

Mrs M C Prenger

Golden Years Care Home

Inspection report

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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 

Overall summary

This inspection visit took place on 13 October 2015 and was unannounced.

At the last inspection on May 2013 the service was meeting the requirements of the regulations that were inspected at that time.

Golden Years care home is registered to accommodate up to 21 people. It is situated in a residential area of Blackpool, close to local amenities. Accommodation comprises of three lounge areas and a separate dining room. There are 15 single rooms and three shared rooms. Most are en-suite. There is a lift for ease of access

between the two floors. The garden areas are accessible to people and seating is provided. At the time of our inspection visit there were 20 people who lived at the home.

The registered provider was an individual who also managed the home on a day to day basis. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people had been minimised because the registered provider had procedures in place to protect

Summary of findings

them from abuse and unsafe care. People told us they felt safe and cared for at Golden Years. One person said, “I certainly am safe here. I couldn’t be safer.” Another person commented, “I am very happy, love the staff, they are never rude or unkind.”

We looked at how the home was being staffed. Staff had worked in the home for a long time and were familiar with the individual needs and behaviours of people. We saw there were enough staff on shifts to provide safe care. People we spoke with were satisfied with staffing levels. One person said, “The staff we have are great and don’t keep me waiting when I call for them.” Another person said, “The staff are smashing, always ready to give you a hand. They are always about when you need them.”

There had not been any recent staff appointments as all staff had been in post for a long time. However the registered provider explained the processes they would follow when recruiting staff, to reduce any risks of employing unsuitable staff.

Staff managed medicines competently. They were given as prescribed and stored and disposed of correctly. People were able to manage their own medicines if they were able to do so safely. People told us they felt staff gave them their medicines correctly and when they needed them.

People told us the home was always clean, tidy and fresh smelling and they were pleased with the standard of hygiene in place. One person said, “It is so lovely here and everywhere looks smart and clean.” Another person told us “It is like a hotel, absolutely beautiful and so clean.”

People were offered a choice of healthy and nutritious meals. Staff made sure people’s dietary and fluid intake was sufficient for good nutrition. People told us the food and drinks were plentiful and there was a good variety. One person said, “I love the food and we get drinks all the time.” Another person told us, “The food is good and I can always get a change if I don’t like the main meal.”

People’s health needs had been met and any changes in health managed in a timely manner. One person told us, “They check everything is alright with me. If I am not well they get the doctor for me and look after me.” A relative said, “I am confident that the staff look after [my family member] and know when she is not 100%.”

Staff had been trained and had the skills and knowledge to provide support to people they cared for. The staff we spoke with told us they had good access to training and were encouraged to develop their skills and knowledge. Most staff had completed or were working towards national qualifications in care.

The management team had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with staff to check their understanding of these. They understood and had followed procedures where people lacked capacity to make sure decisions were in people’s best interests.

People we spoke with told us the way in which the staff treated them was very good, wonderful, or excellent. We saw good interactions and communication between staff, people who lived at the home and their relatives. People were not left without support and staff were attentive and patient. They felt they could trust staff, who were friendly and respected their privacy. One person said, “Lovely, lovely staff so kind, so friendly, I wouldn’t like to be anywhere else.”

Staff supported people to engage in activities and interests in the home and short trips out in the local community. People told us they also enjoyed chatting with staff. One person told us they had been lonely and depressed at home as they lived alone, they added, “I have made a few friends here and I enjoy most days”

Staff were welcoming to people’s friends and relatives. One person told us, “My family can come at any time.” A relative said, “I am always made very welcome and am offered more than enough drinks while I am here.”

People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said if they had any concerns staff would listen to them and take action to improve things. One person said, “No one could grumble here. The staff are great.”

There were procedures in place to monitor the quality of the service. People felt their needs and wishes were met and they could talk with the registered provider and staff team at any time. They told us they felt well supported and cared for and staff were very approachable.

