housekeeper] always cleaning."
- Social distancing was supported in communal lounges and staff used Personal Protective Equipment (PPE) effectively and in line with government guidelines.
- Suitable arrangements were in place to ensure people using the service and staff were tested at regular intervals for COVID-19 in line with government guidelines.
- Staff had received appropriate infection, prevention and control training to ensure their practice was effective and safe.

Learning lessons when things go wrong

- This inspection highlighted lessons had been learned and improvements made since our last inspection in December 2019. Reference to this is highlighted throughout this report, for example, about managing risks appropriately and ensuring medicines management was safe.
- Where safeguarding concerns were raised since our last inspection in December 2019, a new form had been introduced to review lessons learned and to mitigate future risk. For example, one person following a fall had sustained a skin tear. Following this incident equipment used to alert staff when the person mobilised had been replaced to enable staff to be alerted at the earliest opportunity and therefore prevent potential harm occurring.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on the best available evidence.

At the last inspection, this key question was rated as Inadequate. At this inspection, this key question has now improved to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection in December 2019, consent had not always been sought for people using the service. This was a breach of Regulation 11 [Need for consent] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this regulation.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff asked for people's consent before providing direct care and support.
- Written consent had been obtained for their photograph to be taken, for information to be shared with third parties and for COVID-19 testing and vaccination.
- People's capacity to make decisions had been assessed and these were individual to the person.
- Where people had variable capacity or could not make day-to-day decisions, people's relatives had been consulted to aid the decision-making process and assessments completed in people's best interest.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.

At our last inspection in December 2019, not all people's nutritional and hydration needs were being met. This was a breach of Regulation 14 [Meeting nutritional hydration needs] of the Health and Social Care Act

2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this regulation.

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

- People's comments relating to the quality of meals provided was variable. Positive comments included, "I like the food here, it's good" and, "The food is tasty." Where comments were less favourable, these included, "The food is awful, it's cheap, always the same, chicken, vegetables or fish, it's horrible", "The food is not the same quality as it used to be" and, "The food is not great, I do enjoy the afternoon tea, I know I am fussy."
- The dining experience was positive. People could choose where to have their meal, for example, at a table in the dining room, sitting in a comfortable chair or in their bedroom. People were not rushed to eat their meal and where they required staff assistance this was provided in a respectful and dignified manner.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice, such as the dietician or Speech and Language Therapist [SALT].
- Improvements were noted to the service's food and fluid records where people required this to be monitored. However, further progress was still required to enable anyone reviewing these to determine if the diet provided was satisfactory, alternatives to the menu offered and actions taken where people had minimal intake.

We recommend the provider and management team seek advice and best practice guidance from a reputable source to ensure records of food and fluid provided for people using the service is in sufficient detail.

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

- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their care plan. Staff could explain about people's different characteristics.

Staff support: induction, training, skills and experience

- Staff were supported to complete both mandatory and specialist training. This was to ensure they had the right knowledge and skills to carry out their role.
- Observations showed staff could apply their training and learning to their everyday practice. Where this fell short, immediate action was taken by the management team to address this and further training was provided.
- Staff told us they felt supported by the management team and received formal supervision at regular intervals. Staff told us this was a two-way process, receiving positive feedback and discussions being held where areas for improvement were required.

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

- The service worked with other organisations to ensure they delivered joined-up care and support.
- People had access to healthcare services when they needed it and confirmed their healthcare needs were met. The information showed people's healthcare needs were monitored, and action was taken to address these.
- Relatives were informed and kept updated about their family member's healthcare needs. One relative told us, "I talk to the staff by phone. I'm kept up to date every couple of weeks, I knew when [relative] had had their vaccine." Another relative told us their family member experienced a lot of infections but they were supported by the service to talk with visiting healthcare professionals so they could understand what was being discussed and agreed about their family member.

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

- Since our last inspection, of the service had reduced the number of houses from four to three.
- People had personalised rooms which supported their individual needs and preferences.
- Suitable adaptations and equipment were in place to ensure people's safety and enable them to maintain their independence.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated well. A person said, "The staff are wonderful, you couldn't get a better bunch of carers." Another person told us, "I can't fault the staff. I couldn't stand it if they were a different group of staff. I would be able to talk to staff if something was wrong."
- Relative's comments about the quality of care provided for their family member was equally positive. Comments included, "The staff have been very compassionate, they put themselves out" and, "The carers who look after [relative] are fantastic, [relative] is happy and that is all that matters to me."
- Observations throughout the day demonstrated people received person-centred care and had a good rapport and relationship with the staff who supported them. Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink, supporting people to mobilise within the home environment, or just talking to people.
- Since our last inspection in December 2019, the provider had introduced the 'Stop the Clock' initiative. This is where at 3.00pm staff regardless of their job role spend time connecting with people using the service to have a meaningful conversation or to facilitate an activity together. At Cephas House we observed many positive interactions between staff and individual people using the service. People clearly enjoyed these exchanges, becoming animated and sharing stories about their lives.
- People and staff were relaxed in each other's company and it was evident staff knew people well. One relative told us, "They [staff] know person's needs" when referring to their loved one's mobility care needs.

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

- Care reviews were undertaken and since our last inspection in December 2019, relatives had contributed to people's 'Remembering Together' document. The latter records a person's life history, consisting of information relating to their background, important events, people and places from their life. These were detailed and informative and meant staff was able to better understand the people they supported in the context of the lives they had lived before coming to Godden Lodge Care Home.
- Relatives were also asked to provide feedback about the service through the completion of a questionnaire.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. People received support with personal care in private and staff were discreet when asking people if they required support to have their comfort needs met.

