

Mrs Parminder Degun

Golden Gorse Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	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 accommodation and personal care. The home is registered to provide care to up to 8 people. The home specialises in the care of people with a learning disability. At the time of our inspection there were 7 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People lived together in a family type setting which was in the centre of Minehead. It was within easy walking distance of the town centre and local amenities.

People told us they were able to make choices about their day to day lives. People said they were able to follow their own routines and interests.

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 looked very at home and relaxed. They had unrestricted access to their personal rooms and all communal areas of the home.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their needs.

Right Care:

People were treated as individuals and staff respected each person's routines and needs. However, there was limited information about how people and/or their representatives were involved in planning their care and setting goals for themselves. The registered manager gave assurances they would address this issue.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff supported people to stay in touch with friends and family. People told us their family visited and they

enjoyed trips out with them.

People told us they felt safe at the home and staff were always kind.

Right Culture:

There was a very happy atmosphere in the home. Some people had lived together for a number of years and had formed strong friendships with each other. People had a sense of belonging and felt included.

Staff continually interacted with people and included them in conversations and activities. Staff knew and understood people well and were responsive, supporting them to follow their own routines.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

People spent time with community access workers who were independent of the home.

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 (published 19 August 2019)

Why we inspected

The inspection was prompted in part due to concerns received about how staff respected people as adults and how people were assisted to be fully involved in their care and support. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from the concerns raised with us. However, we identified that there was limited evidence that people and/or their representatives were involved in planning their care. The registered manager told us they would address this issue.

Please see the well led and caring section of the full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Golden Gorse Residential Care Home on our website at www.cqc.org.uk.

The overall rating for the service has not changed from good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector. An Expert by Experience carried out phone calls to friends and relatives of people who lived at the home. 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

Golden Gorse Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Golden Gorse Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we had about the service and from the service. We sought feedback from the local authority quality team.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection

During the inspection

We met and talked with everyone who lived at the home. People's verbal communication skills varied. Some people were able to fully articulate their views to us about the care and support they received whilst others had limited verbal communication. All were happy to interact with us.

The Expert by Experience spoke with 4 friends and relatives by phone to seek their views on the care their loved ones received.

We met with 2 staff on duty and received written feedback from 3 staff members. The registered manager was available throughout the inspection.

We looked at a variety of records relating to people's individual care and the running of the home. These included 2 care and support plans, a sample of medication administration records, 2 staff recruitment files, health and safety records and some in house audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and with the staff who supported them. One person said, "I feel safe here. The staff are always kind to you."
- Relatives felt their loved ones were safe and well cared for. One relative said, "I think they're safe, as they think a lot of all of them. They say [about a staff member] 'This is my friend [name], and if someone was unkind, they wouldn't say that.'"
- People had posters in their rooms with pictures and photographs to make sure they knew how to raise concerns. One person pointed to the photograph of a member of staff as the person they would talk to if they were worried about anything.
- Risks of abuse to people were minimised because staff had received training and knew how to report concerns. Where concerns had been raised, the provider worked with appropriate professionals to ensure full investigations were carried out.

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

- Risks to people were reduced because the registered manager carried out risk assessments and took action to minimise identified risks. For example, individual risk assessments were in place to make sure people could go out safely. The assessments included the number of staff needed to maintain the person's safety.
- Risk assessments seen did not always take account of people's changing needs or support people to take positive risks. For example, one risk assessment mentioned behaviour which was historical. This assessment had not been updated or changed to test if it was still relevant to the person.
- Incidents and accidents were recorded to make sure action could be taken to minimise further risks to people.
- Regular health and safety checks, including fire safety checks, were carried out to maintain the safety of people and staff.
- Each person had a personal evacuation plan. This helped to ensure that in an emergency situation people would receive the support they needed to leave the building.

Staffing and recruitment

- People were supported by sufficient numbers of staff to keep them safe and meet their needs. The registered manager kept staffing levels under review to make sure they were adequate to meet people's changing needs. They told us they were currently monitoring night staffing levels.
- Throughout the day we saw that people had access to staff when they needed them. This included when people asked for support to go out to the local shops. Staff worked flexibly to support people to follow their

interests. For example, two people had been accompanied by staff to go to a theatre show and stay overnight.

- People received care from a consistent staff team who knew them well. Staff turnover at the home was low.
- Relatives thought there was enough staff and said they were always able to speak with a member of staff when they wanted to. However, one relative raised a concern about night staffing levels. (As previously mentioned, the registered manager was reviewing night staffing levels.)
- Recruitment processes were robust. We looked at two staff recruitment files. One application form did not detail the person's full employment history. The registered manager gave assurances they would make sure this was obtained. Both files seen contained criminal records checks and references.

Using medicines safely

- People received their medicines safely from staff who had received specific training and had their competency assessed to make sure their practice was safe. Staff had received enhanced training to give some medicines which were prescribed to support people in a health emergency.
- Some people were prescribed medicines on an as required basis. There were protocols in place to show when these medicines should be given. This helped to make sure people received medicines in a consistent way and their effectiveness could be monitored.
- Medicines were regularly reviewed by outside professionals. This helped to make sure medicines remained relevant to people's needs.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. Staff used PPE when supporting people with personal care. They did not wear face masks when in communal areas. The registered manager gave assurances they would carry out a full risk assessment for this as it was not in accordance with Government guidelines at the time of the inspection visit. A risk assessment was received the following day.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visiting and people were able to go out with friends and family.
- Family and friends said they were welcomed into the home. One relative said, "I can visit whenever. They just say, 'any time' but I usually ring first."

