

Primary Medical Solutions Limited

Goldenhill Nursing Home

Inspection report

Heathside Lane
Goldenhill
Stoke On Trent
Staffordshire
ST6 5QS

Tel: 01782771911

Date of inspection visit:
18 March 2019

Date of publication:
15 April 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:

Goldenhill Nursing Home is a care home which provides accommodation, personal care and nursing care for people aged 65 and over. Ten of the 44 beds were allocated and funded by the local Clinical Commissioning Group to support people to return home after a hospital admission. The accommodation is provided in a single building, arranged over two floors. There is a communal lounge and dining area on each floor and a secure garden area. At the time of the inspection, 36 people were living at the home, some of whom were living with dementia.

People's experience of using this service:

People were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. We found that concerns were taken seriously and investigated thoroughly to ensure lessons were learnt. Risks associated with people's care and support were managed safely. People received their prescribed medicines when needed and there were suitable arrangements in place in relation to the safe administration, recording and storage of medicines. There were sufficient, suitably recruited staff to meet people's needs.

The service worked in partnership with other organisations and health and social care professionals spoke highly of the registered manager and staff. Staff received training and ongoing support to fulfil their role and were encouraged to develop their knowledge and skills to meet people's individual needs. People were supported to have a varied and healthy diet and to access other professionals to maintain good health.

Staff knew people well and promoted their dignity and independence at all times. There was a kind and caring, family atmosphere. Staff had good relationships with people and ensured people's friends and families were made welcome at the service. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service underpin this practice.

People's support plans reflected their needs and preferences and were reviewed when things changed. People's diversity was recognised and promoted by the staff and systems were in place to meet people's communication needs. People were supported to take part in activities and follow their interests and religious beliefs. Arrangements were in place to ensure people's end of life wishes were explored and respected.

The provider and registered manager worked together to continuously improve people's care and promoted a positive, open culture at the home. People and their relatives knew how to raise any concerns or complaints and felt confident they would be acted on. There were systems in place to capture people's views on how the service could be improved. Staff felt supported and valued by the registered manager and

provider.

The registered manager was developing links with local schools and colleges to ensure people were involved in the local community to enhance their wellbeing.

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

Rating at last inspection: Requires Improvement, (report published 4 January 2018).

Why we inspected:

At the last inspection the service was rated Requires Improvement in all key questions. At this inspection, we found the provider had sustained the improvements and made further progress. As a result, the service is now rated as Good in all areas.

Follow up:

We will continue to monitor the service and inspect in line with our programme for services rated Good.

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 Effectove 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.

Goldenhill Nursing Home

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors carried out this inspection, supported by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Goldenhill Nursing home is a care home. People in care homes receive accommodation and nursing or personal care. 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:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought information from the local authority quality monitoring team and feedback from three health professionals involved with the service. We reviewed the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with seven people who used the service and four relatives to ask about their experience of the care provided. Some of the people using the service were unable to tell us their views

about their care because they were living with dementia. We completed the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven members of care staff, which included two nurses and the registered manager. We also spoke with three visiting health professionals to gain their views on how the staff worked with them. There were two members of the provider's management team in attendance at the inspection.

We reviewed a range of records. These included five people's care records and multiple medicines records. We also looked at records relating to the management of the home, including quality and safety audits and three staff recruitment records. After the inspection, we asked the registered manager and provider to send us information in relation to staff training. We received all the information we had requested.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely:

- At our last inspection, improvements were needed to ensure topical creams were accurately recorded to assure us they were applied when required. At this inspection, we found that the required improvements had been made.
- Medicines, including prescribed topical creams were recorded, stored and disposed of correctly. Staff were trained to administer medicines and there were effective systems in place to ensure that people received their medicines as prescribed.
- People told us they received their medicines when they needed them. Staff spent time with people and checked to ensure the person had taken the medicine before moving on. When people received their medicines on an 'as required' basis, staff had clear guidance on when they were needed.
- Safe procedures were followed when people were able to administer their own medicines and these were reviewed at suitable intervals.

Systems and processes to safeguard people from the risk of abuse:

- People had positive, trusting relationships with staff who understood their needs and how to protect them from the risk of abuse. A relative told us, "[Name of person] is safe because staff keep an eye on them and always ask how they are".
- Staff were actively encouraged to raise their concerns and to challenge risks to people's safety. They were confident that any concerns reported were acted on.
- The provider had effective safeguarding systems which followed local safeguarding procedures. We saw that any concerns raised were recorded, investigated and reported to the local safeguarding team when needed. The registered manager notified us of any safeguarding concerns in accordance with the requirements of registration with us.