- People were supported to maintain their appearance to ensure their self-esteem and sense of self-worth. People were observed to wear clothes and costume jewellery of their choosing.
- Where appropriate people were supported to maintain their independence. For example, some people were able to undertake their personal care or aspects of this task on their own. One person was observed to transfer from their wheelchair to a comfortable chair with limited staff support but staff was nearby to aid if needed.
- People were enabled to maintain relationships with those close to them. However, as a result of the pandemic in the last 12 months people had limited opportunities to have visits from family members. Relatives confirmed the service had supported window visits and communication using electronic equipment devices.
- In line with recent government guidance arrangements had been put in place to enable visitors to see their loved ones. Each house had a designated visitor's room which could be accessed via the garden to minimise the risk of transmission. Relatives confirmed they had been made aware of the new guidance and had received regular updates about COVID-19.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant people's needs were met through good organisation and delivery.

At our last inspection in December 2019, suitable arrangements were not in place to make sure people received person-centred care to meet their needs. Care plans were not up-to-date or reflective of people's care needs. This was a breach of Regulation 9 [Person-centred care] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans recorded people's care and support needs, including the delivery of care and support to be provided by staff. People's care plans were reviewed and updated at regular intervals to reflect when a person's needs had changed.
- Staff had a good understanding of people's individual care and support needs, including their likes, dislikes and preferences.
- No one needed end-of-life, or palliative care, however, the management team knew how to access palliative care support and healthcare services if this was needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's communication needs and staff knew how to support people. This approach helped to ensure people's communication needs were known and met. A member of staff was able to tell us how following a serious life-threatening medical condition had impacted one person's ability to communicate and the actions taken by staff to ensure they were able to effectively communicate with them.
- The activity programme was provided in an appropriate format, for example, written, easy read and pictorial.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Peoples and relatives' comments relating to social activities were variable. People told us, "Not a lot happens during the day" and, "Nothing to do." One relative told us, "They [relative] don't do many activities

as much as I would like, not a lot of activities go on."

- An events diary was readily available, detailing seasonal events throughout the year, for example, Mother's Day, St Patrick's Day, St David's Day, and Easter. In addition to St Patrick's Day being remembered the day after our inspection, the service was celebrating 'nutrition and hydration' week by providing ice-cream floats and rainbow jellies and fruit skewers and milkshakes. This proved very popular with people using the service.
- Observations demonstrated the level of social activities provided to people throughout the day was variable. At Victoria House, the facilitator responsible for social activities supported one person to undertake arts and crafts, whilst two other people were reading. At Murrelle House the facilitator spent the morning preparing for St Patrick Day by decorating the communal lounge and dining room. No consideration was given to enabling people to be involved in this activity. At Cephas House, people were supported during the afternoon with arts and crafts, to look at magazines and one person was offered a jigsaw puzzle.

We recommend the provider and management team look at ways of involving people with the setting up of planned events and to ensure people are actively supported to participate in social activities.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise complaints with the service. One relative told us, "I can bring up concerns with the staff on duty." Another relative told us, "As soon as I raised a problem, the issues were addressed."
- Arrangements were in place to record, investigate and respond to any complaints raised with the service.
- Compliments were readily available to capture the service's achievements.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection in December 2019, effective oversight arrangements were not in place to monitor the quality and safety of the service. A culture of openness and transparency was not followed by staff. The provider's policies and procedures relating to the duty of candour were not being followed. This was a breach of Regulation 17 [Good governance] and Regulation 20 [Duty of candour] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of these regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Since our last inspection in December 2019, the service had received an external quality monitoring visit conducted by the Local Authority, with all previous outstanding actions being met in July 2020.
- Governance and oversight arrangements monitored the experience of people and could demonstrate risks were well managed. This information was used to help the provider and senior management team to drive improvement and monitor the service's performance in line with their own policies and procedures.
- Audits were completed at regular intervals and included an analysis of the information to monitor trends and make improvements.
- The service was open and honest when something had gone wrong and apologies were given to people using the service and their family members.
- Recommendations have been highlighted within this report relating to how staffing levels are determined and deployed to ensure all people who use the service receive support in a more equitable way.

Improvements are still required to support people with social activities. The provider's internal quality assurance team were aware of continued action required relating to food and fluid records and this was in the process of being addressed.

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

- The registered manager understood the importance of their role and responsibilities and demonstrated a commitment to providing good care for people using the service, providing support to staff, and ensuring compliance with regulatory requirements was improved and achieved.



- The provider and registered manager were receptive to our findings and suggestions and demonstrated a commitment to maintain the improvements made and to continue to improve the service.
- Staff told us they felt supported by the management team and consistently described them as supportive and approachable. One member of staff told us, "I won't lie, at your last inspection I was close to leaving and dreaded coming to work. Now, the relationship with the management team is much better and I am happy to come to work." Another member of staff stated, "Communication with the management team has greatly improved. I am really happy to come to work, Godden Lodge Care Home is a good place to work now."

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

- Arrangements were in place for gathering the views of people's relatives about the quality of the service provided. Comments recorded were mostly positive and where areas for improvement were highlighted, actions taken were recorded.
- Meetings were held to give staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss topics.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals, and services to support care provision.