

Cadogan Care Limited

Goldcrest

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

Two adult social care inspectors carried out this unannounced inspection of Goldcrest on 19 February 2016. The service was previously inspected on the 17 March 2015 when it was fully compliant with the regulations.

The service is registered to provide care and accommodation for up to 26 people. On the day of our inspection ten people some of whom had a diagnosis of dementia were living at the service. There was a registered manager in post; however, the registered manager had been working significantly reduced hours for an extended period. 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.

People told us they were safe and well cared for at Goldcrest. We saw people were relaxed and comfortable in the service. People readily approached staff when they wished to be supported and staff respected people's privacy and dignity. People told us, "I feel this is my home", "I don't think I could be better anywhere", and, "I have been very fortunate to be here."

While relatives commented, "[My friend] really is so happy here it is a joy. I do not have to worry." There were sufficient staff available to meet people's care needs. Although there was one current staff vacancy at Goldcrest agency staff had been used where necessary to ensure people's needs were met. The service's deputy manager told us, "we would never leave a shift un-covered that's not in the remit at all." The service operated safe and robust recruitment procedures to ensure all new staff were suitable for work in the care sector.

Assessments of risks had been completed and people's care plans included guidance for staff on the action they must take to protect people from identified risks. Where accidents or incidents had occurred these had been documented and fully investigated.

Staff records demonstrated all staff had received regular training updates and appropriate supervision to ensure they were sufficiently skilled to meet people care needs. Staff told us, "I have had lots of training" and, "I had supervision on Monday." People told us their staff were kind and caring and commented; "I don't think anybody could do better than the staff do here" and, "I cannot speak highly enough of the staff, they are excellent."

People's care plans had been regularly updated and accurately reflected the person's individual care needs. These documents provided staff with clear direction and guidance and included information about the person's background, life history and interests.

Staff knew people well and provided calm and compassionate support throughout our inspection. Staff spoke warmly of the people they cared for and we saw that people requested support from staff freely and

without hesitation.

People received regular support from external health care professionals and guidance professionals provided, had been incorporated into people's individual care plans.

Staff, the deputy manager and the directors of the service understood the requirements of the Mental Capacity Act 2005 (MCA). People's capacity to make decision had been assessed and where people lacked capacity decision appropriate best interest decisions had been made. Where managers had identified that people's care plans were potentially restrictive appropriate application for authorisation had been made to the local authority.

People told us their care staff respected their choices and one person commented, "Oh yes they do what I want them to do, they always say it's your decision." Staff told us they always offered people choices and respected their decision.

The service's kitchen had a five star food hygiene rating and people told us, "The food is gorgeous it really is." People were offered choices at meal time and kitchen staff had received guidance on how to meet people's specific nutritional needs.

The service was generally well maintained, carpets on the ground floor had been recently replaced and corridors, communal lounges and people's bedrooms were pleasantly decorated with paintings and numerous ornaments. However, some areas were dated and in need of redecoration. During a recent survey of people who used the service and their relatives comments had been made about the exterior appearance of the building. In response, directors were in the process of commissioning significant works to address these concerns.

Activities were generally provided on a one to one basis at Goldcrest and we observed staff spending time sitting and chatting with people throughout our inspection. Staff told us they regularly supported people to engage with craft activities and during the afternoon of our inspection a game of armchair tennis was played in one of the service lounges. Relative's told us, "they regularly hold functions and tea parties and they have outside entertainment with a man who plays the piano. I am always invited", while a director commented, "We are always looking for any excuse for a tea party." Photos of people enjoying events were displayed throughout the home and in people's care plans.

The service was well led. Both directors regularly visited the service and staff told us they were well supported. The registered manager had been working reduced hours for an extended period. In order to provide staff with appropriate level of managerial support during this period an additional deputy manager had been appointed.

People's feedback was valued and acted upon. Resident's meetings were held regularly and an annual quality assurance survey of people, their relatives and professionals who visited regularly had been completed in January 2016. The results of this survey had been highly complementary. In addition the service regularly received compliments and thank-you cards from people and their relatives.

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 

People's risks were assessed and action taken to reduce them as much as possible.

There were sufficient numbers of staff on duty to support people and meet their care needs.

People received their medicines on time and in a safe way.

Is the service effective?

Good 

The service was effective. Staff knew people well and had received training designed to provide them with the skills necessary to meet people's care needs.

People's choices were respected. Staff and managers understood the requirements of the Mental Capacity Act and had acted in people's best interests.

