

Mr & Mrs D Boulton

Goodwood Orchard Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 and 8 December 2016. A breach of the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was found.

We carried out a focused inspection of this service on 5 April 2017 which was unannounced. We checked that they had followed their plan and to confirm that they now met the legal requirement. This report only covers our findings in relation to 'Well-Led'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Goodwood Orchard Residential Care Home on our website at www.cqc.org.uk

Goodwood Orchard Residential Care Home is a care home that provides residential care for up to 18 people and cares for older people. At the time of our inspection there were 15 people using the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the provider had made improvements to the way they managed the service. Further action was needed to ensure those improvements were sustained.

The registered manager had updated their knowledge in relation their role, responsibilities to manage and provide a quality care service.

People's care plans had been reviewed and amended where people's needs had changed. Care plans provided staff with clear guidance about the support people required. People and their relatives, were involved in the development and review of their care plans.

The registered manager had updated the policies and procedures. Records showed staff's training was up to date and that they were supported in their role through supervisions and meetings.

We found improvements were made to the premises and equipment used in the delivery of care were stored safely. Repairs and decoration had been completed to improve the living environment. All areas were clean and monitored to ensure people lived in a clean and safe environment.

Improvements were made to ensure systems were in place and used effectively to monitor the quality of care provided through regular checks and audits. Records showed the registered manager and the deputy manager addressed issues identified through the audits and feedback from people who used the service, their relatives, and staff in order to develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was mostly well led.

We found that action had been taken to improve the systems to assess and monitor the quality of service provided. A registered manager understood their role and responsibility. The provider's governance system had been improved and used to monitor the effectiveness of the care provided. Improvements were made to the premises and checked regularly. Staff were being supported and trained to carry out their job roles. People, their relatives and staff were involved and influenced the running of the service. Further action was required to sustain the improvements made.

Requires Improvement ●

Goodwood Orchard Residential Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Goodwood Orchard Residential Care Home on 5 April 2017. This inspection was done to check that the improvement to meet the legal requirement with regards to good governance was being met.

We inspected the service against one of the five questions we ask about services: is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was carried out by one inspector.

We reviewed the information we held about the service and the notifications. A notification is information about important events and the provider is required to send us this by law. We reviewed the provider's action plan sent to us following our last inspection which outlined the improvement they planned to make.

We contacted the local authority commissioners responsible for the funding of some people's care that use the service. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. This information was used to plan the inspection.

At this inspection we spoke with the registered manager, the deputy manager, one member of care staff and maintenance staff. We spoke with one person who used the service and a relative. We looked at the care records for three people, which included their care plans, risk assessments and records relating to their daily wellbeing and health. We looked at staff induction, training information and support provided.

We looked at the minutes of a staff meeting, some policies and procedures, maintenance records of the premises and equipment and other records relating to how the provider monitored the quality of the service.

Is the service well-led?

Our findings

At our previous inspection of Goodwood Orchard Residential Care Home on 7 and 8 December 2016 we identified that the provider and the registered manager had not submitted the Provider Information Return (PIR) which they were required to do to meet their legal responsibilities. 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. Information about the service, what people can expect to receive and the registered manager training was out of date. The registered manager had not kept their knowledge and training up to date to be able to provide consistent and effective leadership. The deputy manager was not provided with effective training and direction to help ensure they received the support they needed to manage the service.

We found the provider's governance system was fragmented and ineffective because it had not been fully implemented to ensure people received a safe service that was well managed. The lack of effective monitoring of the premises, equipment and cleanliness within the service meant that people's health, safety and wellbeing could not be assured.

The service did not fully assess, monitor or review people's care needs. Care plans did not always provide staff with clear guidance as to the support people required. People and their relatives, where appropriate, were not involved in the development of their care plans and reviews. People's views about the service provided and their relatives views were not always sought.

Staff training and support information was not kept up to date which meant that their training and support needs could not be identified or monitored by the registered manager.

On 6 January 2017 we issued a warning notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requiring the provider to become compliant with Regulation 17.

At this inspection we found the provider had made some improvements. Further action was needed to ensure those improvements were sustained.

We saw the latest rating and inspection report was displayed, which is a legal requirement. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

The registered manager told us that they were using an independent consultant to provide support to raise their awareness about the changes in regulations and their responsibilities. They understood the importance of completing the PIR. They told us that the previous deputy manager had not made them aware that a PIR had been requested. The registered manager told us that they worked closely with the current deputy manager to ensure the service was well managed. We found communication between the registered manager and the deputy manager was good. They both assured that they would complete and return the PIR when requested to do so. They were both aware of CQC's approach as to what makes a good service and the five key questions we ask about services, is the service safe, effective, caring, responsive and well-led.

The deputy manager was mentored by the independent consultant and supported by the registered manager to understand their role and responsibility to manage the service. The deputy manager was completing the professional management qualification in health and social care. They had introduced a new documentation and recordings. For example, staff training matrix had been updated. This helped the deputy manager to ensure the staff on duty had the skill mix required to meet people's needs and to plan staff's training updates.

