

Goldthorn Lodge Limited

Goldthorn Lodge

Inspection report

10 Needwood Close
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West Midlands
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Tel: 01902621010

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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 ● |

Summary of findings

Overall summary

Goldthorn Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Goldthorn Lodge accommodates up to 12 people in one adapted building with individual rooms and two flats. At the time of the inspection there were 12 people using the service.

This inspection took place on 17 December 2018 and was unannounced. At the last inspection completed on 26 May 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

People were happy at the home and staff understood how to protect people from abuse. People were supported by sufficient staff and risks to their safety were assessed and planned for. People received their medicines as prescribed and staff followed procedures to protect people from the risk of cross infection. When things went wrong there was a process in place to learn and make changes.

People's needs were assessed and planned for and they received consistent support from suitably skilled staff. People received the support with food and drinks that they needed. Health needs were understood and the environment was suitable for people's needs. People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People were supported by caring staff who knew them well. People had support to live as independently as possible and were supported to make choices. Communication needs were assessed and people had their privacy and dignity maintained.

People's needs and preferences were understood by staff and they were supported to engage in the community and do activities of their choice. People could make a complaint and there was a system in place to respond. People's end of life wishes were considered.

The registered manager understood their role and notifications were submitted as required. We saw people, relatives, staff and other professionals gave their feedback about the service and this was used to shape changes. Governance systems were effective in ensuring people's needs were met safely. The provider

sought to continuously improve the service and work in partnership with other organisations.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Goldthorn Lodge

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 unannounced inspection visit took place on 17 December 2018. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). 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.

During the inspection, we spoke with two people who used the service and two relatives. We also spoke with the registered manager, the clinical lead, two staff and two visiting professionals.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We reviewed the care records of two people. We also looked at other records relating to the management of the service including quality audits and medicine administration records.

Is the service safe?

Our findings

At our last inspection on 26 May 2016, we rated safe Good. At this inspection Safe remains rated as Good.

People were safeguarded from abuse. People told us they felt safe living at the service and this was because they felt safe with staff. One person told us, "I love it here, the staff make it safe, I can have my ups and downs but they calm me down." One relative told us, "The staff are great, [person's name] is so settled there, and very safe." Staff demonstrated they understood how to recognise abuse and could describe the procedures and actions they would take to report any concerns. The registered manager was aware of their responsibilities to investigate concerns and report them to the appropriate bodies. We saw previous incidents had been investigated and managed appropriately.

Risks to people's safety were assessed and there was guidance in place for staff to help minimise the risk to people's safety. Staff could tell us about risks to people's safety and how they provided support to minimise the risks. Risk assessments and plans were in place which supported what staff told us and these were reviewed regularly. For example, one person displayed behaviours which may place them and others around them at risk. The care plan guided staff on what may trigger the behaviour, what this looked like, the risks to the person and others and what actions to take to prevent and minimise the risks. Staff could describe this to us and we saw staff followed people's plans during the inspection.

People were supported by sufficient staff. People told us staff were always there when they needed them and they did not have to wait. One relative told us, "There is always plenty of staff to support people and they do all sorts of things with people." Staff confirmed there were enough staff on duty to meet people's needs. The registered manager told us they used a dependency tool to identify the number of staff needed, but that this was supplemented with additional staffing hours as they felt it did not fully consider the number of staff needed to support people with behaviours that sometimes challenged. Our observations confirmed there were sufficient staff in place to meet people's needs. There was a regular agency in use to cover any absences and checks were carried out to ensure agency staff could meet people's needs.

Medicines were administered safely. Medicines were administered by nurses that had their competency assessed. The registered manager told us staff were also trained to administer medicines which gave flexibility if there were any issues with nurse availability. There was a clear procedure in place which staff were observed following during the inspection. Medicines were stored safely and checks were carried out to ensure people had sufficient medicines available. People received their medicines as prescribed and staff kept accurate records of the administration using medicine administration records (MARS).

People were supported in a clean environment. The home was clean and staff were observed following procedures to minimise the risk of cross infection, such as using gloves. Staff told us they had received training and we found cleaning schedules and regular audits were in place to monitor this. We saw there were cleaning schedules in place and regular audits completed to ensure people were kept safe from any risks of infection.