Assessing risk, safety monitoring and management:

- People felt safe and well cared for by the staff. One person said, "I haven't had any falls and I get hoisted carefully". Relatives we spoke with told us they had no concerns about their family members.
- Staff understood people's needs and followed risk management plans which gave them detailed information on how to manage identified risks, for example when supporting people to move using equipment or to avoid developing sore skin through pressure damage.
- Risks assessments were person centred, reviewed regularly and updated to reflect people's changing needs.

Staffing and recruitment:

- There were sufficient staff to keep people safe and ensure their wellbeing. The registered manager kept staffing levels under review and additional staff were rostered on when people's needs increased.
- When vacancies or short-term absences occurred, regular agency staff were used, that were known to people. Agency staff we spoke with told us they were supervised at all times until the registered manager had checked their competence and was satisfied they were suitable to work alone.
- There was a robust recruitment policy in place, which included carrying out checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. In addition, the registered manager had checks in place to ensure that nurses were registered with the Nursing and Midwifery Council.

Preventing and controlling infection:

- People were protected by the prevention and control of infection. We saw that the home was clean and staff used personal protective equipment when needed.
- Staff had received training and followed clear policies and procedures to maintain high standards of cleanliness and hygiene in the home.

Learning lessons when things go wrong:

- The registered manager actively encouraged staff to raise their concerns and to challenge risks to people's safety. The registered manager told us about a recent medicines error, which had been thoroughly investigated. They said, "A member of staff noticed something they thought wasn't right and reported it. We have put a poster in the medicine administration records to remind staff to raise anything and everything".
- Incidents and near misses were systematically recorded, investigated and communicated throughout the staff team to minimise the risk of reoccurrence.

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

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

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

- At the last inspection, improvements were needed to ensure the home environment was adapted to meet people's diverse needs and promoted the independence of people living with dementia. At this inspection, we found the required improvements had been made.
- Bedroom doors had been decorated in a variety of colours, with personalised images, to make orientation easier for people living with dementia. New, dementia friendly, signage had been installed which promoted people's independence. Staff explained how this promoted people's dignity as the signs could be turned around to signify that a person was being supported with personal care.
- The provider had installed new IT systems to display information in a pictorial format. A TV monitor in reception and in the dining room displayed menu options and details of weekly activities at the home.
- One person said, "You can find a quiet space to have a chat everywhere here". There was a sun lounge and a well maintained garden area, which had been adapted to provide wheelchair access and handrails for additional safety.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care:

- People's needs were assessed prior to moving to the service and staff worked with other health professionals to ensure people's care was delivered in line with good practice. For example, nationally recognised tools such as the multi universal screening tool (MUST) were being used to assess people's nutritional risk.
- Visiting health professionals told us the staff acted on their advice which ensured good outcomes for people's care and wellbeing.
- Staff were knowledgeable about people's needs and explained how they supported people. We saw this was in line with the information recorded in people's care plans.

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

- The provider and registered manager had listened to the views of people living at the home and taken action to provide a variety of different meals options daily. People and their relatives told us there was a choice of meals and alternatives were provided. One person said, "I get offered a variety of meals. The food is good and there is plenty to eat".
- Staff worked closely with dietitians, speech and language therapists and kitchen staff to meet people's dietary need. The registered manager told us the cook and kitchen staff had recently attended a healthy eating forum, which had increased their knowledge and had meant people on pureed diets were eating a wider variety of foods.

- There was effective oversight of people's dietary and fluid intake to ensure people maintained a healthy weight.

Staff support: induction, training, skills and experience:

- People, relatives and professionals involved with the home told us the care staff were well trained. One person said, "Staff are skilled at what they do". A relative said, "They are good staff, I can't fault them".
- Staff received a range of training in a range of areas and their practice was regularly monitored by the registered manager. Staff were encouraged to develop their skills and knowledge to meet people's diverse needs, for example, one member of staff was learning sign language. Nursing staff told us they were supported to maintain their professional registration to ensure they kept up to date with best practice.
- New staff received an induction which included shadowing more experienced staff and completing the nationally recognised Care Certificate. This supports staff to gain the skills needed to work in a caring environment.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to maintain their health through regular health appointments and check-ups. People told us they saw their GP and other health professionals when needed. One person said, "I ask the nurse if I want to see the doctor and they arrange it".

