

Chippenham Limited

Goldenley Care Home

Inspection report

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28 February 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

At the comprehensive inspection of this service in November 2016, we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because potential risks to people's safety had not been sufficiently identified and there were shortfalls in the planning of people's care. In addition, not all areas of the home were clean, medicines were not always safely managed and the quality monitoring system was not effective. We issued the provider with two warning notices and two requirements, stating they must take action.

This inspection, on 28 February 2017, was carried out to assess whether the provider had taken action to meet the warning notices we issued. We will carry out a further unannounced comprehensive inspection to assess whether the actions taken in relation to the warning notices have been sustained. The comprehensive inspection will also assess what action has been taken in relation to the two requirements we issued and provide an overall quality rating for the service.

This report only covers our findings in relation to the warning notices we issued and we have not changed the ratings since the inspection in November 2016. The overall rating for this service is 'Requires Improvement'. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Goldenley Care Home on our website at www.cqc.org.uk.

Goldenley Care Home provides accommodation to people who require personal care. The home is registered to accommodate up to 19 people, some of whom may be living with varying degrees and types of dementia. On the day of the inspection there were 16 people living at the home.

There was a 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 registered manager is responsible for the day to day management of the home and was available throughout the inspection.

At this inspection we found that the provider had taken action to address the shortfalls highlighted in the warning notices.

Improvements had been made to the safety of the environment. Covers had been fitted to radiators in people's rooms and hazards such as a broken bath panel had been replaced. All doors with restricted access were closed appropriately and hazardous substances were securely stored. Fire doors were not held open with items of furniture so could close effectively in the event of the fire alarm being activated.

Improvements had been made to the cleanliness of the home. Cleaning schedules had been amended and additional housekeeping staff employed. A rusted shower chair had been discarded and a stained and odorous commode replaced. New flooring had been installed in the bathroom, communal areas and

people's bedrooms. Furniture such as armchairs and tables had been replaced, which enhanced the quality of the environment for people.

Discussions had been held with staff about the importance of assisting people to move safely. Updated training had been given and spot checks were taking place to monitor practice. During the inspection, staff assisted one person with their mobility without ensuring the wheelchair was stable.

Medicines with a short shelf life such as eye drops were being dated when opened. This enabled staff to ensure the medicines were effective and safe to use. To minimise the risk of error, staff were now signing and countersigning any handwritten medicine administration instructions. Staff had received updated training in the safe management of medicines and their competency had been assessed. However, whilst improvements had been made to these areas, information about "as required" and variable dose medicines, lacked clarity.

The registered manager told us they had worked well with other managers within the organisation, senior managers and the staff team, to implement change. Focus had been given to auditing the service more effectively. Many of these audits had been undertaken by other managers to enable "fresh eyes". Records showed these audits were identifying shortfalls. However, action taken in response to the shortfalls was not clearly documented. This did not demonstrate shortfalls were being properly addressed. A senior manager told us the auditing system was "work in progress" and in time, all actions would need to be "signed off".

We have not changed the rating for these key questions regarding safe and well-led because to do so requires a full assessment of all the key lines of enquiry. We will complete this assessment during our next planned comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

We found that action had been taken to improve the safety of the service.

Improvements had been made to the safety of the environment.

Amendments had been made to cleaning schedules and the home was clean.

Improvements had been made to the safe management of people's medicines but further focus was required in terms of medicines to be taken "as required".

We have not changed the rating for this key question from inadequate because to do so requires a full assessment of all the key lines of enquiry for this question. We will complete this assessment during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement ●

We found that action had been taken to improve the management of the service.

Shortfalls identified within the warning notices had been properly addressed.

People benefitted from an environment that had been refurbished with new flooring and furniture.

Improved monitoring of the service was taking place but documentation did not always show what action was undertaken in response to identified shortfalls.

We have not changed the rating for this key question from requires improvement because to do so requires a full assessment of all the key lines of enquiry for this question. We will complete this assessment during our next planned comprehensive inspection.

Goldenley Care Home

Detailed findings

Background to this inspection

We undertook this focused inspection of Goldenley Care Home, on 28 February 2017. The inspection was done to check that improvements to meet legal requirements planned by the provider, after our comprehensive inspection on 15 and 17 November 2016, had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is it responsive? This is because the service was not meeting legal requirements in relation to these questions. We issued two warning notices following the last comprehensive inspection.

