

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 responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 and 15 September 2015. We found two breaches of legal requirements. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. Those related to how people's assessed needs were used to develop care plans that reflected how staff supported people to ensure the care and support provided was consistent and person centred and implementing a quality assurance system to assess and monitor the service provided.

We undertook this focused inspection of this service on 5 January 2016, which was unannounced. The focus of the inspection was to check that they had followed their plan of action and to confirm that they now met legal requirements. This report only covers our findings in relation to the requirement and information gathered as part of the inspection. You can read the report from our last comprehensive inspection, by selecting '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 for up to 18 people and cares for older people and those living with dementia. At the time of our inspection there were 17 people in residence.

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.

We found that the provider had taken action and made the required improvement to meet the legal requirement in relation to the breaches.

People were involved in making decisions about their care and in the development of their plans of care when they first started to use the service. Care plans were up to date to reflect people's current needs and how staff should support them. People and in some instances their relatives and health care professionals were involved or consulted with regards to reviewing people's needs to ensure staff provided the care that helped to maintain people's safety and wellbeing.

People were encouraged to take part in planned activities and how people wished to spend their day was respected.

The provider's quality governance and assurance systems were used effectively to ensure people's health, safety and welfare. Regular internal audits were carried out and information gathered from those including views from people who used the service and staff were used to continually 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 responsive?

Good ●

The service was responsive with regards to assessments of people's needs and their involvement in the planning of their care. People and where appropriate, their relatives were involved in the review of their care needs to ensure care provided was person centred and new needs were met.

Is the service well-led?

Requires Improvement ●

The service was well led with regards to improved quality assurance system in place to monitor the quality of the service provided. The views of people who used the service, their relatives and staff were sought and checks and audits were being carried out to assess the quality of care provided, which needed to be sustained.

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 January 2016.

This inspection was done to check the improvement made by the provider to meet legal requirements planned after our comprehensive inspection of 14 and 15 September 2015 had been made.

We inspected the service against two of the five key questions we ask about services: is the service 'responsive' and is this service 'well-led'. This was because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector.

During our inspection we spoke with three people using the service and a visiting relative. We also spoke with the registered manager, deputy manager and two staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three people's care records, which included the risk assessments, plans of care and how those were monitored and reviewed.

We looked at the quality assurance system, which included some audits on the premises, care records and medicines management. We also looked at how the service sought the views of people using the service, their relatives and staff which included the surveys and minutes of staff meetings.

We contacted health and social care professionals and commissioners that are responsible for funding

some of the people that live at the home and asked them for their views about the service.

Is the service responsive?

Our findings

At our previous inspection of 14 and 15 September 2015 we found that people who used the service did not always receive care that was person centred and appropriate. We found people, and in some instances their relatives were not always involved in the review of the care and treatment provided. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan outlining the actions they would take to make the improvements to address the breach identified.

Prior to our inspection visit we asked the local authority for their views about the service. They told us that they had supported the service to develop the new care plans that had clear guidance for staff to ensure risk identified were managed and that people's needs were reviewed regularly.

At this inspection we found action had been taken by the deputy manager and new care plans for everyone using the service were in place. Staff told us that they were involved in the development of the care plans. Staff said they found care plans to be informative and detailed how people wished to be supported. The information about people's interests helped staff to prompt topics of conversation when supporting people.

Information gathered from people's assessed needs was used to develop the care plans, which had clear guidance for staff as to how to support the person. The care plans were person centred and took account of their individual wishes, preferences as to their daily routines and meals and also their hobbies and interests. Daily records we looked at reflected the care and support people received, which was consistent with the information in the care plan.

A visiting relative told us that they and their family member using the service had been involved in the development of the new plan of care and included information about their interests and hobbies. People's records we looked at confirmed that the person and other relevant people such as their relative and health care professional were consulted to ensure they had all the information necessary to meet the person's needs. The deputy manager told us that people's needs and care plans were reviewed monthly or sooner if people's needs changed.

