

Mrs Parminder Degun

Golden Gorse Residential Care Home

Inspection report

4 Alexandra Road
Minehead
Somerset
TA24 5DP
Tel: 01643 702767

Date of inspection visit: 16 October 2014
Date of publication: 18/11/2014

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?

Requires Improvement 

Overall summary

This was an unannounced inspection carried out by one inspector on 16 October 2014.

Golden Gorse Residential Care Home provides accommodation and personal care for up to eight people. The home provides care and support to people who have a learning disability.

There was no registered manager in post at the time of the 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 and associated Regulations about how the service is run. The last registered manager de-registered with the CQC in September 2014. A new manager has been appointed and told us they had begun the process to be registered.

Summary of findings

People told us they found the manager open and approachable. We saw everyone who lived and worked at the home was comfortable and relaxed with them.

There were systems in place to make sure people were safe. These included a robust recruitment procedure and staff training in recognising and reporting abuse. Risk assessments had been completed to enable people to take part in activities with minimum risk to themselves and others.

Staff received appropriate training to make sure they had the skills and knowledge to support people. People who lived at the home spoke very fondly about the staff. One person said “I love all the staff.” Another person said “The staff are nice and they care about me.”

Everyone had a care plan which was personal to them and people were involved in reviews of their care. Care plans gave information about people’s needs, wishes and preferred routines. This meant staff had enough

information to provide appropriate support to each individual. People had access to a range of health care professionals to make sure their needs were assessed and they received appropriate treatment.

People were able to make decisions about their day to day lives. Where people lacked the mental capacity to make a decision, the staff knew about guidance and legislation about making a decision in a person’s best interests. Throughout the inspection we saw people were offered choices about all aspects of their lives. One person told us “I choose what I do. The staff have to explain things to me sometimes to help me.”

People were able to personalise their bedrooms which gave them a homely feel. People had keys to their bedroom doors and staff respected people’s privacy. Staff supported people to keep in touch with friends and family and visitors were always made welcome at the home.

Summary of findings

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 safe. People told us they felt safe living at the home and with the staff who supported them.

There was a robust recruitment procedure which minimised the risks of abuse to people by ensuring staff were thoroughly vetted before they began work.

There were enough staff to ensure the safety of the people who used the service.

Medicines in the home were securely stored and only administered by staff who had received specific training and had their competency assessed.

Good



Is the service effective?

The service was effective. Staff had the skills and knowledge needed to effectively meet people's needs.

People had access to a variety of health care professionals to make sure their health care needs were assessed and met.

Staff offered people choices and understood how to support people when they were unable to make decisions for themselves.

Good



Is the service caring?

The service was caring. People were supported by staff who were kind and patient.

There were warm and friendly relationships between people who lived and worked at the home.

People had keys to their personal rooms and told us their privacy was respected.

Good



Is the service responsive?

The service was responsive. People received care and support which was personalised to their specific needs and wishes.

People took part in a variety of activities according to their interests and abilities.

Everyone who lived at the home had a pictorial copy of the complaints procedure. People said they would be comfortable to make a complaint if they were unhappy.

Good



Is the service well-led?

The service was well led however there was no registered manager in post. A new manager had been appointed who planned to register with the Care Quality Commission.

Requires Improvement



Summary of findings

People told us they found the manager open and approachable. We saw everyone was very comfortable and relaxed with them.

There were systems in place to monitor the quality of the service which included regular visits from the provider. Although the provider wrote a report following their monitoring visits there were no action plans in place to make sure shortfalls were addressed in a timely manner.

Golden Gorse Residential 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.

The inspection took place on 16 October 2014 and was unannounced. It was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit. At our last inspection of the service on 17 September 2013 we did not identify any concerns with the care provided to people.

During the inspection visit we spoke with all eight people who lived at the home and one visiting relative. We spoke with three members of staff and the manager. We looked around the premises and observed care practices. We also looked at records which related to people's individual care and to the running of the home. These included two care and support plans, two staff personnel files, records of health and safety checks and provider audits for the past three months.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person said “I always feel safe.” Another person said “The staff make sure we are all safe.” A visiting relative told us they had no concerns about the safety of their relative. We observed people were very comfortable and relaxed with the staff who supported them.

Risk assessments were in place to make sure people could take part in activities with minimum risk to themselves and others. We saw one person had a risk assessment which stated they needed staff support to make sure they were safe when going out shopping. When we spoke with this person they said “I like shopping. The staff always come with me.” This showed staff worked in accordance with assessments to minimise the risks to people.

The provider had policies and procedures in place for recognising and reporting abuse. There was also a copy of the local authority’s safeguarding policy and a policy in pictorial format for people who lived at the home. This ensured everyone had information about what may constitute abuse and how to report it.

Staff told us they received training in the protection of vulnerable adults and records seen confirmed this. Staff spoken with had a clear understanding about abuse and said they would be comfortable to report any concerns. Staff we asked were confident that any allegations or concerns would be fully investigated by the provider to make sure people were kept safe.