This inspection was unannounced and undertaken by two inspectors. We spoke with three people who used the service, three staff, the registered manager and a senior manager. We toured the accommodation and observed interactions between staff and people who used the service.

Before our inspection, we reviewed the information we held about the home. This included the provider's action plan, which set out the action they would take to meet legal requirements.

Is the service safe?

Our findings

At the last comprehensive inspection on 15 and 17 November 2016, we identified the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because potential risks to people's safety had not been identified or appropriately addressed and not all areas of the home were clean. In addition, people's medicines were not always safely managed and unsafe techniques were being used to assist people with their mobility. This was a repeated breach, as similar shortfalls were identified at a previous inspection in June 2015.

As a result of these concerns, we issued a warning notice to the provider. The provider wrote to us with the action they were going to take to address the shortfalls identified. At this inspection, the provider had taken action to make the required improvements and enhance people's safety.

The registered manager told us they had been spoken to staff individually about the need to assist people with their mobility, in a safe way. They said these discussions had been formalised in writing via email. The registered manager told us they had started to regularly observe staff to ensure safe procedures were being used. They said staff would be dismissed if they undertook any unsafe practice, when assisting people with their mobility. Records showed 15 out of 17 staff had completed updated training in moving people safely. The registered manager and senior manager confirmed the training sessions had been arranged straight after the last inspection. Staff told us they had attended the training. One member of staff said greater focus had also been given to the equipment, which was available to use, to safely support people with their mobility.

On one occasion during the inspection, staff applied the brakes to the person's wheelchair after they had sat down. This meant the wheelchair was not sufficiently stable, whilst the person was transferring into it. This presented a risk of the person falling. Staff had offered the person the use of equipment to help them move more easily. This was declined and staff tried on two occasions to assist the person to stand. They gave lots of reassurance and explained what was required but the manoeuvres were unsuccessful. Staff were encouraging the person to use their frame, as a means to help themselves up to a standing position.

Improvements had been made to the safety of the environment. Radiators in people's rooms had been fitted with covers. This minimised the risk of people burning themselves against the hot surfaces. All doors, which had been fitted with keypads, such as the airing cupboard and laundry room were appropriately locked. Cleaning substances were securely stored. This prevented unauthorised access and the risk of injury. There was a notice on the lounge door to remind everyone not to hold it open inappropriately, with furniture. This meant the door would close freely in the event of the fire alarm being activated, minimising the potential spread of smoke or fire. A damaged bath panel in an en-suite facility and a broken radiator cover in the downstairs bathroom had been replaced. Ladders had been removed from the shower room.

The home was much cleaner than at the last inspection. There was no debris between the seat cushions of the armchairs or on the small tables. The registered manager told us the bath seat on the hoist had been taken apart to be cleaned and the rusted shower chair had been discarded. A very stained and odorous

commode pot in a person's bedroom had been replaced. Paper towel dispensers in communal bathrooms had been restocked and the airing cupboard had been tidied. This meant hoist slings were no longer on the floor, which minimised the risk of infection.

The registered manager told us the number of housekeeping staff had been increased. There were now two members of staff to undertake all cleaning responsibilities during the week. At weekends, there remained one member of staff. The registered manager told us all cleaning schedules had been reviewed and amended. Records showed daily cleaning tasks and those which were classified as "deep cleaning". This included washing windows and curtains. One member of staff told us there was a communication book to record if there had not been time to undertake a certain task. This enabled another member of staff to undertake the work or priority to be given to it, the following day.

Improvements had been made to the management of people's medicines. Items such as eye drops with a short life span had been dated, when opened. This informed staff of the expiry date, after which the medicines would not be effective or safe to use. All handwritten instructions had been signed and countersigned by another member of staff. This minimised the risk of error. However, information about the rationale for administering a variable dose of a medicine remained unclear. In addition, the medicine administration record showed one medicine which was no longer prescribed. It had not been given but there was a risk of this occurring. Another record showed a medicine that was to be taken at 9pm but staff were administering it at 10pm. A member of staff explained the potential reasons for this although said they would gain further clarity from the GP.