One person told us that staff had been responsive to their changing needs as they had struggled to walk recently. They said two staff now helped them as a hoist was used to help them in and out of bed. The deputy manager told us that as soon as staff reported the change in the person's health they sought advice from the GP. Records showed the care plan and risk assessment had been updated to reflect the person's changed needs and staff we spoke with were aware of how to support the person safely. That showed that the service was responsive to people's health needs and ensured the care provided continued to be appropriate.

We saw that there were activities planned for people to take part in. We used SOFI to observe people's daily

life. We saw six people took part in a seated exercise session in the lounge. They were smiling and looked to be enjoying the exercises and sang along to the songs. Staff respected the wishes of people who preferred to sit in the quiet lounge or chose to remain in their room. At lunch time we saw staff supported people safely to the dining room for lunch. Staff acted quickly when one person struggled to cut their food. That showed staff were responsive to people's needs and provided support that promoted their wellbeing.

Is the service well-led?

Our findings

At our previous inspection we found there was no formal quality assurance system in place and the views people who used the service, their relatives and other health care professionals were not sought to help determine the quality of care provided

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan outlining the actions they would take to make the improvements to address the breach identified.

At this inspection we found improvements were made in accordance with the provider's action plan. The deputy manager facilitated this inspection as part of their development in management responsibility and was supported by the registered manager. They showed us the annual schedule of audits produced for this year, which had dates of when audits and checks should be carried out. That showed a system was in place to monitor the quality of service more effectively. We saw regular audits and checks in relation to health and safety were carried out on the premises. Equipment was regularly serviced and maintained.

We saw the provider's policies and procedures were being reviewed and updated. For instance, the policies and procedures for the management of medicine and the mental capacity had been updated and reflected current best practice guidance. Staff responsible for administering medicines were aware of their role and described how they supported people with their medicine. That showed the provider had ensured people's health was maintained because staff were kept up to date about changes in practice.

The deputy manager had carried out a full audit of people's care records as part of developing new care plans for people. They told us that as part of the quality assurance system care records would be reviewed regularly to ensure records were up to date and that staff completed all the records accurately. That showed a system was in place to enable the provider to monitor the quality of records.

We saw daily temperatures were kept for the medicine fridge and the room where the medicines were stored. Although there were some gaps in the weekly medicine audits since our last inspection the recent records showed checks were being carried out. The deputy manager assured us weekly audits would continue and checked by the registered manager.

We saw a record was kept of all accidents and incidents such as a fall and audited by the deputy manager. Records showed that each incident was recorded and the action taken. For instance, one person's care plan had been reviewed to ensure that the measures in place were appropriate to prevent a further fall.

One relative told us that they completed a satisfaction survey in December 2015 and although their family member was aware of the 'residents' meeting they chose not to attend.

Surveys were carried out to gather the views of people who used the service and their relatives about the quality of care provided. We looked at a sample of surveys received, which were all positive and complimentary about the staff and the care and support provided. The deputy manager told us the results of the survey would be shared with people using the service and their relatives.

The minutes of the last 'residents' meeting held in October 2015 showed that people using the service had been involved in planning the Christmas festivities and entertainment. People told us that they enjoyed the festivities, which showed suggestions made had been acted on by the provider.

Staff told us that they felt confident to approach the deputy manager to discuss any concerns, comment on the quality of the service and made suggestions about how the service could be improved. The deputy manager told us that although staff meetings were held every four months and any urgent matters would be discussed sooner. The next staff meeting was planned for January 2016. The deputy manager showed us the format for staff meetings, which had set agenda items to be discussed such as health and safety matters and people's care, with actions for the provider that would be reviewed at the next meeting.

The deputy manager told us they felt supported by the registered manager who was also the provider. They assured us that steps would be taken to sustain the improvements made, to help assure the people using the service received a quality service.

We asked the local authority for their views about the service and the improvements made. They told us that they supported the deputy manager to make improvements, which needed to be sustained and monitored more effectively by the provider.