The risks of abuse to people was minimised because the provider checked staff were suitable before they commenced employment. The provider told us on their PIR

they had a robust recruitment procedure in place which included seeking references for prospective employees and carrying out appropriate checks. One new member of staff told us they had not been able to start work at the home until the checks had been completed.

There were adequate numbers of staff on duty at all times to ensure people’s safety. We saw staff had time to spend with people and responded to requests for assistance promptly. One person said “There’s always staff to help you.” Staff told us they felt there was adequate staff to meet people’s needs. One member of staff said “We always have enough staff. If we are going out or doing something special there is never any trouble about having extra staff.”

All medicines in the home were administered by staff who had received specific training and had been assessed as competent in this area. One member of staff said “After I’d done the training I did the medication with another member of staff. Then the manager watched me a couple of times to make sure I knew what I was doing.”

There were adequate storage facilities for medicines and clear records were kept of all medicines received into the home. We saw the medication administration records and noted they were correctly signed when administered or refused by a person. This ensured there was always a record of the amount of medication on the premises.

The care records for one person showed that they had a specific medical condition which meant they may need emergency medicine to ensure their safety. Staff told us they had received the appropriate training to administer the prescribed medicine in an emergency and were aware of the policy and procedure to follow.

Is the service effective?

Our findings

Staff received training and support to make sure they had the skills and knowledge to effectively meet people's needs. Staff told us they completed an induction programme when they started work and were able to shadow more experienced staff. One member said "You learn so much from the other staff when you shadow them and people get used to you before you help them with personal care."

There were opportunities for on-going training and for staff to obtain qualifications in health and social care. The provider told us on their PIR that eight of the 11 staff employed had a nationally recognised qualification in care. We saw staff were competent in their roles and provided personalised support to people. This provided a happy and calm atmosphere in the home and we saw staff encouraged people to make choices. We observed that one person became upset and staff responded professionally and calmly to defuse the situation.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and worked in accordance with the principles of the act to make sure people's legal rights were respected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One member of staff told us "Everyone who lives here is able to make everyday decisions for themselves. It's about helping people to understand the decision and giving them time. If it was a big decision then the manager and the social worker would be involved." One person told us "I choose what I do. The staff have to explain things to me sometimes to help me."

No one was being deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS) set out in the MCA.

DoLS provides a legal process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

There were regular reviews of people's healthcare needs and changes were made in accordance with advice from outside professionals. One person had recently had a medication change and we saw the staff were monitoring the effectiveness of the new medication. Another person said they had seen a physiotherapist about changes in their mobility. They told us "They make sure you get the help you need." Records in individual care plans showed people had access to a range of healthcare professionals according to their specific needs.

We looked at two care plans and both contained a document called a 'hospital passport.' These were documents that set out the needs of the person and provided clear information for anyone providing care to them. This meant that if the person was admitted to hospital, healthcare staff would have information about the person's abilities, communication needs and their preferences.

People told us they liked the food in the home. Most people attended day services away from the home during the week and took a packed lunch. Staff told us people were able to choose what they had in their packed lunch but they tried to encourage people to make healthy choices. The main meal of the day was in the evening. We heard how everyone was involved in choosing the menu. One person said "We all choose a meal. Tonight is my choice because it's my favourite." We saw that the main meal was a very sociable occasion with everyone sitting around the kitchen table with staff eating and chatting about their day. Two people did not want the meal that was on the menu and they were provided with alternatives in line with their wishes.

Is the service caring?

Our findings

People were cared for by staff who had a good knowledge of each person and showed respect for individuals by taking time to listen to their conversations and wishes. We saw when people arrived back at the home from their day services, staff sat with people drinking coffee and chatting. There was lots of laughter and friendly banter and people seemed pleased to see the staff on duty.

There was a family type atmosphere in the home and people were very relaxed with each other and with staff. One visitor told us "This is their family. I'm just a visiting relative." We saw warm and friendly interactions between staff and people who lived at the home. Staff sat with people in the lounge and responded to questions and suggestions in a very patient and kind way. When a person became upset staff were professional and kind.

People who lived at the home spoke very fondly about the staff who supported them. One person said "I love all the staff." Another person said "The staff are nice and they care about me." Staff told us they all worked on the principle that they worked in someone else's home and their job was to make everything as homely and comfortable as possible. One member of staff told us "Everything we do is guided by what the people who live here want. They have choice in everything. It's their home."

Four people showed us their bedrooms and we saw they had been able to personalise them in line with their tastes and wishes. This made rooms very personal and homely. Everyone had a key to their room but most people chose not to use them. One person said "No one comes in unless I say they can." Another person told us "I can do what I like in my room it's only for me."

We heard staff prompting people with personal care in a quiet voice which respected their privacy and dignity. Each bedroom had a wash hand basin and some had full en suites. This enabled personal care to be carried out in private. One person told us that aids and adaptations had been added to their bathroom to enable them to retain their independence and privacy. They told us "All the gadgets help me to be independent."

Everyone told us they made choices about their day to lives and staff involved them in decisions about the home. We observed that people were offered choice about everything. We heard staff asking a person if they wished to have a bath. When they said they did staff asked them to let them know when they were ready and they were happy to assist them. Another person told us they had chosen the colour for their bedroom and bed linen. We also saw people made choices about how and where they spent their time. Some people choose to spend time in the communal lounge whilst others spent time in their personal rooms.