Summary of findings

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.

There were suitable procedures in place to protect people from the risk of abuse. Restrictions were minimised so people were safe but had the freedom they wanted.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

Good



Is the service effective?

The service was effective

Procedures were in place to enable staff to assess peoples' mental capacity, where there were concerns about their ability to make decisions for themselves and manage risk.

People were offered a choice of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Good



Is the service caring?

The service was caring.

Staff knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

People we spoke with told us staff were kind and patient. They told us they were happy at the home.

People were satisfied with the support and care they received and said staff respected their privacy and dignity. We observed staff interacting with people in a respectful and sensitive way.

Good



Is the service responsive?

The service was responsive

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on effectively.

Care plans were person centred, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

A range of quality assurance measures were in place to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

People told us staff were approachable and willing to listen. They, their relatives and staff were encouraged to give their opinions on how the home was supporting them.

There were clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Golden Years 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.

This inspection took place on 13 October 2015 and was unannounced. The inspection team consisted of an adult social care inspector and 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. The expert by experience for the inspection at Golden Years had experience of services for older people and people living with dementia.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected

the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included the provider, four members of staff on duty, twelve people who lived at the home and three friends or relatives.

We looked at care and medicine records of three people, the previous four weeks of staff rotas, recruitment and staff training records and records relating to the management of the home.

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Is the service safe?

Our findings

People said they felt safe and cared for at Golden Years care home. One person said, "I certainly am safe here. I couldn't be safer." Another person commented, "I am very happy, love the staff, they are never rude or unkind." A relative told us, "We have peace of mind knowing that [family member] is living in a caring and safe environment." We saw people were comfortable and relaxed with staff and they chatted frequently.

There were procedures in place to protect people from abuse and unsafe care. Risk assessments provided guidance for staff and assisted them in providing care safely. Accidents or incidents, complaints, concerns, whistleblowing and investigations had been discussed and evaluated for lessons learnt.

There had been no safeguarding alerts raised about the service in the previous twelve months. We asked staff how they would deal with unsafe care or a suspicion of abuse. They told us they would report this straight away and also make sure the person was safe. From this we could see they had the necessary knowledge to reduce the risk for people from abuse and discrimination.

We saw people relaxing in different areas of the home or their bedrooms. They told us they were free to move around the home as they wanted. They said staff supported them to get about the home if they needed help. One person said they preferred to walk as much as possible and because of their previous problems, staff were always ready to assist and encourage them.

Staff had worked in the home for a long time and were familiar with the individual needs and behaviours of people. We talked to staff about how they supported people whose behaviour may challenge services. They told us there was not anyone with behaviour that challenged but they would get support and training if anyone developed such behaviour.

Records were available confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. Equipment had been serviced and maintained as required. We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines.

Call bells were positioned in rooms so people were able to summon help when they needed to and were answered quickly. People told us staff assisted them whenever they needed help. One person said, "The staff we have are great and don't keep me waiting when I call for them." Another person said of the staff, "If I call them they are here in no time."

We looked at how the home was being staffed. We did this to make sure there were enough staff on duty to support people throughout the day and night. People said there were enough staff to support them well and give them help when they wanted this. One person said, "The staff are smashing, always ready to give you a hand. They are always about when you need them." We also talked with relatives and staff, checked staff rotas and observed whether there were enough staff to provide safe care. From people's views, our observations and records we could see there were sufficient staff available to support people.

We looked at the recruitment and selection procedures for the home. There had not been any recent staff appointments as all staff had been in post for a long time. However the registered provider told us they would complete appropriate checks before appointing any new staff. They explained the processes they would follow when recruiting staff, to reduce any risks of employing unsuitable staff.

