

Croftwood Care Ltd

Golborne House Residential Care Home

Inspection report

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Tel: 01942273259

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13 May 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 23 and 24 September 2015. At which time, we identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to Safe Care and Treatment, Good Governance and Staffing. As a result, we issued a warning notice and two requirement notices due to the concerns we had identified.

After the comprehensive inspection, the registered manager sent us an action plan, detailing what they were going to do to meet the legal requirements in relation to the breaches we had identified.

We undertook an unannounced focused inspection on the 13 May 2016 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to the identified breaches. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Golborne House Residential Care Home' on our website at www.cqc.org.uk

Golborne House is located in Golborne, Greater Manchester and is part of Croftwood Care which is owned by Minster Care Group. The home is registered with the Care Quality Commission (CQC) to provide care for up to 40 people. The home provides care to those with residential care needs, many of whom are living with dementia.

At the time of our focused inspection there were 36 people living at Golborne House.

There was a registered manager in post and they were on duty when we visited Golborne House. 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 and associated Regulations about how the service is run.

At our focused inspection on the 13 May 2016, we found that the registered manager had followed their plan which they had told us would be completed by the 31 January 2016 and the legal requirements had been met.

All the staff we spoke with informed us that falls management had significantly improved at the home since our last inspection. We saw a board had been put up on the wall in the care team leader's office that identified people at risk of falls and indicated hourly observations had to be conducted.

Staff told us they were more vigilant regarding preventative measures that they could follow to reduce the risk of incidents occurring. Staff completed incident forms capturing as much information as possible surrounding the incident. The care team leader then completed a Falls Risk Assessment Tool (FRAT). The

FRAT was completed on all people who used the service who had experienced a fall and had guidance notes attached for staff detailing what action to take.

We found falls were robustly managed. We saw the registered manager had completed a falls, slips and trips investigation following each person having a fall, slip or trip. Two fall's champions had been introduced since our previous inspection that met with the registered manager and disseminated information to the wider staff team. The registered manager completed a falls matrix and this was audited by the area manager monthly to ensure all actions had been taken to mitigate risks.

Staffing numbers were calculated based on people's dependency and during this inspection we saw that there was more staff on duty. We observed staff were more vigilant and responsive to people's needs. Staff spoke positively about the changes since our previous inspection and felt that there had been significant improvements to the care that people received.

We saw that systems had been implemented to support staff complete documentation and staff vocalised feeling accountable for maintaining accurate records.

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.

We found the registered manager was undertaking a robust analysis of accidents, incidents and action taken was clearly identified and disseminated to staff.

We saw comprehensive risk assessments were reviewed regularly and changed timely to meet people's changing needs.

Staffing numbers had increased and care hours were calculated based on people's dependency. We found there were sufficient numbers of staff, effectively deployed to meet the needs of people living at the home.

Historical information relating to recruitment that had been missing during our previous inspection had been addressed and Disclosure and Barring Service (DBS) checks had been conducted for the three staff previously identified.

Although we didn't look at the overall domain, we have reviewed the rating because we found the registered manager had addressed our concerns immediately following the inspection 23 and 24 September 2015. We had no other concerns within this domain and the registered manager could demonstrate robust, consistent good practice had been sustained throughout this time.

Is the service well-led?

Good ●

This service was well-led.

We found the registered manager was now meeting the requirements of the regulations. Systems to assess, monitor and improve the quality of the home was robust. The potential risks to the health, safety and welfare of those who lived at Golborne House was mitigated.

The registered manager had implemented systems to improve record keeping and we found accurate, complete, contemporaneous records were being consistently maintained.

Although we didn't look at the overall domain, we have reviewed the rating because we found the registered manager had addressed our concerns immediately following the inspection 23 and 24 September 2015. We had no other concerns within this domain and the registered manager could demonstrate robust, consistent good practice had been sustained throughout this time.

Golborne House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection at Golborne House Residential Care Home on the 13 May 2016. This inspection was completed to check improvements to meet legal requirement planned by the registered manager after our comprehensive inspection on 23 and 24 September 2015.

We inspected the service against two of the five questions we ask about services: is the service safe and well-led. This is because the service was not meeting legal requirements in relation to these questions.

