

Mrs Parminder Degun

# Golden Gorse Residential Care Home

## Inspection report

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## 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?

Good ●

# Summary of findings

## Overall summary

Golden Gorse is a residential care home for up to eight people. It specialises in the care of people who have a learning disability.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

People told us they felt safe at the home and with the staff who supported them, one person said "Of course I feel safe here. It's my home." There were enough staff to meet people's physical needs and support them with activities and trips out. People received their medicines safely.

People received effective care and support from staff who were well trained and competent. People were happy with the food served in the home and one person said "We always have nice food." People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service was very caring and people had built strong relationships with each other and staff. There was a very happy atmosphere in the home and people told us staff were always kind. People's privacy was respected.

The staff provided care and support which was responsive to people's individual needs. People had the information they needed to assist them to make a complaint. One person told us "They would listen and help me." People were assisted to take part in a variety of activities and trips out and showed us photographs of some of these.

The service was well led by a manager and provider who were open and approachable. People chatted happily with the manager and had lots of opportunities to share their views.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service has improved to Good.

# 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.

This was a comprehensive inspection: It took place on the 8 February 2017 and was unannounced.

The provider completed a Provider Information Return (PIR) in September 2016. 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.

During the inspection we met with all eight people who lived at the home. We also talked with three members of staff. We looked around the premises and observed care practices.

We looked at records which related to people's individual care and to the running of the home. These included two care and support plans, medication records, records of health and safety checks and provider quality assurance audits.

# Is the service safe?

## Our findings

The service continued to provide safe care to people. People were very relaxed and comfortable with the staff who supported them and told us they always felt safe. One person said "Of course I feel safe here. It's my home."

To minimise the risk of abuse to people, all staff undertook training in how to recognise and report abuse. Staff told us they would immediately report any concerns to the manager and were confident that action would be taken to protect people. People said they could talk with staff if they had any worries. One person said "I would go straight to [manager's name] if anyone hurt me."

Everyone said there was always enough staff to assist them with their care needs and to support them to take part in activities. Staff said additional staff were made available if they were needed to help people with specific activities or appointments.

Risk assessments were carried out to make sure people were able to receive care and support with minimum risk to themselves and others. One person had a risk assessment regarding their behaviour. We asked staff how they cared for this person and when they told us it was in accordance with the risk assessment. Another person had a risk assessment which said they needed staff to accompany them when they went out. During the inspection this person asked to go to the shops and we saw a member of staff went with them. This showed staff followed risk assessments to provide consistency for people and to keep them safe.

People received their medicines safely from staff who had received training to carry out this task. Medication administration records were correctly signed when they were administered or refused. The care records for one person showed 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.

Some people were prescribed medicines on an 'as required' basis. There were instructions to show when these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were administered in accordance with the protocols in place. During the inspection we saw one person complained of being in discomfort and was offered and accepted medicines which were prescribed on an 'as required' basis for pain and discomfort.

# Is the service effective?

## Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had an excellent knowledge of the individuals they supported which meant they could effectively meet their needs.

Staff monitored people's health and made sure they were seen by appropriate healthcare professionals to meet their specific needs. For example one person told us how the staff had arranged for them to see a physiotherapist to make sure they had the equipment they needed to maintain their mobility and independence. The manager had contacted a psychiatrist for one person who required additional support to meet their mental health needs. As a result of this the staff reported that the person was becoming more settled and their well-being had improved. When we met this person they appeared happy and content.

People were able to make choices about the food they ate by chatting with staff and taking part in shopping trips. One person told us "We always have nice food." The main meal of the day was in the evening when everyone was at home. We saw staff sat and ate with people talking about their day and their plans for the evening. This made it a very happy sociable occasion. One person chose not to have the main meal of the day and did not wish to sit with other people. Staff respected their choice and provided food in accordance with their wishes.

Staff told us they had good training in health and safety and subjects relevant to the people who lived at the home. The provider told us in their Provider Information Return (PIR) they were planning to introduce more external training for staff. At the time of this inspection this plan had been put into practice. Staff had recently attended a training session on epilepsy and a session on autism was planned for next month. One member of staff said "The person who did the epilepsy training was brilliant, it was very practical and gave you confidence."