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

- We found the service was working within the principles of the MCA.
- The registered manager had made applications for people to be legally deprived of their liberty where they required this level of protection to keep them safe. No applications had been authorised at the time of the inspection.

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 our last inspection we rated this key question Good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and somewhat involved as partners in their care.

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

- There was limited evidence that people were involved in planning and reviewing their care plans. However, the registered manager informed us people were constantly consulted and they would look at ways for making it more evident that people had been involved and consulted.
- Relatives commented that they would like to have more opportunities to be involved. One relative told us, "We need more meetings since Covid. Hopefully [registered manager's name] is going to do it in the New Year, as we were thinking about reviewing daily activities since the daycentre closed." Another relative said they would value being invited to a review of the person's care.
- People felt they were able to make choices about their day to day lives. One person told us, "I can do what I like. I have my own routine for getting up." Another person told us about what time they liked to go to bed and said they were able to do this.
- People said they were consulted about any restrictions in place. For example, one person had written guidelines about their use of an electronic tablet. When we asked them about it, they said, "Yes it's fine. I agree with it."
- During the inspection we saw people made choices. When we arrived, some people were up and about, and 2 people were still in bed because they had decided to have a lie in. A member of staff told us, "We ask people their preferences about everything."

Respecting and promoting people's privacy, dignity and independence

- People had their own rooms which they could personalise to their own tastes and where they were able spend time in private.
- People who lived at the home had strong relationships with each other. Most people had attended a day centre in the town until it closed. One relative we spoke with felt that their relative was missing friends they had made at the day centre and thought there were limited opportunities for them to socialise outside the home now.
- Risk assessments were not carried out to promote positive risk taking to support people to be more independent. However, people did not express any wishes to learn more independence skills and were very happy living at the care home.
- People were involved in some household tasks when they wanted to be. One person told us they always cleaned their own room and other people said they were supported by staff to make meals. One person told us they would be, "In charge of potato peeling for Christmas dinner."

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

- Staff treated people with respect and affection. Throughout the inspection we saw staff and people continually interacted. Staff and people were very friendly and knew each other well. Language used by staff was respectful and appropriate.
- Relatives spoken with thought that staff were respectful of their loved one. One relative said, "They just naturally know how to talk to [person], as they care about what they're doing." Another commented, "Oh yes, they are always respectful to [person], and when they talk about them."
- People's individuality was respected. People were able to join in with others or follow their own interests.
- People told us staff were kind and thoughtful. One person told us, "Staff help you with things. They are kind to you."
- Relatives said staff went above and beyond their job role to make sure people were happy and content. One relative commented, "Definitely they're very kind and caring, and they go above and beyond." Another told us, "I think they're brilliant, all of them. Other places had facilities that were far superior to here, but the staff have been here a lot of years and it just feels more vocational than just being here for a job."

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 our last inspection we rated this key question Good. At this inspection the rating has remained good. 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 and staff knew people well which enabled them to provide personalised care. However, risk assessments and care reviews did not always encourage people to try new things and take positive risks which may enable people to be more independent and fulfilled. The registered manager gave assurances that they would take action to address this issue.
- The registered manager told us their ethos was to ensure people led happy lives. Staff echoed this ethos by saying, "We all work together to make sure people have happy and fulfilled lives."
- There was a very happy atmosphere at the home. Some people had lived together a long time and there were close relationships between people. This gave people a sense of belonging and inclusion. One member of staff wrote, "The staff and service users feel like family and we share the highs and lows." A relative told us, "It feels like a laugh and a giggle are a normal everyday way of being."
- People were very much at home. Throughout the inspection we noticed that people were able to follow their own routines and appeared very comfortable in their surroundings.
- People and staff described the registered manager as very open and approachable. One person said, "You can talk to [registered manager's name]."
- The provider was open and transparent when things went wrong. When concerns were raised, they carried out investigations and shared the findings with relevant agencies.

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 provider had quality monitoring systems. These included health and safety checks and regular audits. This helped to make sure the building was well maintained to keep people and staff safe.
- The registered manager told us they were well supported by the provider who assisted them to keep up to date with best practice guidelines and current legislation.
- The provider visited the home at least monthly. These visits enabled them to oversee standards of care, speak with people and staff and plan any improvements needed.
- People were supported by a registered manager who was motivated to make changes to further promote people's involvement in their care and support. They appeared keen to look at ways of working that would enable people to be more fully involved in planning their care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager was very much part of the home which enabled them to seek people's views on an ongoing basis. However, there were limited formal opportunities for people to be fully involved in planning their care and setting goals for their future.
- The staff worked with community outreach workers to make sure everyone had opportunities to take part in activities outside the home with different staff. Discussions with the registered manager and relatives gave evidence that this relationship needed further development to make sure activities were stimulating and engaging for people.
- People lived in a home where staff worked with other professionals to ensure their changing needs were met. This included working with healthcare professionals to support people at the end of their lives and helping people to manage long-term health conditions.
- The provider sought the views of friends and relatives by an annual satisfaction survey. The results of the last survey were very positive. One relative had written, "Wonderful staff. Wonderful home."