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

The Mental Capacity Act 2005 (MCA), provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so or 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 certain 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 with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People told us and our observations confirmed that staff sought people's consent before providing any support. The registered manager and staff had a good knowledge of the MCA and understood what they should do to make sure decisions were taken in people's best interests. We saw that any decisions taken were consistently recorded and monitored to ensure they followed legislation and people's wishes.
- Applications had been made to the local authority to deprive people of their liberty to ensure their safety where required. The registered manager actively monitored these applications and notified us of any authorisations and ensured that any conditions of the authorisations were being followed by staff.

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

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 told us the staff treated them with kindness and respect at all times. One person said, "The staff are very kind and very good; all of them". We saw people had good relationships with the staff and spent time chatting with them. Throughout our inspection, we heard laughter and banter between people and staff.
- Professionals we spoke with were positive about the caring approach of the registered manager and staff. One professional said, "Staff are very warm and welcoming, I've put my name down for a bed here when the time comes".
- Staff recognised people's diverse communication needs. Staff made sure they were at eye level with people and were patient, spoke slowly and repeated information to ensure people had time to take in what they were saying. One member of staff was being trained in sign language, to support people who may have a hearing impairment.
- Staff respected people's individuality. We saw a member of staff put a vase of flowers on the tray when they were delivering a meal to a person in their bedroom. They said, "I always do it, I think it makes such a difference to people".
- Improvements were ongoing at the home to promote a homely environment. One of the communal lounges was furnished as a reminiscence area, furnished with items to support people to tap more easily into memories from their past, which can help to reduce confusion. Some people cuddled toy cats and dogs, which moved in a lifelike way. We saw people were comforted and reassured by these. One member of staff told us, "The cats and dogs have proved a real hit with people, especially those who used to have pets of their own".

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

- People and their family members were involved in planning their care and support. One person said, "Staff have got to know me. I filled in a form last week about all the jobs I want doing and I was asked what I like". A relative said, "I visit [Name of person] every day, including weekends and am always welcomed".
- Staff offered people choice about their daily routine, for example if people wanted to go and join in with activities. At lunchtime, we saw that people were able to choose where they sat and what they wanted to eat and drink. One person told us, "My room is upstairs but I've come down here for my lunch".
- People were supported to access information that helped them to make decisions about their care and support. For example, information about local churches and support groups was displayed on the noticeboard at the entrance of the home. People could also speak to a fellow resident, who acted as a 'spokesperson'. The registered manager told us, "I have an open-door policy but felt this was another way of making it easy for people to give their views".

Respecting and promoting people's privacy, dignity and independence:

- People's right to privacy and dignity was always respected. One person said, "Staff stand outside the bathroom, which is what I want. The door is closed so no one can see".
- Staff spoke discreetly with people, for example when discussing their need for pain relief and a screen was put up for a person when they wanted privacy in the communal lounge.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At the last inspection, improvements were needed to ensure people's values, beliefs and cultural diversity were explored in agreeing how they wanted to receive their care and support. At this inspection, we found the provider had made the required improvements.
- People received personalised care from staff that knew them well and understood their individual needs. One person said, "The girls [staff] know what I like and don't like".
- Professionals consistently told us that the service was highly person-centred and achieved good outcomes for people. One told us how the registered manager had supported a person who had a poor appetite by sitting with them every day. They said, "She is fab, goes out of her way to support people".
- Care plans we looked at detailed people's life history, how they were supported to follow their religious beliefs and any goals they wanted to achieve. Staff understood people's aspirations and worked with other professionals, to meet them.
- People's care was reviewed regularly, including 'Resident of the Day', which gave each person an opportunity to discuss all areas of their care and support. The registered manager monitored this to ensure any concerns were acted on.
- People enjoyed a regular programme of activities and events, supported by activities co-ordinators. On the morning of our visit, people joined in with songs from the 1940's, supported by TV clips from the Internet. The activities co-ordinator told us, "We tailor them to what we are playing, it's great". In the afternoon, people were supported on a one-to-one basis, and we saw staff chatting to people individually and offering hand massages.
- People's faith and cultural beliefs were explored and a local vicar visited the home on a regular basis. One person said, "I'm a catholic and a priest visits me".
- The provider complied with the Accessible Information Standards by recording and meeting the needs of people with a disability or sensory loss. Pictorial menus were displayed on noticeboards and on TV monitors and information such as complaints and the service user guide was available in different formats, such as large print or braille, when needed.