There were no formal meetings for people who lived at the home but people were constantly involved in conversations with staff about day to day life at the home, activities and trips. We saw that when one person had difficulty expressing their views a member of staff listened carefully and checked out with the person that they had understood the person correctly.

Staff spoke about the people who lived at the home in a respectful manner and were aware of issues of confidentiality.

Is the service responsive?

Our findings

Everyone who lived at the home received care and support which was personalised to their needs and wishes. Each person had a care and support plan. We read two care plans and saw they were very personal to the individual and gave clear information to staff about people's needs and how they made choices. Care plans also contained information about people's preferred daily routines to ensure staff knew about people's preferences. We heard that these were guidelines and people did not have to stick rigidly to their routines. One person said "Tomorrow I'm going to have a lay in and not go to the day centre." When we asked why they told us "Because that's what I want to do."

The care plans we read were in words and pictures to make them understandable and meaningful to people. However we did not see any evidence they had been created or agreed with the person using the service. We discussed this with the manager who informed us that people were involved in annual reviews of their care. One person told us "I have a review with my social worker."

People were able to take part in activities according to their interests and preferences. One person told us they enjoyed being outside and did work with the National Trust. Another person said they did voluntary work at a local school and very much enjoyed it. People told us about social clubs they attended and two people told us about a forthcoming Halloween party they were going to. We saw

that people had televisions and other equipment in their rooms to enable them to occupy their time if they chose not to join in with organised activities or trips. One person said "Sometimes I just like to listen to my music."

People said they also took part in day to day activities in the home such as helping with cooking and some housework. One person said "I like to cook. The other day we made pizza and it was really fun." Other people told us they were responsible for keeping their rooms tidy and clearing up after meals.

Staff supported people to express themselves through their choice of clothes and style. One person said "Staff take me shopping but I choose my clothes." Another person showed us a picture of a celebrity who they admired and told us how staff had assisted them to style their hair in a similar way.

Staff supported people to maintain contact with friends and family. This included accompanying people to visit family members and providing transport for people to take part in evening activities with friends. A visitor told us they were always made welcome in the home and were able to 'pop in' anytime.

There was a formal complaints procedure which everyone had a copy of in their room. The procedure was in pictures and had photos of staff who the person could talk with and the manager. Everyone knew about the complaints procedure and some people showed us their personal copy. People said if they were worried or unhappy they would talk to the manager. Everyone was confident that any concerns would be sorted out.

Is the service well-led?

Our findings

There was no registered manager in place. The previous registered manager de-registered with the Commission in September 2014. A new manager had been appointed who told us they would be applying to register with the Care Quality Commission.

The provider informed us in their PIR they would be working closely with the new manager to ensure the home was run 'efficiently and professionally and to instil the right attitude and motivation to all care staff to ensure that all service user's needs are fully met and that we provide a well led service.' The manager said they felt well supported by the provider. They told us they felt able to contact the provider at any time and were always happy to discuss issues. Staff also said the provider was always available for advice and support. One member of staff told us "Although they live a long way away they visit regularly and we can phone them anytime."

The manager's office was located next to the lounge area which meant they were easily accessible to everyone who lived at the home, visitors and staff. Throughout our visit we saw people and staff chatting to the manager in their office.

Staff described the new manager as 'very approachable' and 'wonderful.' One person who lived at the home said "The manager is really nice. You can talk to her and she's fun."

One member of staff told us "The manager has a vision for the home and we all share the same goals of providing a personal service to everyone who lives here." We heard that a full team meeting was planned to share information and plans for the future. The manager also told us they were considering writing a newsletter to make sure people who lived at the home and relatives had information about what was happening at the home and had an opportunity to share their ideas.

Although the manager had only been in post a few weeks they had familiarised themselves with everyone's care plan to ensure they knew about everyone's needs and wishes. Discussion showed that the manager already had a good knowledge of the people who used the service. We saw the manager spent time in the main areas of the home and everyone appeared very comfortable and relaxed with them. The manager had also carried out a formal supervision session with most members of staff. This was a one to one session which gave staff an opportunity to get to know the manager and their values and share any concerns or worries. It was also a chance for the manager to assess staff competency and identify training and development needs. We read a sample of supervision records and saw a wide variety of subjects were discussed.

When the manager was not available in the home there was an on call system between the manager and a senior carer. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported by the manager and the provider.

There were some systems in place to monitor the quality of the service and identify where improvements were needed. The provider visited the home on a regular basis and produced a monitoring visit report on a monthly basis. We saw copies of the providers monitoring visits which included supervision with the manager, talking with people who lived and worked at the home and viewing records. We saw that on one visit the provider had identified some areas of the home which required redecoration or refurbishment. However we did not see any action plan which gave timescales of when work would be completed or how people would be involved in decisions.

There were annual satisfaction surveys which were sent to people who lived at the home, staff, relatives and relevant health and social care professionals. The last survey was carried out in February 2014 and completed surveys showed a high level of satisfaction with the service offered.