

# Primary Medical Solutions Limited

# Goldenhill Nursing Home

## Inspection report

Heathside Lane  
Goldenhill  
Stoke-on-Trent  
ST6 5QS  
Tel: 01782 771911

Date of inspection visit: 13 June 2015  
Date of publication: 20/07/2015

## Ratings

### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

We inspected this service on 13 June 2015. This was an unannounced inspection.

The service was registered to provide accommodation and nursing care for up to 44 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 30 people were using the service.

Our last inspection took place on 2 and 3 December 2014. During that inspection a number of Regulatory breaches were identified, some of which were on-going from the provider's previous inspection on 29 May 2014. We told the provider that immediate improvements were

required to ensure people received care that was; safe, effective, caring, responsive and well-led. At this inspection we found that the required improvements had been made.

The service had a registered manager. 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.

# Summary of findings

We found that although the required improvements had been made to promote people's safety, further improvements were needed to ensure people's personal information was secure. Improvements were also required to ensure accurate and up to date records of people's care were kept to confirm care was delivered in accordance with people's agreed plans.

People's safety risks were identified and reviewed and medicines were managed safely. There were sufficient numbers of suitable staff to meet people's needs and promote people's safety.

Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People's health and wellbeing needs were monitored and people were supported to attend health appointments as required. People could access suitable amounts of food and drink that met their individual preferences.

Staff sought people's consent before they provided care and support. However, some people who used the

service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People were treated with kindness, compassion and respect and staff promoted people's right to privacy. Staff helped people to make choices about their care by giving them the information they needed to do this.

People were involved in the assessment and review of their care and staff supported and encouraged people to participate in leisure and social based activities that were important to them.

People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. People's feedback was sought and used to improve the care. Staff were supported to make positive changes to the way they delivered care.

# 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 not consistently safe. People's personal information was not secure and accurate records were not always maintained to confirm people received their care in accordance with their agreed plans.

People were protected from abuse and safe staffing levels were maintained. People's risks were assessed and reviewed and medicines were managed safely.

Requires improvement



### Is the service effective?

The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing. People were supported to eat, drink and maintain a healthy weight.

Staff supported people to make decisions about their care in accordance with current legislation.

Good



### Is the service caring?

The service was caring. People were treated with kindness, compassion and respect and staff supported people to make choices about their care.

People's right to privacy was promoted.

Good



### Is the service responsive?

The service was responsive. People received care in accordance with their preferences and needs.

Staff responded to people's comments about their care to improve people's care experiences.

Good



### Is the service well-led?

The service was well-led. Effective systems were in place to regularly assess and monitor and improve the quality of care. Feedback from people was used to improve the quality of care and staff were supported to make positive changes to how they delivered care.

Good



# Goldenhill Nursing 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 June 2015 and was unannounced. Our inspection team consisted of three inspectors.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with eight people who used the service and three relatives. We also spoke with seven members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at six people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

# Is the service safe?

## Our findings

At our last two inspections we saw that risks to people's safety and wellbeing were not always assessed, managed and reviewed which meant people's safety and welfare were compromised. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that improvements had been made to the assessment and review of risk. People told us that risks to their safety and wellbeing were managed. One person said, "I can't walk like I used to, but I feel safe because the staff walk behind me when I use my zimmer frame". This person's care records confirmed they needed staff to walk behind them when they moved around the home to promote their safety. We saw that risks to people's safety and wellbeing were regularly assessed and reviewed and any incidents that occurred were thoroughly investigated to ensure the risk of further incidents was reduced.

However, further improvements were required to ensure that risks to people's safety were consistently managed in accordance with their agreed plans of care. For example, we observed one person being supported to move in an unsafe manner that was not in line with their planned care. We informed the registered manager of this who told us the action they would take to reduce the risk of this from happening again. They said, "Staff will undertake additional training and it will be addressed in supervision".

People told us that their risks were managed. However, people's care records did not always demonstrate this. For example, one person required support to change their position every two hours to manage their risk of skin damage. Their care records did not show that they received this support as frequently as agreed. This meant that people's care records did not always reflect that their risks were being managed.

People's personal information was not protected from the risk of misuse or loss. This was because care records were not stored securely. We informed the registered manager of this, who told us the action they planned to take to improve the security of people's personal information.

At our last two inspections we saw there were not enough staff to meet people's individual needs, and people's safety and welfare was compromised. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, people told us and we saw that there were enough staff available to provide people with the care and support they required. One person said, "The staff are always in the lounge in case one of us becomes ill". Another person said, "If you want someone, you just press the button and someone comes". The service was below its optimal occupancy rate and the registered manager told us that they met with the provider on a weekly basis to ensure that as the number of admissions increased the numbers of staff reflected the needs of the people who used the service.

People told us they had confidence that staff were suitable to work with people who used the service. One relative said, "The staff are all good people, they never lie". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People were protected from abuse. Staff told us how they would recognise and report abuse. We saw that agreed procedures were followed that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team.