Is the service caring?

Good 

People were treated with kindness, dignity and respect.

Staff were compassionate towards people and had developed warm and caring relationships with them.

Is the service responsive?

Good 

People's care plans were personalised and provided detailed information of how staff should support them.

Staff supported people to engage with a variety of activities on a one to one basis.

People and their relatives were confident in the service and concerns they reported to managers would be addressed and resolved.

Is the service well-led?

Good 

The provider actively sought feedback on the services performance and took action in response to feedback provided.

Quality assurance systems were appropriate and an additional deputy manager had been employed to provide staff with additional support and leadership during the period when the registered manager was working reduced hours.

Goldcrest

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 inspection took place on 19 February 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

The service was previously inspected on 17 March 2015 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the three people who used the service, three relatives and friends who were visiting, four members of care staff, the chef, the deputy manager and both of the provider's directors. In addition we spent time with people in the communal areas and observed how staff interacted with people throughout the day, including during lunch. It was not possible to speak with some people about their experiences of the service due to their complex care needs. We therefore used the Short Observational Framework for the Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not comment directly on the care they experienced.

We also inspected a range of records. These included three care plans, three staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures. We looked around the service, including some bedrooms (with people's permission), communal areas, the laundry room, kitchen and office accommodation.

Is the service safe?

Our findings

People said they felt safe and well cared for at Goldcrest and staff told us; "People are safe and happy", "It's all right here, people are safe" and, "I think people are safe, it's a safe environment."

There were appropriate procedures in place to help ensure people were protected from all forms of abuse. Staff understood their responsibilities in relation to the safeguarding of vulnerable adults and told us information about how to inform the local authority of any concerns was available in the staff room. Where staff had reported issues to the service's management team, we found appropriate actions had been taken to ensure people's safety.

There were systems in place to assess and manage risk within the service. People's care plans included detailed assessments of risk with clear guidance for staff on the action they must take to protect people from identified risks. For example, where people were identified as being at risk of unexpected weight loss staff were provided with guidance on how to monitor the person's weight and how they should respond in the event that the person lost further weight. Appropriate prompt referrals were made to health professionals to ensure the service was able to safely meet people's care and support needs.

Where accidents or incidents had occurred, these had been accurately documented and investigated by the management team. Where any areas for improvement were identified during the investigation process appropriate changes were made within the service to further improve people's safety. In addition the staff handover record book included detailed instructions for staff on how to respond to any emergencies that may occur and included a list of useful telephone numbers.

The service's fire safety equipment had been recently serviced and there were emergency systems were in place to protect people. Each person had a personal emergency evacuation plan (PEEP) in place to identify people's mobility requirements. This gave guidance to staff and others to ensure people's safety was protected during the evacuation of the building in the event of fire or other emergency. A fire safety inspection had recently been completed. This inspection had identified a small number of minor issues and the provider was in the process of commissioning appropriate works to address and resolve these issues.

All lifting equipment had been regularly serviced to help ensure it was safe to use. Records showed necessary routine maintenance tasks had been completed. The service's lift had been regularly serviced and water quality and electrical safety checks had been completed in accordance with current guidelines.

The provider ensured that there were sufficient numbers of staff on duty to keep people safe and meet their needs. We reviewed the staff rota for the month prior to our inspection and found the service had been consistently staffed at a safe level. One of directors informed us they had one full time staff vacancy at the time of the inspection and the deputy manager told us, "we would never leave a shift un-covered that's not in the remit at all." Agency staff were used when necessary to ensure there were sufficient staff were available to meet peoples' needs. Staff told us, "There was a sickness bug last week so we had lots of agency staff in" and, "we do get cover from agency."

The service was in the process of advertising the staff vacancy and so far had received three applications from candidates that may be suitable for the role. One of the service directors told us, "we are a bit fussy about our applicants so we would rather have regular agency staff. It's expensive but it is worth it".

Recruitment procedures were robust at Goldcrest. Records showed prospective staff were interviewed by the service directors and detailed interview records were completed. The prospective staff members identity was confirmed and references were checked as part of the interview process. Disclosure and Barring Service (DBS) checks had been completed before new staff began work to ensure they were suitable and safe to work in a care environment.

People received their prescribed medicines on time and in a safe way. The service used a monitored dosage system (MDS) which was provided by a local pharmacy on a monthly cycle. When medicines arrived at the service, the medication administration record (MAR) showed that they had been counted into stock and signed to say the right numbers had been received. Medication administration records contained photos and clearly identified allergies and protocols for 'as required' medicines (PRN). However, where changes to directions had been made these had not been consistently countersigned to confirm the accuracy of the recorded change.