We spoke with people about the management of their medicines. They told us staff supported them with medicines well. One person said, "The staff see to my medicines and they do it very well." Another person said, "I don't have to think about my tablets now. It has taken a load off my mind." We saw medicines were managed safely. They were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Staff said people could manage their own medication if they were able. One person told us they managed some of their medication. Staff had risk assessed this and discretely monitored this was being managed safely. There were internal audits and audits by the pharmacist to monitor medication procedures. This meant checks had been made to make sure people had received their medication as prescribed.

People told us the home was always clean, tidy and fresh smelling. One person said, "It is so lovely here and everywhere looks smart and clean." Another person told us "It is like a hotel, absolutely beautiful and so clean."

Is the service effective?

Our findings

People told us their needs were met by the staff team and they were confident staff were well trained and knew what they were doing. They said staff knew how each person wanted to be cared for and did this. One person said of the staff team, "They look after us properly and know how to help us."

People told us they enjoyed the food. They told us the food and drinks were plentiful and there was a good variety. One person said, "I love the food and we get drinks all the time." Another person told us, "The food is excellent here. I do prefer quite plain food and the cook knows what I like."

The main meal at lunchtime was a set meal which was posted on the notice board. Most people chose this which on the inspection was roast pork, new potatoes, broccoli, carrots, gravy and apple sauce. People told us the meal was very good and enjoyable. Alternative choices were available if the planned meal was not wanted. We saw two people had an alternative meal as they did not like the set meal. One person told us, "The food is good and I can always get a change if I don't like the main meal. Another person said, "I enjoy the food and don't leave any." A member of staff said, "I enjoy being the cook and see it as a chance to do our best for the residents with the food. We work to a set menu and I go round the residents each morning to chat and see if the main course will do. Obviously you can't suit everyone but I can always provide an alternative if the main choice does not appeal."

We observed staff interaction and support given to people during the lunchtime meal. They were available as needed throughout the meal. Lunch was a relaxed and social occasion. The dining room was set out pleasantly with tablecloths and centrepieces on the table and condiments, sugar and milk. One of the inspection team also ate with people. They said the meal was tasty. People told us the food was always good. Two people told us nothing out of the ordinary had taken place, the lunch period had been as normal and friendly as always.

We saw specialist dietary, mobility and equipment needs had been discussed with people and recorded in care plans. There was information about each person's likes and

dislikes and staff were familiar with each person's dietary needs. Special diets were provided where needed and staff were aware of the people who for example had diabetes or needed fortified foods to assist them to gain weight.

People told us they had regular health checks. They said they could see a doctor whenever needed and staff acted on and monitored any health issues. Care records seen confirmed General Practitioners (GP's) and other healthcare professionals had visited. The reason for the visit and any treatment was recorded. One person told us, "They check everything is alright with me. If I am not well they get the doctor for me and look after me." A relative said, "I am confident that the staff look after [my family member] and know when she is not 100%."

The staff we spoke with told us they had good access to training and were encouraged to develop their skills and knowledge. Most staff had completed or were working towards national qualifications in care. Staff had also completed moving and handling, health and safety, dementia awareness, safeguarding vulnerable adults and first aid training. This meant staff had or were developing the skills and experience to care for people. A member of staff told us, "We had some training last week. It all helps us to give good care."

Staff received regular supervision. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they felt supported by the manager. They said as a small team, who had worked together for a long time, they worked very closely together. One member of staff told us, "I enjoy coming to work. We work well together to help the residents."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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.

Is the service effective?

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so

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 were being met. The management team had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on the Mental Capacity Act and DoLS. We spoke with staff to check their understanding of these. They understood the procedures to follow where people lacked capacity.

Staff determined people's capacity to take particular decisions. They knew what they needed to do to make sure decisions were in people's best interests. People we spoke with told us they had the freedom they wanted to make decisions and choices. They said staff did not restrict the things they were able, and wanted, to do. One person said, "There is a nice atmosphere and I can do more or less what I want here."