We saw that medicines were managed safely. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

# Is the service effective?

## Our findings

At our last two inspections we saw that people's risks of malnutrition and dehydration were not being effectively managed. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that improvements had been made. People told us their risks of malnutrition and dehydration were managed. One person confirmed that they received their prescribed dietary supplements. They said, "They [the staff] try their best to give me food that suits me, I've gone off food so I have these build up drinks". We saw that when required people's diet and fluid intake was monitored and action was taken if people's intake did not meet their recommended targets.

People's weights were also monitored and action was taken when significant weight loss or gain was identified. For example, we saw that staff had identified that one person's dietary intake was poor and they had recently lost weight. We saw that the staff had communicated this to the person's doctor who in response prescribed dietary supplements. We saw these supplements were given as prescribed.

People told us they could eat foods that met their individual preferences and choices. One person said, "The food is very good, I get to eat my favourite meals all the time". Another person said, "We can please ourselves at mealtimes, there is always a good choice".

At our last two inspections we saw that effective systems were not in place to ensure people with diabetes were protected from the risk of ill health. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that improvements had been made. People who were living with diabetes had thorough plans of care that reflected their diabetic needs. We saw that staff followed these plans to ensure that people's

health and wellbeing needs were monitored in relation to their diabetes. For example, people's blood sugars were monitored regularly and appropriate and prompt action was taken to address any irregular readings.

We saw that people were supported to access a variety of health and social care professionals as required. Care records showed that people's health was regularly monitored and advice from health and social care professionals was sought and followed. For example, we saw that one person had been struggling to swallow their medication that was in a tablet form. Advice was sought from the person's doctor and as a result the person had recently started to receive their medication in a liquid form. This meant they now received their medicines more effectively and comfortably as a result of the staffs' intervention.

People told us that the staff were suitably skilled to meet their needs. One person said, "The staff always seem to know what they are doing and they help me with what I need help with efficiently". Staff told us and we saw that regular training was provided. One staff member said, "I have all the training and support I need to allow me to do my job in the way it should be done". We saw that the training people received had mostly been effective. For example, as a result of safeguarding training, staff we spoke with were able to tell us what constituted abuse and how to report it.

People confirmed that staff sought their consent before they provided care and support. One person told us how staff respected their decision not to participate in leisure and social based activities. They said, "I just like sitting here. I don't join in the activities, it's my choice not to and the staff never force me to".

The rights of people who were unable to make important decisions about their health or wellbeing were protected. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and we saw that people's ability to make decisions about their care were assessed and reviewed. When people were identified as being unable to consent to their care, decisions were made in their best interests in consultation with their relatives and health care professionals.

## Is the service effective?

At the time of our inspection, one person was being restricted under the DoLS. The correct guidance had been followed to ensure this restriction was lawful and in the person's best interests. We saw that plans were in place to support this person to go on a trip to Llandudno the week

after our inspection. This showed that even though restrictions were placed on this person to keep them safe, the staff supported the person to do the things they wanted to do.

# Is the service caring?

## Our findings

People told us that the staff treated them with kindness and compassion. One person said, “The staff are very kind”. Another person said, “They’re good to me, all the staff are.” We observed caring interactions between people and staff. For example, We saw a member of staff chatting to someone about their interests whilst they were supporting them to eat. This made the person smile and helped them to enjoy their mealtime experience.

People told us that they felt the staff and registered manager cared about them as individuals. One person said, [The registered manager] always come’s and asks me if everything is okay”. Another person said, “The staff and [the registered manager] really do care about me”. Staff told us they valued and respected the people who used the service. One staff member said, “We treat people as if they are a member of our family”. This was evident in the positive interactions we observed. For example, we saw a staff member comfort one person who was ill by speaking to them using a soft tone whilst they gently stroked the person’s arm.

People told us that the staff understood their needs and people’s relatives also confirmed this. One relative said, “I’m very happy with the care here, they know her well and look after her”. We observed staff talking to people about topics that interested them. These topics matched the information contained in people’s care records about their likes and life histories.

People were supported to make choices about their care. One person told us, “I choose my own clothes every morning and I choose what I want to eat at every meal”. We saw that staff gave people information about their care in a manner that reflected their understanding. For example, We saw a staff member offer people an ice lolly as it was a hot day. We saw that one person did not understand what they were being offered, so the staff member said “Would you like an ice lolly. It’s nice and cold, so it will help you to cool down”. The person then accepted the ice lolly and smiled as they ate it.

People told us and we saw that they were treated with dignity and respect. For example, one person who had needed staff to support them to change their clothing before lunch was discreetly asked by staff, “Is it okay for us to help you to the toilet and change your skirt?”. With their agreement the person was then supported to change their clothing so they were comfortable to eat their lunch.