Medicine stock levels were maintained to ensure that they only had the required levels necessary each month. Medicines which required refrigeration were stored at the recommended temperature as per manufacturers' guidelines in a dedicated medicines fridge and there were appropriate systems in place for the management and storage of medicines that required stricter controls.

We looked at whether the home followed the prescribed instructions in relation to the use of topical creams for protecting people's skin. These records were located in a separate file. Each topical cream had in place clear detailed directions for use, a body map to identify where the cream was to be applied and a signature sheet which clearly identified who had applied it. This meant that people could be assured that they received their prescribed cream as directed by their GP. Monthly audits of medicines were completed by the deputy manager and action taken to follow up on any discrepancies identified.

The service was clean and one person's relative told us, "there are never ever any distasteful smells." All Control of Substances Hazardous to Health (COSHH) materials were stored securely when not in use and staff used Personal Protective Equipment (PPE) appropriately when required. Staff understood the service's infection control policies and told us, "Every room has a roll of aprons and gloves. Nothing goes from one room to another."

Is the service effective?

Our findings

People were cared for by staff who had a good understanding of their needs and were skilled in delivering care. Staff spoke about people knowledgeably and demonstrated during our conversations a detailed understanding of people's individual needs and preferences. The service's training matrix and individual staff training records demonstrated staff had received regular training in topics including; manual handling, food hygiene, health and safety, infection control and dementia awareness. Staff told us; "I did fire training last week", "I have had lots of training" and, "They tell you what training you need to do." The service had not recently recruited any new members of staff however, the directors were aware of the care certificate and intended to use this system to support existing induction processes for new members of staff.

Staff received regular supervisions from managers and annual performance appraisals from the provider's directors. Staff told us they received regular supervision and commented; "I had supervision on Monday" and, "I know I am due a supervision." Supervision and appraisal records showed these meetings had provided an opportunity for staff to discuss working practices and training needs.

People were supported to access external healthcare professionals such as dentists, chiropodists, Speech and language therapists and GP's when necessary. Where professionals provided guidance this was incorporated into the person's care plan. For example, one person's care plan provided guidance for staff on how to help the person to manage their diabetes. The care plans described signs and symptoms of too high or too low glucose levels and what action staff should take. The risks of ongoing fluctuations in raised blood glucose levels were described and staff were guided to contact the GP if blood glucose levels were unstable, or if the person showed signs of becoming unwell. Staff told us, "The GP surgery is next door so we support people to attend their appointments whenever possible"; while people's relative told us, "they always contact me if mum needs to see the GP and ring me back to tell me what has happened, you can't fault them, they are very good."

People's care plans included accurate information about people's preferred methods of communication and we saw that staff used the described techniques effectively to share information with people.

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 Act 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 be 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People were unable to leave Goldcrest independently as the courtyard garden was secured and a key pad system was used to control access to the building. Managers had recognised that where people lacked capacity their care plans were potentially restrictive. Appropriate applications for the authorisation of potentially restrictive care plans had been made to the

local authority.

Staff, the deputy manager and the providers' directors demonstrated an understanding of these regulations during our conversations and records showed all staff had received regular MCA and DoLS training. Care plans included assessments of people's capacity to make specific decisions and we saw some evidence that demonstrated decisions were being made in people's best interests. However, we did find examples of decisions that had been taken in the person's best interest without being appropriately documented.

Where people had capacity to make decisions about their care they were involved in both the development and review of their care plans. People with capacity had signed their care plans to formally record their consent to the care as described.

People told us; "The food is gorgeous it really is. Well-cooked and tasty", "The food is good" and, "the chef offers choices, it's marvellous." The service's kitchen had received a five star food hygiene rating during the most recent inspection. There was a four week rolling menu in place and people were offered a choice of two hot menu options each day. The chef had been provided with detailed guidance on people's preferences, nutritional needs and allergies. Where people required soft or pureed diets, because of their health needs, each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals. People told us they could ask for different meal choices if they wished and one person's relative told us, "[person name] asked for some cider and it was provided."

People were encouraged to personalise their room with things that were meaningful for them. For example photographs of family members, treasured pictures from their childhood and favourite ornaments or pieces of furniture.

