

Athena Care Homes (Kings Lynn) Limited

Goodwins Hall Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Goodwins Hall Care Home is a care home, providing nursing and personal care to up to 78 people. The service provides support to people with nursing care and support needs. At the time of our inspection there were 71 people using the service. The care home accommodates people across two floors and each floor is divided into units named Kingfisher, Skylark and Canary. The service provides care to people living with physical healthcare needs, and some people were living with dementia.

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

People were not always receiving their medicines on time in line with health care professional's recommendations. Medicines were administered later than required, or they were not given at regular intervals across the day to achieve the best outcome.

People were not consistently protected from the risk of accessing items such as razors, denture cleaning tablets, and medicines without staff supervision, as there were no lockable storage units for such items to be kept in, which increased their risk of harm.

People's care records needed to be reviewed to ensure they were an accurate reflection of individual support needs and preferences, for example how they liked to take their medicines.

Improvements were needed to the provider's level of oversight of this service, to ensure people were kept safe, particularly in the absence of having a registered manager in post. Some of the provider's own audits and checks had not identified shortfalls found during this inspection to ensure care people received as consistently of a high standard.

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.

There was an ongoing refurbishment plan in place to ensure improvements to the condition of the care environment, with plans to improve the condition of external paving to improve accessibility.

People were supported by suitably trained, competent staff, and staffing levels were found to be above the assessed levels of dependency to meet people's individual care needs.

Overall, cleanliness within the service was a good standard, and people's bedrooms were individually decorated to make them feel homely and personalised. Procedures in place, and observations during the inspection demonstrated staff were protecting people from the risks of the spread of infection and were following the provider's policies in place.

The manager and provider team were responsive and open to inspection feedback, and were keen to drive improvement at the service to ensure people received consistent standards of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update The last rating for this service was good (published 18 September 2019). We also completed an unrated inspection which was published on 16 March 2023 following a serious incident which happened at the service.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We had also received concerns in relation to the management of people's safety prior to this inspection. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements in relation to the management of people's risks, particularly in relation to medicines and the care environment. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Goodwins Hall Care Home

Detailed findings

Background to this inspection

The inspection

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

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 practice we can share with other services.

Inspection team

Consisted of 2 inspectors, 1 specialist medicine inspector and 2 Experts by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Goodwins Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Goodwins Hall is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a new manager in post, but they had not started the registration process to become the registered manager at the time of our inspection. We will refer to them as "the manager" throughout the report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we held about the service on our systems and liaised with the local authority quality assurance team. This information assisted us with the planning of this inspection.

During the inspection

We spoke with members of staff including the manager, nominated individual (The nominated individual is responsible for supervising the management of the service on behalf of the provider), regional director, 2 members of nursing staff, 4 care staff and members of the kitchen team. We spoke 13 people living at the service and observed care provided in communal areas. We spoke with 3 relatives about the care and support provided.

We reviewed a range of records, including 4 people's care records and 16 medication records and observed some of the medicine rounds. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicine management was not always effective. The medicine round took a long time. From reviewing people's medicine management plans, we identified examples of where people received their medicines later than required, or they were not given at regular intervals across the day to achieve the best outcome.
- Topical medicines such as creams were not stored securely. People did not have a lockable cabinet in their bedrooms. We found some homely remedy medicines people's relatives had brought into the service, and not handed into the staff to be stored appropriately. This increased the risk of people consuming or using medicines and creams unsafely.
- People's individual preferences for taking their medicines lacked detail. Improvements were required to ensure staff supported people in an individualised approach.
- Records did not confirm patches had been correctly applied and rotated. The electronic MAR system did not confirm that the sites of application of the patches on people's bodies had been properly rotated to reduce the risks of skin irritation.
- People were at risk of consuming harmful care products. People, including those living with dementia, had unsecured access to denture cleaning tablets, razors, personal care products and prescribed creams.
- People were at risk from burns and scalds. We identified there was a lack of risk assessments in place to protect people from unsupervised access to hot water urns. The urns themselves were hot to the touch, as well as the risks associated with boiling water.
- Improvements to care records were required. We found examples of inaccurate information relating to the management and oversight of people's bowel care and likelihood of attempting to leave the service without support from staff.

The provider did not mitigate risks to people receiving care. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks of water and fire safety equipment were in place. Following a serious incident at the service, risk management plans were in place for those people who smoke. Fire risk assessments were in place where people used paraffin based creams on their skin.
- As an outcome of our inspection feedback, changes were being made to the care environment to manage the risks associated with unsupervised access to the hot water urns and unsecured items such as creams and other risk items. Changes were made to the main entrance door to reduce the risk of people leaving without staff being aware.
- There was a plan in place for the review of people's care records to ensure they were accurate.