People told us and we saw that there were areas of the home they could access to gain privacy and quiet. One person told us, “I come up to my room after breakfast for a bit of peace and quiet. I like my own space”. We observed another person sat in a quiet area of the home whilst their relative visited them. This showed people’s right to privacy was respected.

# Is the service responsive?

## Our findings

At our last two inspections we saw that people were not consistently enabled to participate in leisure and social based activities that met their preferences or needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we saw that the required improvements had been made. People told us they were encouraged to pursue their interests and participate in activities that were important to them. One person said, "I'm going to Llandudno next week on a trip. I am really looking forward to going as it's somewhere I have fond memories of". Another person said, "They help you do whatever you want to do." People told us and we saw that there was a flexible approach to activity provision. Although there was a scheduled timetable of planned activities, this was changed to meet people's individual preferences. For example, the staff member who was responsible for activities had identified that people were not fully engaged in the planned activity of 'word games', so they asked people if they wanted to participate in an exercise session instead. One person told us they were glad the extra exercise session had been facilitated. They said, "I like this because it keeps my hands moving and keeps me on the ball, that's very important to me".

People and their relatives told us they were involved in assessments and reviews of their care needs. One person said, "They asked me what I wanted help with when I first came here with and they help me with whatever I need". One relative told us how with their relative's consent, the registered manager also involved them in reviewing their relatives care. They said, "It's absolutely brilliant the way

[the registered manager] communicates with relatives and residents" and "I know what's in my relatives care plan as I helped put it together". Because people and their relatives were involved in assessments and reviews, care was delivered in accordance with people's individual preferences and needs. For example, one person said, "I like to go out for a smoke; the staff know me well and know when I like a smoke". We saw that this person was supported to smoke in line with their agreed plan of care.

The staff and registered manager were responsive to people's changing needs. For example, due to a change in one person's condition, they had been unable to safely access the bath. Care records showed that the registered manager had requested the support of other health and social care professionals, so they could work towards meeting this person's preference to access the bath.

People and their relatives told us the registered manager was responsive to their concerns. One person said, "I told [the registered manager] my buzzer had stopped working. He got it fixed straight away". A relative said, "We had a meeting and I said the lounge needed re-decorating. [The registered manager] said he would get the lounge decorated and the next time I came in, it was done". People told us they knew how to share their concerns or complain about their care. One person said, "I would go straight to [the registered manager], he always listens to us".

We saw that a variety of methods were available for people to share their concerns. This included, the formal complaints procedure, suggestions cards and boxes and meetings with people and their relatives. We found that complaints were investigated and action was taken to improve people's care experiences. For example, when a complaint had been made about a temporary staff member's conduct, the registered manager showed that this member of staff was not used again.

# Is the service well-led?

## Our findings

At our last two inspections we saw that effective systems were not in place to assess, monitor and improve people's care experiences. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we saw that the required improvements had been made. Frequent quality checks were completed by the registered manager. These included checks of medicines management, health and safety, infection control and care records. Where concerns with quality were identified, action was taken to improve quality. For example, when it was identified that a bed rail risk assessment was missing in a person's care records, immediate action was taken to rectify this.

People and their relatives told us and we saw that their feedback was sought and used to make improvements to the quality of care. For example, we saw that the layout of the chairs in the lounge had been rearranged at people's requests. People told us this had led to a more 'homely' feel.

At our last inspection we found that the provider had not employed a suitable registered manager to oversee the running of the home. This was a breach of Regulation 5 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we saw that a registered manager was in post. People, their relatives and the staff told us they had noticed significant improvements in care since the new registered manager had started to work at the home. One person said, "I've seen them [managers] come and go, but this one is the best". This person told us they had noticed

more staff were available to support people. Staff told us that positive changes had been made to care. One staff member said, "Things needed to change and they have. We are working better as a team and people are getting better care. Another staff member said, "The manager is working hard to makes things better".

The manager promoted a teamwork approach. One staff member said, "[The registered manager talks a lot about teamwork, but it's because it's important so that people get better support and we learn from each other's skills". We saw that notices were located in staff area's that promoted teamwork. For example, the statement 'together everybody can achieve more' was located in the room where people's care records were stored. A member of staff said, "It's good to have these reminders. Teamwork is important".

Staff told us that the registered manager had supported them to make positive changes to the way care was provided. One staff member said, "There have been lots of good changes, but the support from [the registered manager] has been amazing". Staff told us that they had found it difficult to accept some of the changes at the home, but the registered manager had helped them to adapt to these changes. For example, changes had been made to ensure people received the correct equipment to meet their continence needs. Because some staff had struggled with this, we saw it had been discussed in staff meetings and continence training had been arranged.

We saw that the registered manager was committed to improving the quality of care. Minutes of staff meetings showed that after a four star/good hygiene rating had been awarded to the provider by the Food Standards Agency, the importance of attaining a five star/very good rating had been discussed and planned for.