The inspection was undertaken by one adult social care inspector. Before our inspection we reviewed all the information we held about the home, this included the registered managers' action plan, which set out the action they would take to meet legal requirements. We also reviewed statutory notifications and safeguarding referrals that the registered manager had sent us since our last inspection

During the visit we spoke with two people who lived at the home, a health professional, the registered manager, the service manager, one care team leader and four care assistants. We also looked at accident and incident records, three people's care records, four staff records, staff duty rotas, staff allocation sheets and personal care records.

Is the service safe?

Our findings

At our comprehensive inspection of Golborne House on 23 and 24 September 2015 we found shortfalls in the management of slips and falls. Although incidents were reported and falls were reported robustly, no full action was documented and no plans were implemented to mitigate the risk of further incidents.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and health care professionals had raised concerns regarding staffing levels at the home. During the visit, we had found there were not sufficient numbers of staff deployed at all times to meet people's needs. We were told by two health professionals that there were a high proportion of people at the home with moisture lesions and skin tears. We had observed on the day of the inspection that people didn't have their teeth or hearing aids in which we felt was a consequence of staff being rushed due to there not being enough staff deployed.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At our focused inspection on 13 May 2016 we found that the registered manager had followed the action plan they had written to meet shortfalls in relation to the requirements of the regulations described above.

We spoke with two people at the home identified as being at risk of falls who used mobility aids. People told us; "The staff keep me safe and without them, I'd have no confidence. The carers are smashing with me, they walk with me, give me encouragement, always make sure I've got my Zimmer with me and advised me on how to get up out my chair so I don't lose balance." "I feel safe. I don't want to use a wheelchair and be wheeled about. I want to walk. The staff come to me timely, walk with me with my Zimmer frame slowly and make sure that I've got a decent pair of shoes on my feet."

During the inspection we looked at the analysis of falls for the past five months. We did this to identify people living at the home that had experienced a high incidence of falls so we could establish whether the risks had been appropriately managed. We identified three people and looked at their care and support documentation to ascertain if they were receiving the care and support they needed and if the risks to their health and wellbeing were being appropriately managed.

All the staff we spoke with informed us that falls management had significantly improved at the home since our last inspection. We saw a board had been put up on the wall in the care team leaders' office that identified people at risk of falls and indicated hourly observations had to be conducted. The registered manager had cascaded the risk management process to other identified risks. For example; people requiring food and fluid support, diabetic, fortified diets and pressure relief.

Staff told us they were more vigilant regarding preventative measures that they could follow to reduce the risk of incidents occurring. We were told that people identified as being at risk of falls had hourly

observations conducted so that staff were able to offer assistance at these times and support people when mobilising. Staff told us that they made sure people had their mobility aids with them before mobilising and that they were more conscious of hazards in the home when mitigating risks. We saw evidence of this when a person using a Zimmer frame was attempting to get up from their chair. The member of staff noted that the person had dropped their newspaper and had their foot on it which could have caused them to slip. The member of staff intervened before this occurred and removed the paper enabling the person to get up unhindered.

Care staff told us when a person slipped, tripped or had fallen they completed incident forms detailing the circumstances surrounding the incident, time it had occurred, what the person had on their feet and whether they used a mobility aid and had it with them. The care team leader completed a Falls Risk Assessment Tool (FRAT). The FRAT was completed on all residents who experienced a fall and had guidance notes attached for staff detailing what action to take. In the three care files we looked at risk assessments had been completed and life plans updated. Risk information was documented in red to alert the reader to the content.

We found falls were robustly managed. We saw the registered manager had completed a falls, slips and trips investigation following each person having a fall, slip or trip. The investigation record contained the details of the fall. For example, if the person had slipped from the chair. It included actions taken to minimise the risk. For example; informing the GP, a urine sample being sent for testing to determine if the person had an infection, referrals to falls clinic for assessment, the level of observations implemented, whether a pressure mat transmitter had been put in the person's room to raise an alarm when the person got out of bed. The registered manager conducted an evaluation and the outcome of this was documented.

We saw timely referrals had been made to other health care professionals. The care plans had been updated to demonstrate an increase in the risks and systems had been implemented to mitigate the risk of further falls.

We saw staffing numbers had increased since our previous visit. We found that staffing levels were determined using a formal method to calculate staffing levels based upon people's level of dependency. We looked at people's dependency and saw that the tool was being applied accurately to assess people's level of need. The dependency tool calculated the care hours needed to effectively meet the people's needs living at the home at that time.