We found the service user guide and the statement of purpose had been updated. These documents set out information about the service including the staff training. Information about the facilities and what people can expect to receive had been updated. The registered manager qualification and training had been updated. The registered manager had updated their training in the safeguarding adults' procedure, health and safety and moving and handling. That meant people who used the service and staff could be assured that the registered manager's training in the skills, knowledge and practice to look after people was up to date. A copy of the service user guide and the statement of purpose were available with other information such as the complaints procedures.

We looked at a sample of the provider's policies and procedures; these had been updated and provided staff with clear guidance about their role. Staff member we spoke with knew where all the policies, procedures and records were kept and were confident to access as required.

Where incidents or accidents had occurred those were documented and reported to us. Records showed each event detailed the actions taken such as medical advice sought, review of people's needs, risks and their care plans updated to prevent future risks. Staff told us that information about any changes to people's needs was shared with them at the daily handover meetings. We read the handover book which contained information that was shared with the staff team. This showed that staff were aware of the incident and accident reporting system and made aware of any changes to people's needs.

People's care plans and risks had been reviewed. There was clear guidance for staff to follow in order to meet people's needs. A staff member said, "The care plans are really easy to follow, simple, informative and if I was unsure I'd ask [deputy manager]." Records showed people were involved in their development of their care plans and their views as to how they wished to be supported had been documented. Where appropriate their relative's had been consulted to ensure their family member's needs and support required was accurately documented. A relative told us they had been asked to read and sign their family member's amended care plan to ensure it accurately reflected their needs and how staff would meet those needs.

We found the views of people and their relatives views were sought individually and at the residents' meeting'. Minutes from the meeting held in March 2017 showed that people were asked to influence the menu choices, outings and entertainment for the year ahead.

The deputy manager told us satisfaction surveys had been taken but none were returned. They acknowledged that the use of surveys had not been effective and needed to find an alternative way to gather feedback about the service. They assured us that the independent consultant would help them.

A relative told us that if they had any concerns or comments they would speak with the deputy manager. When we asked a relative for their views about the quality of care and the management of the service they said, "Its home from home. The staff are very caring. They keep me informed of any changes and appointments. I think it's well managed." We saw another relative was also asked to sign their family member's care plan. They found some inaccurate information about their family member, which was addressed by the deputy manager.

The registered manager, deputy manager and a senior care staff had lead roles to ensure the quality service, people's care, care records and medicines, and the environment promoted people's safety and wellbeing. Records showed regular audits and checks were being undertaken. For example, weekly and monthly medicines audits showed medicines were stored, administered and managed safely.

The deputy manager audited people's care plans and risks, and any issues in the care plans or changes in people's needs identified by the deputy manager had been addressed. That helped to ensure people's needs were accurately recorded and their health and wellbeing was monitored.

The deputy manager had developed a schedule of health and safety audits to ensure all areas were safe, clean and maintained. The registered manager carried out regular checks on the premises and equipment. They monitored the improvements to ensure repairs and improvements were carried out in a timely manner. That meant a system was in place to check that people lived in a safe and well maintained environment.

We found improvements had been carried out to the premises. All areas of the service such as the lounges and people's bedrooms we looked at and the bathrooms and toilets were clean. The lounges and the dining room had been painted and decorated. The shower room had been refurbished and all the faults and repairs identified at our last inspection had been addressed. The equipment used in the delivery of care such as hoists were serviced regularly and stored safely. Equipment that was no longer required or unsafe to use had been discarded. A cleaning schedule was now in place. Records showed the deputy manager carried out regular checks on the premises, equipment and the cleanliness. That showed a system was in place to provide people with a safe environment.

The registered manager and deputy manager assured us they would continuously monitor the quality of service through regular checks and effective monitoring to drive improvements. This would help assure people that the improvements made to the service were sustained.

We asked the newly appointed staff about the training they had received and the needs of people who used the service. They told us that they had induction training which covered the provider's policies, procedures, fire safety and health and safety. They told us that although they were trained in manual handling and had used equipment such as a hoist the deputy manager had assessed their competency to use equipment and move people safely. Staff told us they had clear direction and felt supported by the deputy manager and the registered manager.

Staff training was planned. For instance, fire safety training was booked for May 2017 and infection control and prevention was booked for June 2017. Staff had received on-going supervisions and attended staff meetings. A staff supervision schedule for the year had been planned by the deputy manager. The minutes of the staff meeting held in January 2017 showed the topics discussed included the CQC inspection report findings and provided staff with an opportunity to be involved in the improvements planned with regards to the décor and care records.

The deputy manager told us that the local authority commissioner had carried out a quality monitoring visit in January 2017. A number of issues found were similar to those that we found at our last inspection of the service. The action plan showed that most issues had been addressed. That meant people using the service could be assured that the management team had taken steps to ensure they received a quality service and the service was well managed.