The registered provider discussed a small number of people who had short term memory difficulties who had restrictions placed on them for their own safety. They had made DoLS applications for these individuals. Once the DoLS had been authorised, the staff team were complying with the conditions applied to the authorisation. This showed us staff were working within the law to support people who may lack capacity to make their own

Is the service caring?

Our findings

People we spoke with told us staff were supportive and caring. They told us they were comfortable and enjoyed living at Golden Years care home. They told us the way in which the staff treated them was very good, wonderful, or excellent and used the same words to describe their opinions of the staff. One person told us "I have been here quite a while. I am happy here. The staff are very fair and they treat me well." Another person said, "I have a very nice room, good food and good carers. I have been in a few care homes locally and this is the best by far. Nothing is too much trouble for them and I really do feel appreciated. I could not find fault with this home in any way." A relative told us, "I can see from talking to and looking at [my family member] that she is doing well and is in a good place. I have been able to see for myself how this place runs and I can say the staff are all dedicated and caring."

We saw good interactions and communication between staff, people who lived at the home and their relatives. People received the support they wanted and staff were attentive and patient. They checked if people needed any help. We saw staff sitting down and chatting and laughing with people. Staff responded to requests for support quickly and in a kindly way. We saw them explaining what they were going to do before attempting any personal care or support.

People looked cared for, dressed appropriately and well groomed. People told us the hairdresser visited regularly and staff often assisted them with nail care. They said they enjoyed the 'pampering' they received. Staff knew and understood people's history, likes, dislikes, needs and wishes. They were also familiar with people's background and their family members. They knew and responded to each person's diverse cultural, gender and spiritual needs and treated people with respect and patience.

People felt they could trust staff and they were friendly and respectful. One person said, "Everyone treats me lovely. I am so happy here. The staff are excellent and they are very

caring." There is a good atmosphere and the manager is most considerate." Another person said, "I was really going downhill and my [relative] talked me into giving this place a trial. I am better off in many ways. It's not your own home but I am not on my own with no one to talk to."

We saw staff talking to people in a respectful, polite manner. Staff were aware of people's individual needs around privacy and dignity. They made sure they respected people's privacy and assisted them in a respectful way. People told us they felt valued because of the way in which staff talked to them. Staff knocked on bedroom and bathroom doors to check if they could enter. One person commented, "Lovely, lovely staff so kind, so friendly, I wouldn't like to be anywhere else." Another person said, "The staff are just wonderful here. This young lady, (pointing at a member of staff) is the ace. She will do anything for us."

Staff took into account people's individual needs and wishes and were person centred in their approach. Person centred care aims to see the person as an individual. It considers the whole person, taking into account each individual's unique qualities, abilities, interests, and preferences in the way they were cared for.

Information about independent advocates was available if people required their guidance and support. Two people had advocates involved with them to assist with making decisions. This meant people could access and be represented by someone independent of the home to act on their behalf if needed.

We had responses from external agencies including the local authority contracts and commissioning team and health care professionals. Links with health and social care services were good. Comments received from other professionals were positive about the service. They told us staff listened and knew what they were doing and they had no concerns about the home. These responses helped us to gain a balanced overview of what people experienced living at Golden Years.

Is the service responsive?

Our findings

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There was a calm and relaxed atmosphere when we visited. Staff spent time with people making sure their care needs were met and they were able to socialise. One person told us, "I feel at home, it is the next best thing to home. I wouldn't like to be anywhere else." Another person said of the staff, "Well they certainly pass the test here. They are excellent. We only have to ask and 'tadar' it's there." A relative said, "We are amazed at how [family member] has settled here. We all love it."

Staff offered choices and encouraged people to retain their independence wherever possible. People were treated as individuals and assisted to follow routines they wanted. We saw people were able to choose when to get up in the morning, when they wanted to be active or to relax and when to retire at night. One person said, "I enjoy a chat in the evening when it is quiet. I like to stay up quite late. Another person told us, "I like to take my time 'coming to' in a morning and the staff don't mind that."