Improving care quality in response to complaints or concerns:

- People and their relatives felt able to raise any concerns and complaints and were confident the registered manager would listen and resolve them.
- There was a complaints policy and a procedure for logging and tracking any complaints, which showed that any complaints had been responded to promptly.

End of life care and support:

- People's end of life care needs were kept under review and the staff worked with palliative care specialists

to ensure specialist equipment and medicines were available at short notice.

- People's religious beliefs and preferences were explored and recorded to ensure all staff were aware of their wishes. Staff gave us examples of how they followed people's wishes, which demonstrated that respect for people's dignity and comfort was of paramount importance.

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- At the last inspection, the provider had addressed the concerns that led to the service being put in special measures and was no longer in breach of the regulations. However, some further improvements were needed to ensure they effectively assessed and monitored all areas of the service and achieve a Good rating. At this inspection, the provider has sustained previous improvements and further developed their quality assurance systems, resulting in a Good rating in all areas. There were characteristics of outstanding leadership however, these needed to be further embedded and sustained to consistently result in positive outcomes for people before we can consider a rating of outstanding for this domain.
- Governance systems were clear and embedded in the running of the service. Our discussions showed the registered manager had clear oversight of the service and improvements to the environment were ongoing and were managed via an environmental improvement plan. Staff understood their role in providing a quality service and had confidence in the way the service was managed. One member of staff said, "The improvements [Name of manager] has achieved here are fantastic".
- The provider visited the service regularly and met with the registered manager and staff to monitor the quality of the service. The registered manager and staff told us they felt supported by the provider. One said, "The directors [provider] are very good and have an understanding of what care means from their work as healthcare professionals".
- The registered manager understood the requirements of registration with us and notified us of important events as required. The latest inspection rating and report was on display at the home and published on the provider's web site. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

Planning and promoting person-centred, high-quality care and support with openness:

- There was a positive, open culture at the service. People and relatives were complimentary about the registered manager and told us the service was well managed. One person said, "The manager goes around asking people how they are. It's how they are with people". A relative commented that more staff were being recruited and the décor of the home was being improved.
- Staff were aware of the whistleblowing policy and told us they would not hesitate to raise any concerns with the registered manager. Whistleblowing is when staff raise concerns about poor practice or wrongdoing at their workplace.
- Professionals and commissioners spoke positively about the improvements at the home and told us the provider and registered manager genuinely welcomed feedback. One professional said, "I find the manager

very approachable. She is open and honest and has maintained from the start that she would like to be advised of any issues within the home". A commissioner told us, "The service is very well managed, improvements have been made to the building and the manager and staff have worked very hard".

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

- People and their relatives were encouraged to give their views on the quality of the service through meetings and an annual satisfaction survey. A noticeboard near the reception area displayed numerous thank you cards which detailed glowing praise for the care received.
- The registered manager provided consistent leadership of staff and promoted an inclusive culture. Staff were involved in the running of the home and their achievements were recognised, for example through an employee of the month scheme. All compliments received were photocopied and given to the staff member, with a bottle of wine and voucher. A member of agency staff told us, "I have been working here for a while now and feel like a member of the team. As soon as I started here, my picture was put up on the board alongside the regular staff, it makes you feel included". Another member of staff said, "The home is run in a friendly and homely way".

Continuous learning and improving care; Working in partnership with others:

- The provider was committed to continually improving the service. The home had been involved in a pilot project which inspected the service using a clinical excellence methodology used in acute hospitals. The registered manager was extremely proud of the Gold standard award achieved and was currently working through an action plan to address some minor areas of improvement.
- The registered manager recognised the importance of making links with the local community to reduce people's risk of social isolation. Volunteers were encouraged to come into the service and chat with people. The registered manager had also contacted local schools and colleges to discuss an art project whereby students would create a family tree of people living at the home and the staff. They were also planning to offer placements for social care students. The registered manager said, "I'd be nowhere without a chance, you nurture people and train them the way you want them to be."