A maintenance book was used to report any repairs or maintenance needed, which was signed off to confirm when it was completed. However, some parts of the home were dated and in need of redecoration. For example, many of the window sills in communal lounges needed painting and the flooring in some of the communal bathrooms was showing signs of wear. We discussed these issues with the directors who told us the flooring in one of the communal bathrooms was due to be replaced imminently. Carpets on the ground floor had been replaced in the week prior to our inspection and directors had developed an ongoing redecoration programme for the service prior to our inspection. Communal areas included and numerous paintings and ornaments while services ground floor corridor had been decorated in a nautical theme. Although people's bedrooms doors were named there were limited aids to people's orientation provided and the lighting in the ground floor corridor was quite dim.

Is the service caring?

Our findings

People told us the staff at Goldcrest were kind and caring. People said; "I don't think anybody could do better than the staff do here", "They are very, very kind and very good" and, "I cannot speak highly enough of the staff they are excellent." People's friends and relatives were also complimentary of the staff team and told us; "[my relative] is very happy here" and, "[Person's name] is very happy, very content" and, "[My friend] really is so happy here it is a joy. I do not have to worry." One person friend told us, "I have never seen her laugh so much, she is so happy here."

Throughout our inspection we saw staff attending to people in a calm and caring way. People were assisted to walk at their own pace and staff were observed providing warm and compassionate support. Staff held people hands to provided reassurance and provided gently encouraged people to be as independent and possible while moving around the service. Where staff supported people at meal times this was again provided discreetly and at the person's own pace. Staff told us, "I sit at the level and talk to the person while I am helping them", "the residents are treated really nicely and are well looked after" and, "it's a lovely place to work people and people are well looked after."

Staff knew people well and enjoyed the company of the people they cared for. Staff told us, "They are all characters" and, "they are all lovely, they all have really interesting personalities." We saw that people approached staff for support without hesitation and shared jokes together throughout the inspection. People told us, "I like every one of [the staff], there is nothing they won't do for me", "[The staff] are a lovely crowd here, it's a wonderful place to live" and, "they are lovely you feel as though you are with your own family." Staff told us they did not have to rush while providing people's care and were able to spend time sitting and chatting with people. Staff told us, "you can sit and read with people" and we saw one member of staff reading letters to one person during our inspection.

People were able to have details of their religious beliefs and cultural practices recorded within the care plan if they wished. This information helped staff to understand and respect people's religious practices.

Staff told us they encouraged and supported people to make choices about how their care was provided and respected people's decisions and preferences. Staff told us; "People can choose what they want to do", "I always offer people choices. People choose what they want to wear" and, "I always offer people choices. If people don't want to do something they don't have to. It's their home we only work here" People confirmed that their care staff respected their choices and told us, "I am in charge", "anything I ask for I get" and, "Oh yes they do what I want them to do, they always say it's your decision."

Staff treated people respectfully and maintained their dignity at all times. We saw staff knocked on people's doors and awaited a response before entering bedrooms.

Is the service responsive?

Our findings

Before people moved into Goldcrest the service's management team completed a detailed assessment of the person's care needs. The assessment process included visiting the person in their current home and discussing their care needs with the person and any previous providers of care to confirm the person's needs could be met. Care plans were then developed from information gathered during the assessment process combined with data supplied by the commissioners of the care.

People's care plans were informative, detailed and designed to help ensure people received personalised care that met their needs. Care plans provided staff with detailed information on people's preferences, personal care needs, medical history and specific guidance on the support people needed with specific areas of care. The care plans included information on the level of support the person normally required with specific tasks and had been regularly reviewed and updated to ensure they accurately reflected the person's current care needs. Where a person's needs had changed this was documented during the review process and additional guidance provided for staff on how to meet the person's changing care needs.

Everyone's care plan included a, "This is me" section which recorded information about the person's life history, background and interests. Where people had been unable to provide this information staff had asked their relative's for these details. Staff recognised the importance of this information as they recognised it could be important in helping them to understand how the person's background could influence their current care needs. During our observations we found people received care and support that was personalised and responded to individual's needs.

Detailed care records were completed each day. These records included information about the care and support staff had provided and details of any activities the person had engaged with. In addition staff hand-over meetings were held at each staff shift change. Records of staff handover meetings showed they had provided an opportunity for staff to share information about any changes to people's care needs, guidance provided by professionals and details of any planned appointments or events within the home.