Systems and processes to safeguard people from the risk of abuse

- We identified some safeguarding reporting concerns. Incidents and accidents had not always been notified to CQC. As an outcome of this inspection, the new manager completed a review of incidents and accidents at the service and notifications were submitted retrospectively.
- People and their relatives told us they felt safe living at the service. Changes in management further supported an open culture of reporting and discussing any concerns or possible abuse relating to people living at the service. A person told us, "I feel safe and secure living here. The staff are available to support me when I need them." People told us, "Caring nurses look after you get your food regularly, regularly see friends you talk to, things going on," which they said made them feel safe and settled.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.'
- The new manager had reviewed each person's capacity status and whether a DoLS request needed to be made, or an authorised DoLS was in place. Where applicable, they had also submitted the corresponding DoLS notifications to CQC and had a clear log in place to monitor for when DoLS were due for renewal.

Staffing and recruitment

- There were enough staff on shift to meet people's needs. Staffing levels were assessed using a dependency tool, and the provider was ensuring staffing levels were above those assessed to be required to safely meet people's needs. A person told us, "The staff are lovely, they treat me with care, consideration and manners." We received some feedback that people would like staff to have more time to sit and talk with them.
- Staff received regular training to meet the requirements of their roles. Most courses had high completion rates. Where training was due for renewal, we received confirmation of course dates booked for staff to attend.
- There were gaps in the completion of supervision and appraisals. This was reflective of recent changes in the management of the service. Dates were booked for the completion of meetings with staff.
- Required pre-employment checks were in place. The checks in place ensured staff were assessed to be safe to work with vulnerable people. This included the completion of Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to spend time with their relatives and friends, at the service, in the communal garden areas, as well as out in the local community.
- Risk management plans were in place to support visiting and reduce the risk of social isolation in the event of an outbreak such as COVID-19 happening at the service.

Learning lessons when things go wrong

- The manager and members of the provider team were responsive to our feedback, implementing changes and improvements promptly for the benefit of people living at the service.
- We identified examples of provider level learning being shared between their services and use of reflective discussions within a recent staff meeting.
- Where incidents had happened, we could see the manager and staff team were open with people and their relatives and worked alongside them to resolve concerns and reduce the risk of reoccurrence.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's own audits identified areas of improvement that had not been addressed. Audits completed earlier in the year identified performance improvement areas, such as reporting safeguarding incidents and concerns with medicines management which remained at the time of our inspection. In the absence of a registered manager, the provider had responsibility for the governance, oversight and safe running of the service.
- Improvements to the manager daily walk arounds were needed. Areas of environmental risk found during this inspection had not been identified through the manager or provider's own quality checks and audits to maintain people's safety.
- We identified incidents CQC had not been notified about. This shortfall had not been identified by the provider's own audit processes. The notification threshold was discussed during the inspection. The manager reviewed previous incidents and submitted notifications to CQC retrospectively.

The systems and processes to assess, monitor and improve the quality and safety of the service were not established or operated effectively to maintain standards and drive improvement at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Accident and incident records included duty of candour actions taken. From reviewing records, we were able to see where the manager, or staff team had completed open and honest conversations, or provided updates in writing where things had not gone as intended.
- The manager was fostering an open culture within the service. From our observations, feedback sourced and review of meeting minutes, these demonstrated the manager was actively encouraging feedback and engaging with people, their relatives and staff about how to drive improvement and make positive changes at the service. A person told us, "I have seen the new manager, they have popped in to say hello and to see how I am, they are very approachable." Another person said, "I have seen a lot more of the new manager. Things have got better." People consistently told us they had not had cause to raise any complaints but would feel comfortable speaking with a member of staff if they needed to.

- Feedback from people, relatives and staff was encouraged. From reviewing feedback from the 2022 survey results for people and their relatives, when compared to feedback we sourced during the inspection, we were able to see areas of improvement. The manager was actively supporting the staff team to improve morale.

Continuous learning and improving care; Working in partnership with others

- There was an active recruitment process in place. The manager had recognised the need to ensure a consistent staff team was in place, and where agency staff were used, these were familiar with the service.
- Staff worked well as a team. We observed some strong team working, and lovely interactions between staff and people living at the service. Staff demonstrated kindness and caring in the completion of their roles.
- The service had a good working relationship with external healthcare professionals. This achieved good care outcomes for people.
- The manager implemented a service improvement plan. The manager updated their service improvement plan to reflect outcomes and actions taken in response to inspection findings and feedback provided to continue to drive improvement at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The care provider was not ensuring risks relating to people's care, aspects of the care environment, and management of people's medicines were safe. This was a breach of regulation 12 (1).
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The care provider's systems and processes to assess, monitor and improve the quality and safety of the service were not established or operated effectively to maintain standards and drive improvement at the service. Regulation 17 (1).