There was some information to inform staff when they should administer "as required" medicines but this was not sufficiently detailed. For example, one record stated a medicine was to be given "if X becomes unsettled". The lack of detail increased the risk of the medicine being given inappropriately or without maximum effectiveness. A member of staff told us they would address these shortfalls without delay. All other areas of medicine management were safely managed. This included the receipt, storage and disposal of medicines. No 'over the counter' medicines were used. A member of staff told us this was because any such medicines could negatively interact with people's prescribed medicines. Records showed staff had received recent training in relation to the safe administration of medicines. An assessment of their competency had been undertaken. The registered manager confirmed these assessments would be undertaken on a six monthly basis. They said a red tabard had been purchased for the member of staff to wear whilst administering medicines. This was intended to alert people, not to interrupt or distract the staff member so the risk of error was minimised.

Is the service well-led?

Our findings

At the last comprehensive inspection on 15 and 17 November 2016, we identified the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the auditing processes were not effective in identifying and addressing shortfalls within the service. This was a repeated breach, as similar shortfalls were identified at a previous inspection in June 2015.

As a result of these concerns, we issued a warning notice to the provider. The provider wrote to us with the action they were going to take to address the shortfalls identified. At this inspection, the provider had taken action to make the required improvements.

The registered manager told us recent months had been a "steep learning curve". They said they had learnt a lot and had worked well with other managers within the organisation, senior managers and the staff team, to implement change. As part of the development of the service, an activities organiser had been recruited. They had just started employment and were in the process of developing life stories with people. The registered manager told us it was expected the activities organiser would enable further opportunities for people to go out into the local community. They said this role, was in addition to the allocated care hours for the home. A new dependency tool had been adopted to ensure there were sufficient staff on duty at all times.

The registered manager told us clear focus had been given to improve the monitoring of the service. This included regular audits of systems such as care planning, the management of medicines and staff recruitment. The majority of audits were undertaken by other care home managers within the organisation. This was to ensure objectivity and to enable a "fresh pair of eyes". Within each audit, any shortfalls identified were recorded as non-conformities. Action plans showed how these were going to be addressed. However, the documentation did not demonstrate the work had been undertaken. This meant it was not clear whether shortfalls had been properly addressed. A senior manager told us the audits were "work in progress" and in time, all non-conformities would be "signed off" by another home manager or the senior management team.

A recent audit showed some care plans were not person centred and did not contain sufficient detail for staff to follow. The registered manager told us all care plans had been rewritten in a different format. They said this enabled assessments and care plans for each subject area, to be kept together for easier reference. Whilst this was acknowledged, daily records were generally repetitive and task orientated. Many of the entries were recorded "on the hour" which did not evidence person centred care. One daily record stated a person was supported to have a full body wash daily. However, they were wearing stained trousers and smelt strongly of urine.

There were bowel monitoring charts but these did not always correspond to information within people's daily records or their care plan. One record showed a health care professional had asked staff to perform a clinical procedure. No further information was documented about this being an inappropriate request or

what action had been taken. The registered manager told us they had refused to allow staff to undertake the procedure and had requested a district nurse to visit. They said all care plans were currently in a temporary format, as they were still being added to. They said the information would be detailed and reflective of people's needs and preferences, when made into final documents.

The registered manager told us they now regularly walked around the home to check for potential hazards. They said they undertook spot checks to monitor staff practice and areas such as cleanliness and infection control. One record of these observations stated "looks clean, no dust, tables looked clean. However it was noted staff were wearing false nails and were reminded they need to adhere to the correct dress code". The registered manager told us they had undertaken one early morning visit, to check staff were effectively supporting people with their night time care needs.

Work had been undertaken to ensure information on the provider's website was accurate. Photographs of people and their families had been removed. As part of developing the service, the registered manager told us they now randomly sampled the food and had reviewed the menus. This had prompted more alternatives to be introduced and meal times to be protected. Protected mealtimes aim to enable people to eat in an unrushed manner, without unnecessary interruptions.

An external company had been asked to undertake a health and safety audit. The registered manager told us this had been positive as shortfalls they had not recognised, had been identified. This included a window which had single glazing that presented a risk of shattering, if someone fell against it. The registered manager told us screening had been applied to the window to minimise this risk. The audit had also identified a restrictor was not effective in minimising the distance a window could be opened. The registered manager told us this was immediately addressed. Records showed 12 out of 17 staff had recently completed health and safety training.

The registered manager told us focus had been given to the environment to make it more pleasant for people. This included replacement flooring in the lounge, dining room, entrance hall, people's bedrooms and the communal bathroom. New armchairs and small tables were purchased for the lounges and there was new furniture in the dining room. Blinds had been installed at bathroom windows. Work was being undertaken to the front of the property, as large trees were being felled. The registered manager told us they had become unsafe in recent storms.