People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. Care plans contained assessments of capacity regarding various aspects of their care. The majority of assessments showed people were able to consent to most aspects of their care. However one person had an assessment which showed they were unable to fully understand or consent to a specific medical intervention. The staff had therefore consulted with the person's representative and a healthcare professional to make sure the decision about the treatment was made in their best interests. This demonstrated that staff worked in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

## Is the service caring?

### Our findings

The home continued to provide a caring service to people. Golden Gorse was very much people's home. Most people had lived there for a number of years and had built strong relationships with each other and the staff who worked with them. There was an extremely happy atmosphere and people were very comfortable together. One person went off to have a bath in the evening and came back to watch the television in their dressing gown. Another person said "It's my home and my family."

Throughout the inspection there were kind and friendly interactions between people and staff. People sat together in the lounge and there was ongoing chatter and laughter. Staff knew people well and were able to communicate effectively with everyone. Staff actively listened to people who had some difficulties with communication and took time to answer any questions raised. This made sure everyone was included in discussions. One person told us "All the staff here are kind to you."

Each person had their own bedroom which they had been able to personalise to reflect their tastes and personalities. People had unrestricted access to their rooms and were able to spend time alone if they chose to. Staff respected people's need for privacy. One person proudly showed us their room and told us they had chosen everything in it. They said "Sometimes I come here to read and be a bit quiet."

Everything that happened in the home was discussed with people on an on-going basis. This ranged from their own care needs to redecoration of communal areas of the home. One person said "We talk about everything together." Another person said "We always have choices."

People had their needs reviewed on an annual basis and attended review meetings with home staff, personal representatives and professionals. However they were not routinely involved in the creation or updating of their care plan. Care plans were kept in large bulky folders which were not easily accessible to people. We discussed this with the new manager who told us they would look at ways that people could be more involved and take greater ownership of their care plans.

## Is the service responsive?

### Our findings

The service continued to be responsive. Staff knew people very well and provided care and support which was person centred and took account of their needs and wishes. One member of staff told us how different people made choices. They said "Some people you can ask them what they would like but others like to see things. [Person's name] likes to go food shopping because it is easier for them to make choices if they see things."

People were all able to express their day to day wishes. One person told us "You can do what you like." Care plans were very personal to each individual and gave information about their likes and dislikes as well as their needs. This made sure new staff had basic information about people's preferences.

The staff responded to changes in people's needs and ensured they had the support they required to meet changing needs. For example the staff had sought advice from healthcare professionals for one person and had changed their care practices in response to their changing need.

People took part in a variety of activities and social events. Everyone attended day services outside the home for part of the week. On other days staff supported them with activities of their choosing. On the day of the inspection one person had been swimming with a member of staff and other people went to the local shop with staff. One person told us they had a voluntary job. People showed us photographs of holidays and trips out. People spoke extremely enthusiastically about the social events and clubs they attended.

People were supported to keep in touch with friends and family. We heard how staff regularly supported one person to visit a family member who also lived in a care home. One person told us they often went to stay with their family. A number of people had gone to stay with family members over the Christmas period and staff had taken people who did not go away out to Christmas lunch. One member of staff told us "We wanted to make sure it was a special day for the people left behind too."

Each person had a complaints policy in picture format which gave them easy instructions about how to complain. We asked one person what they would do if they were unhappy and they showed us the policy in their bedroom. They told us they would tell the manager and pointed to their photograph on the policy. They said "They would listen and help me."



## Is the service well-led?

### Our findings

At the last inspection we found that improvements were needed to ensure that where shortfalls in the service were identified by the provider's quality assurance visits they had action plans in place to make sure these were addressed. At this inspection we looked at records of the providers monitoring visits and found that they clearly showed what needed to be followed up at the next visit. For example one visit highlighted where some re-decoration needed to be carried out and the next visit record showed this had been done.

At the time of the inspection there was no registered manager 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. The last registered manager left the home about two months ago. A new manager had been appointed and they told us they were beginning the process of applying to the Care Quality Commission to be registered.

The new manager had worked at the home for a number of years before their appointment as manager. They were well respected by staff and people. They were open and approachable and keen to make improvements where necessary. People were extremely comfortable and relaxed with them. The office was located in the centre of the home and during the inspection people and staff chatted and joked with them.

The manager kept their practice up to date by training and reading. They had started a management and leadership course which they told us they were finding very useful in their new role. They had recently attended a conference which had given them the opportunity to meet with other managers and providers in the area.

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.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment.