

Mrs Parminder Degun

Golden Gorse Residential Care Home

Inspection report

4 Alexandra Road
Minehead
Somerset
TA24 5DP

Tel: 01643702767

Date of inspection visit:
31 July 2019

Date of publication:
19 August 2019

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

About the service

Golden Gorse Residential Care Home is a care home providing personal and accommodation to 8 people who have a learning disability.

People's experience of using this service and what we found

The service had been opened some years ago and therefore had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. However, the staff worked with the provider to embed these principles into people's day to day lives. The principles include; promotion of choice and control, independence and inclusion. For example, people's support focussed on them having as many opportunities as possible to gain new skills and become more independent.

People lived in a happy home where they felt safe and well cared for. During the inspection there was a warm atmosphere with lots of laughter and good-humoured banter.

People received effective care and support from staff who were well trained and competent in their roles. Staff monitored people's health and well being and worked with other professionals to make sure people received the treatment they required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were able to make choices about what they did each day and how they spent their time.

People had close relationships with other people who lived at the home and were encouraged to keep in touch with friends and family.

People were able to take part in activities and follow their interests. People enjoyed a variety of social activities and work opportunities. These included in house activities, trips out, social events, day services attendance and voluntary jobs.

People lived in a home which was well managed and had systems to monitor standards of care and ensure on-going improvements. People told us the registered manager was open and approachable and they could raise any issues with them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection The last rating for this service was Good (Report published March 2017.)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Golden Gorse Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Golden Gorse Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used all of this information to plan our inspection.

During the inspection-

During the inspection we met all eight people who lived at the home. We spoke with five people and four members of staff. Throughout the day we were able to observe staff interactions with people in the communal areas. The registered manager was available during the entire inspection.

We looked at a selection of records which included;

Two care and support plans

Records of staff meetings

Medication Administration Records (MARs.)

Health and safety records

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism.

Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe and comfortable at the home. One person told us they felt safe because, "I have all my friends around me." Another person said it was because, "Staff are always kind to me."
- The risks of abuse to people were minimised because the provider had a robust recruitment process. This made sure all staff were thoroughly checked before they began work in the home. Staff files showed the registered manager had received all checks before new staff started work.
- Staff had received training in how to recognise and report abuse, and people had access to information about this in an easy read format. Staff said they would raise any issues with the registered manager and they were confident action would be taken to protect people.
- There were adequate numbers of staff to keep people safe and to meet their needs. During the inspection we saw staff had time to support people with their care and spend time socialising.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments to promote their safety, independence and social inclusion. For example, one person had a risk assessment to support them to take part in a charity event. The control measures in place were for them to be part of a group. This enabled them to safely take part with support from staff and other people.
- People lived in home which was maintained to a safe level. Regular checks were carried out on the fire detecting system and water temperatures to minimise risks to people.
- Any incidents or accidents which occurred at the home were recorded and seen by the registered manager to enable them to put measures in place to avoid re-occurrence. This included seeking advice and support from other professionals to look at how changes to practice could be made to better support people.

Using medicines safely

- People received their medicines safely from staff who had received training to carry out the task. One person told us, "The staff do my tablets, in the mornings and at tea time. They never forget."
- Some people were prescribed medicines on an 'as required' basis to control pain or reduce anxiety. There were protocols in place for when these should be given to promote people's well-being. Records showed these medicines were being administered in accordance with guidelines and not routinely.

- Staff kept clear records of medicines administered or refused by people. This enabled the effectiveness of prescribed medicines to be monitored.