People told us their relatives were encouraged to visit and made welcome when they came. One person said; "My relatives visit whenever they want." A relative said, "I am always made very welcome and am offered more than enough drinks while I am here."

Staff supported people to engage in activities and interests in the home and short trips out in the local community. We observed them encouraging people to get involved in activities. People told us of a recent Blackpool illuminations trip, which they said they enjoyed as well as a fish and chip supper afterwards. Activities in the home included games, TV, jigsaws, knitting, armchair exercises and singalongs. Staff celebrated people's birthdays, and other special occasions. Several people said they enjoyed the activities. One person said they would like more social activities but two people said they did not want to get

involved in any. One person told us, "I don't mind entertaining myself and I'm never bored." A relative said there were activities available but their family member did not want to join in.

People told us they enjoyed chatting with staff as well as getting involved with knitting together. Staff encouraged people to talk together as well as to the staff and to enjoy companionship with other residents. One person told us they had been lonely and depressed at home as they lived alone. They added, "I have made a few friends here and I enjoy most days." This reduced the risks of social isolation and loneliness.

We spoke with the registered provider about how they developed care plans when people were admitted to the home. She told us care plans and risk assessments were completed soon after admission with the person and their relatives, if appropriate. We looked at the care records of three people we chose following our discussions and observations. Each person had a care plan in place that gave details of their care needs, likes and dislikes. Risk assessments including nutrition, falls and pressure area management had been completed. These were informative and person centred. They were regularly reviewed and amended as people's needs changed. People said they and their relatives were able to become involved in care planning.

We looked at the complaints procedure and saw people had been given information on how to complain. We asked people if they knew how to raise a concern or to make a complaint if they were unhappy with something. They told us they knew how to complain if they needed to but had never needed to. They said if they had any concerns staff would listen to them and take action to improve things. One person said, "No one could grumble here. The staff are great." Another person told us, "I can't complain about anything, not anything. Everything is good." The registered provider informed us there had been no complaints over the last year but they frequently asked people if they wanted any changes.

Is the service well-led?

Our findings

People felt their needs and wishes were met and they could talk with the registered provider and staff team at any time. They told us they felt well supported and cared for and staff were very approachable. One person said, “I have felt at home since I arrived here and the staff are easy to talk to.” Another person told us they had been through a difficult experience recently. They said, “I must say that the whole experience would have been impossible to cope with without the manager of this home. She was outstanding, absolutely first class and she helped me through it all.” A relative told us, “The manager is very “hands on and approachable. I get on well with the staff and can always discuss concerns with them if I have any.”

There were no formal residents meetings but the registered provider and staff had frequent informal chats with people about their views of the home. People said they preferred this. They told us the registered provider discussed ideas for the home and for menus, outings and activities. This meant their views were taken into account when making plans in the home. One person told us they felt able to make suggestions for improvements but they did not feel things could be improved on. People and their relatives were also encouraged to complete surveys about the care provided and any improvements they would like. They felt their needs and wishes were listened to and acted on.

As there was little staff turnover staff were experienced, knowledgeable and familiar with the needs of the people they supported. There was a clear management structure

in place. They understood their roles and responsibilities and were motivated to support people in the way they wanted. We saw staff worked well with each other and with the registered provider. People told us staff were well organised and efficient. One relative told us they rated the registered provider very highly, and said in their opinion, the leadership of the home was excellent.

There were procedures in place to monitor the quality of the service. We saw audits were being completed by the registered provider and staff team to monitor the quality of the service. Audits included monitoring the home’s environment and equipment, care plan records, medication procedures and maintenance of the building. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

Staff told us they were very well supported by the registered provider. One member of staff said, “I look forward to coming to work. We are definitely well supported.” Another member of staff said of the registered provider, “She is a fantastic boss. If you keep to her high care standards she will give you everything. She is so supportive personally as well as in work.” Staff meetings were held to involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with other professionals and services involved in people’s care and support.