We looked at the care hours calculated as being required for January, March and May 2016 and cross referenced this information with the staff rota for these months. We found that there was sufficient staff rota'd to work these months and the care hours provided exceeded the dependency calculation. We asked staff whether there were now sufficient numbers of staff deployed to meet people's needs. Without exception, all the staff told us that they felt there was enough staff to meet people's needs. Staff comments included; "Staffing has improved tremendously since the last inspection, we are no longer rushed and can give people the time that they need." "The staffing level now is of definite benefit to the people living here. I can now do my job properly, I don't have to rush and can give people the time they need." "It's brilliant; we can spend time with people and manage the risks. People are no longer vulnerable." "It's been very positive since the last inspection what has happened. We have enough staff now and its improved care." "We have the right number of staff now and people are safe. The home flows better and we can do the job properly."

Is the service well-led?

Our findings

At our last inspection, we found that the provider could not demonstrate effective systems to assess, monitor and improve the quality and safety of the services provided. We had found that the internal quality monitoring system had failed to identify some of the safety concerns we found at the time of our inspection and reported in the safe domain. We identified risks were not accurately assessed and risk assessments were not updated to reflect changes in risks.

We had also looked at five people's personal care records, 'getting ready for the day' to establish people's preferences regarding their personal care. We found the personal care records had large gaps in the five records that we looked at. We'd raised this with the registered manager who told us that the person's personal care needs had been met but that staff were not consistently reporting this in the documentation to reflect that it had occurred.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance.

During this inspection, we found the service was able to demonstrate that they were now meeting the requirements of the regulation. We found the registered manager had introduced a falls matrix and informed the area manager monthly regarding the number of slips, trips and falls at the home. The area manager undertook monthly falls audits to ensure that all possible actions had been taken to mitigate the risks of further re-occurrence.

Staff told us they felt more empowered to manage incidents and that systems had been implemented to support them achieving this. For example, there was a flow chart in the care team leaders' office which detailed the procedure to follow in the event of a fall. The home had introduced two designated falls champions that met monthly with the registered manager and discussed whether all possible actions had been taken and disseminated information to the wider team.

During this inspection we saw a board had been put up on the wall in the care team leaders' office that identified people at risk of falls and indicated hourly observations had to be conducted. The registered manager had cascaded the risk management process to other identified risks. For example; people requiring food and fluid support, diabetic, fortified diets and pressure relief. A staff member was allocated per shift for completion of charts. We looked at five charts and found no omissions in the completion of the records. An observation checklist had been implemented which detailed whether a person's personal care had been supported or the person had been supported to bed. Staff told us; "Since the introduction of the board we know at a glance that needs what support and there is an allocated member of staff completing the observation checklist and charts which means it is just one person's responsibility." "We have accountability. It's one person that is responsible and that person can be asked if anything is missing in the records." "Our role is supported better with these systems in place." "The charts give us the governance and we've got the responsibility."

We saw a handover had also been introduced for domestic staff so they were aware of people living at the home who were at risk. For example, slips, falls, fluids, continence support. This enabled domestic staff to be aware of risks and seek assistance timely if they observed a person requiring support.

Staff told us that staffing had been increased immediately following our previous inspection and that the existing staff had picked up extra shifts to cover the shortfall until new staff had been recruited. Without exception staff told us the current staffing number could meet people's needs and they felt able to do their job properly.

All the staff spoken with spoke highly of the registered manager and the changes that had been implemented. Staff told us; "Things were implemented quickly and we are kept up to date with things through handovers and team meetings." "I've got to say, it's been fantastic since we got an extra member of staff, I'm a lot happier in my work and it's a lovely home. This is somewhere I would have my mum live. Families can be reassured." "I feel protected. We have the right staff and systems in place. I know I've time to do things right." "It's down to the registered manager getting us the staff and systems. The change in this home is unbelievable." A visiting health care professional told us they visited lots of homes and felt Golborne House was a very good home. They told us they were more than happy with the care provided and felt it had benefited from an increase in staff which they felt were knowledgeable and the consistency of staff benefitted the people living at the home.

Although we didn't look at the overall domain, we have reviewed the rating because we found the registered manager had addressed our concerns immediately following the inspection 23 and 24 September 2015. We had no other concerns within this domain and the registered manager could demonstrate robust, consistent good practice had been sustained throughout this time. The registered manager had also shared their experience and actions with other registered managers within Croftwood services. Some of these services have subsequently been inspected by the commission and their managers identified that lessons learned and actions implemented following Golborne House inspection had been disseminated in order for other services to make the necessary improvements.