Preventing and controlling infection

- People lived in a clean and fresh environment. There were appropriate hand washing facilities and staff had access to personal protective equipment such as disposable gloves.
- Staff received training in good infection control practices and there was easy read information for people about good hygiene. This helped to ensure everyone had the information they needed to minimise the risks of the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People had their needs assessed and care plans were created to give staff guidance about how to meet people's needs. People were involved in reviewing their care plan to make sure it reflected their wishes and preferences.
- People were supported by a stable staff team who knew them well and knew their preferred routines and needs.
- People were supported in accordance with up to date guidance and legislation because staff received regular training to make sure their knowledge was up to date.
- New staff completed an induction programme to enable them to provide safe care. New staff also had opportunities to shadow more experienced staff to enable people to get to know them and for them to understand people's preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- People received meals in accordance with their wishes. People told us they discussed meals each week and made a menu in accordance with people's choices. One person told us, "We do the menu together. They ask you what you like."
- The menu for the week was displayed in the kitchen and was accompanied by pictures so everyone knew what the days' main meal was. The registered manager told us if people did not want what was on the menu they were always able to offer alternatives.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals to make sure people received care and treatment to meet their needs. Care records showed people were being seen by dentists, doctors and chiropodists. Where recommendations had been made by other professionals these were followed by staff.
- Staff monitored people's health and ensured people were supported to receive medical treatment promptly when they required it. Staff supported people to make and attend appointments.

- Everyone who lived at the home attended day services and staff liaised with day service staff to promote people's well-being.

Adapting service, design, decoration to meet people's needs

- People lived in a homely environment with all accommodation arranged over one floor. This meant all areas of the building were accessible to people with all levels of mobility.
- Each person had a single room which they could personalise to their own tastes and needs. Some rooms we saw were tired looking and would benefit from redecoration to make sure they promoted a pleasant environment for people.
- Where people's needs had changed the registered manager had put environmental changes in place to promote people's independence. For example, one person was struggling to find their way around and painted hands had been put on the corridor wall to help them to move from their bedroom to the bathroom.

Ensuring consent to care and treatment in line with law and guidance

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were able to make day to day decisions about their care and support. One person said, "You can choose what you do."
- Where complex decisions, such as medical treatment, needed to be made the staff had worked with hospital staff to make sure decisions were made in the person's best interests.
- People had their capacity assessed to determine their ability to make decisions about some elements of their care and, where appropriate, best interest decisions were made. However, we noted that no capacity assessments regarding people's abilities regarding taking medicines had been carried out. Everyone had their medicines administered by staff. We discussed this with the registered manager who stated they would carry out capacity assessments.
- At the time of the inspection no one was being cared for under the Deprivation of Liberty Safeguards, but appropriate applications had been made to the Local Authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People lived in a happy family type atmosphere. Most people had lived at the home for many years and had built strong relationships with other people and staff. This created an atmosphere where people cared about each other and enjoyed spending time together.
- People told us they were happy and regarded Golden Gorse as their home. One person told us, "I love everyone here and all the staff." We observed when people came back to the house after a day out. They greeted everyone, and all appeared pleased to see each other.
- Staff worked with people in a non-judgemental way and adapted to people's changing needs and abilities to ensure everyone was treated with value and respect.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to make decisions about what they did and the care they received. One person said, "I choose what I do every day." On the day of the inspection one person had chosen to stay in bed till mid-morning and staff respected this decision.
- Each person had a care plan which was written in an easy to understand way and contained pictures to help people to be fully involved in reviewing their care. Where people were unable, or chose not, to be involved in their care plan, their representatives were kept informed about their needs and any changes to their care.