Staff told us, "We try to do activities but can only do it in little groups, people probably get more one to one than anything else" and, "We do as much as we can but it's normally one to one things." During our inspection we saw staff engaging people individually in activities and conversations. For example, when we went to visit one person in their own room we found the person was enjoying a conversation with a member of care staff and in the afternoon one of the directors organised a game of armchair tennis in the lounge. The service activities cupboard was well stocked with various games and staff told us they regularly supported people to engage in a variety of craft based activities which people enjoyed.

One of the provider's directors' told us they regularly hosted events and parties at Goldcrest and commented, "We are always looking for any excuse for a tea party." Staff described how the directors regularly organised events at the service including garden parties, fireworks shows, festive events and musical performances. A relative told us, "they regularly hold functions and tea parties and they have outside entertainment with a man who plays the piano. I am always invited" and staff said "entertainers

come in every couple of months." The service had recently provided snacks for visitors during the six nations rugby championship. Photos of people enjoying activities and events were displayed throughout the home and within people care plans.

People were encouraged and supported to maintain relationships that mattered to them. One person received a letter during our inspection. Staff offered to read the letter to the person and this offer was gratefully accepted. In addition, staff were working with one person's relatives to arrange for the person to contact their relatives who lived overseas, using video conferencing technology.

People's friends and relatives told us they were made to feel welcome and encouraged to visit at any time. One person told us, "my family are in and out all the time and they are all made to feel welcome" while relative said, "staff were always warm and welcoming". In addition the service has a cat whose company people enjoyed.

The service had in place an appropriate complaints policy and procedures. However, no complaints had been made and the service regularly received compliments and thank you cards from people and their relatives. The provider's directors told us they attend residents meetings in order obtain direct feedback and ensure any issues people raised were addressed and resolved. People and their relatives told us they believed any concerns they reported to the manager or directors would be resolved and one relative commented, "I am confident if there was a problem that the manager and the provider would address it immediately."

Is the service well-led?

Our findings

People, their relatives and friends all told us that Goldcrest was a well-run service. These comments included, "I feel this is my home", "I don't think I could be better anywhere", "I think it is brilliant" and, "I have been very fortunate to be here."

The provider's directors were involved in the management of the home and regularly visited the service to provide support to the management team and complete audits to assess the service performance. Staff told us, "The new owners have had it for four years. They are here quite regularly at least weekly", "it's a good place to work", "the owners are really good" and, "the owners come here every week pretty much, some times more." Each month one of the directors completed an inspection of the service and produced a report for the provider. We reviewed recently completed directors' inspection reports and found the service cleanliness had been assessed, equipment had been checked and medicines audited. Where issues were identified during director's inspections, prompt action was taken to address and resolve these issues.

Due to a health condition, the registered manager had been working significantly reduced hours at Goldcrest. Staff told us, "the manager has been off for a little while" and in response a second deputy manager had been appointed to ensure staff received appropriate levels of leadership and support. Staff told us they were well supported by the current management team. One of the deputy managers told us she had recently worked alongside night staff to gain a better understanding of people's overnight care needs.

There were clear lines of accountability and responsibility within the service. One member of staff was nominated to lead each shift and deputy managers and the provider's directors were available to provide assistance and support at short notice if required. On our arrival at the service there was no manager on duty. However, once the senior member of staff requested support this was provided within the hour and both of the provider's directors attended the service during the afternoon of the inspection. There was a keyworker system in place at Goldcrest. Keyworkers are members of staff with specific responsibilities in relation to people individual care. At Goldcrest key workers acted as the first point of contact between relatives and the service and had specific responsibilities for ensuring the person's wellbeing. This included cleaning and tidying of the person's bed room, collecting items of shopping, managing laundry and arranging birthday and Christmas gifts.

There were good systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty through daily handover meetings. A daily handover log was used to remind staff about people's appointments, changes in medicines or health concerns that may need to be followed up with a health care professional

Residents meeting were held regularly at Goldcrest and the provider's directors both valued and acted upon the feedback they received. People had provided positive feedback in response to a recent survey but had commented that the external appearance could be improved. In response directors had developed a redecoration programme for the service and were planning for works to be completed on the front of the property during the summer. Professionals had also been asked in January 2016 to provide feedback on

the service's performance. Feedback from professionals was also complimentary. Their comments included; "I would be happy for my family to be there" and, "Excellent home. We are always supported very well."

The provider told us of their plan for the improvement of the service. These included recently becoming a member of the Dorset Dementia Partnership, which has enabled them to identify areas of improvement they would like to make over the next twelve months For example, develop dementia care training, improve community development and appoint dementia friend.