Respecting and promoting people's privacy, dignity and independence

- Each person had a room where they were able to spend time in private if they wished to and their privacy was respected. People had keys to their bedroom doors which they could use if they wanted to. One person said, "I have a key because this is my room and it's up to me who comes in."
- Staff promoted people's independence and helped them to access equipment to maintain independence. One person told us about equipment which helped them to be independent with personal care. They said, "Staff will help me, but I like to be independent."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received personalised care because each person had a care plan which gave information about their needs and their likes and dislikes. Pictures were used to help people to be involved and understand their care plans.
- Staff knew people well and how they liked to be supported. This also helped to make sure people received care which was personal to them.
- Although care plans gave information about people's preferred routines staff were clear that people could make choices on a daily basis. We saw this was re-emphasised to staff at a team meeting. One person said, "You just do what you feel like."
- Some care plans contained information about what arrangements people had specified for after their death. However, there were no guidelines for the care people would like to receive, or where they would like to be, if they became very unwell and at the end of their lives. The registered manager told us they would start to have conversations with people to establish their wishes.
- Where people's needs changed the registered manager made sure all staff received additional training to help them to understand and support people. For example, staff were undertaking a training course in dementia. One staff member told us, "The training is a real eye opener and will help us to support [person's name]."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- All information in the home was provided in formats which supported people to understand their care and wider issues. For example, care plans used pictures and easy to understand language and information about abuse and raising concerns was available to people in easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had very strong relationships with other people they lived with and often chose to socialise together. People told us everyone was going on holiday together because this was their choice. One person told us, "Sometimes I like to go out on my own with my key worker, but holidays I want all my friends with me."
- People and staff organised social events and invited friends and family to the home. At the time of the inspection they were planning a garden party which people were very excited about. People told us who they had invited. One person said, "It's going to be wonderful. I will help with making cakes."
- People had opportunities to take part in a variety of activities including attending day centres, taking part in voluntary work and accessing community facilities.
- Some people liked to spend time relaxing quietly at the home. When people came back after being at a day centre they chatted together but seemed very content to occupy themselves. One person went off to listen to their music. Another person made a cup of tea and took it into the garden where they happily nodded off in the sunshine.

Improving care quality in response to complaints or concerns

- Everyone we asked said they would talk to a member of staff if there was anything they were not happy about. When we asked one person who they would talk to if they were unhappy they named the registered manager and all other staff. They said, "Anyone would help."
- Everyone had a complaints poster with photographs of staff and easy read information in their bedroom. One person showed us the poster and said, "I'm not sad about anything but I might be one day, so this is for then."
- In addition to the formal complaints policy the registered manager was very visible in the home which enabled people to discuss any worries at any time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear ethos for the care home. They told us they wanted people to have a fun filled life in an atmosphere of positivity. Staff echoed this view and during the inspection we heard a lot of laughter and good-humoured banter.
- Staff were very happy in their jobs which helped to create a happy environment for people to live in. One member of staff said, "I enjoy working here. It's brilliant team to work with and the people are great." Another member of staff said, "It's like working in a family. Lovely place to live or work."
- The registered manager led by example to ensure everyone was treated as an individual and their differing and changing needs were met. People described the registered manager as extremely open and approachable. During the inspection we noted people and staff were very relaxed and comfortable with them.
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed, a person at risk of harm. The registered manager and provider were described as very open and easy to talk with. One member of staff said, "There are no secrets here. Everything is out in the open"

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People lived in a home where the registered manager felt well supported by the provider. The registered manager and staff said the provider was always available by phone to discuss issues or seek advice from.
- The registered manager had systems to monitor standards and ensure people's safety. The provider visited the home regularly to talk with people and staff and to oversee standards. From these visits they were able to highlight areas for improvement to promote people's comfort and well-being.
- The provider and registered manager placed a high emphasis on staff training and continuous learning. Staff said they had regular supervision sessions with the registered manager where they could highlight any learning needs. This helped to make sure people were always cared for by staff who understood their needs and could effectively support them. One member of staff said, "If you want training that will benefit people

then it is always provided."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was very visible in the home and had an excellent knowledge of the people who lived there and their preferred routines. This enabled them to constantly seek people's views and ensure the staff worked in accordance with people's preferences and lifestyle choices.
- People and staff said they were included in decisions made in the home and were able to make suggestions at meetings and at any other time. One member of staff said, "Ideas get taken on board."
- The provider carried out an annual satisfaction survey to seek people's views. Results of the last survey were extremely positive. One person's relative/representative had written on the survey, "A small unit run wonderfully well."

Working in partnership with others

- People lived in a home where staff worked with other professionals, family members and advocates to make sure people received the care and support they needed. For example, where appropriate family members attended reviews and appointments and were fully involved in people's care.
- Staff worked with medical professionals to ensure people received any treatment and support they required. This had included working with physiotherapists to promote a person's mobility and speech and language therapists to assist people with communication.