There was a system in place to learn when things went wrong. The registered manager told us all incidents of any kind were logged and these were analysed to look for trends and patterns and any changes necessary were made. The registered manager used staff meetings and handover discussions to share information and learning with staff. Records we saw supported what we were told.

Is the service effective?

Our findings

At our last inspection on 26 May 2016, we rated Effective as Good. At this inspection Effective remains rated as Good.

People had their needs assessed and plans put in place to meet them. The registered manager told us assessments were undertaken to identify needs and the information was used to develop person centred care plans, where required transition planning was also undertaken where people were introduced slowly to the service. People and relatives were involved in the process and staff confirmed the information helped them to provide the support people needed.

People received support from suitably skilled staff. The registered manager told us new staff had an induction and the training followed the care certificate and training updates were done on a regular basis. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. One staff member told us, "We do lots of training, for example; safeguarding people, manual handling and first aid". Our observations confirmed staff were skilled in supporting people with their needs for example, when supporting people with communication and administering medicines.

People received consistent care. The registered manager told us people were supported by a consistent staff team and there were systems in place to ensure people received consistency with their support. For example, if people had health appointments, the same staff supported them to provide consistency. Other systems in place included handover discussions at the start and end of each shift. Staff confirmed this helped provide the consistency people needed with their support. The registered manager told us staff were deployed to support anyone that had a hospital admission to ensure consistency of support.

People could choose their meals and staff understood the risks around meals and drinks and how to support people safely. One person told us, "The food is nice, we have a choice and I help with the cooking, I like to make a stir fry which is my favourite." Drinks were readily available to people and we saw one person ask for a second portion of lunch and the cook provided this. Staff told us about one person that was at risk of choking. Staff understood the guidance in place, which included advice from the speech and language therapy (SALT) team, to keep the person safe and this was documented in the person's care plan. We saw staff followed this guidance when supporting the person at mealtimes.

People were supported in an environment that had been designed to meet their needs. The registered manager told us the home was not designed to feel like an institution, it was homely, with furnishings and decoration which were comfortable and suited people's needs. We saw there was adapted toilets and bathrooms in place and a lift for people to access the upper floor. We found there was level access to an outside area, which was enclosed and people could use. People had personalised their individual rooms and were involved in choosing things for the home.

People had access to support with their health and wellbeing. One person told us staff had supported them to stop smoking which had helped them to feel better. Staff had information about people's medical history and there were plans in place to meet people's needs. Health monitoring was in place. For example, where people were at risk of weight loss, this was monitored, others had their blood pressure checked on a regular basis. Staff told us any concerns were referred to a health professional and the records we saw supported this. Where advice was given this was included in care plans and staff followed this.

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. One person did not consent to medicines being administered. The medicine was given without their knowledge, sometimes known as 'administered covertly' and staff did this by placing it in food and drinks. A best interest discussion had been held with relatives, a doctor and a pharmacist to determine that it was in the person's best interests to take the medicine this way.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were. For example, one person had an approved DoLS in place with a condition in place and the registered manager could demonstrate to us how the condition had been met.

Is the service caring?

Our findings

At our last inspection on 26 May 2016, we rated Caring as Good. At this inspection Caring remains rated as Good.

People had a good relationship with staff and staff knew people well. One person told us, "I like the staff here, [staff members name] is very sweet to me." The person added staff had helped them to sort out a savings plan so they could save money and then go out shopping and buy the things they liked. Another person told us, "I am very happy here, I like the staff and the registered manager, they help me with anything I need." One relative told us, "The staff are very friendly and are great with us too." Staff understood people and could describe what was important to people. We found staff had good relationships with people and were observed talking with people about things they liked and enjoyed. We saw people were content around staff, smiling and engaging them in conversations.

People were supported to make choices about how and when they were supported and to maintain their independence. One person told us, "I can do whatever I like, I go out on my own to have a meal and cup of tea and I visit my friends when I want to." Staff told us how they supported people to maintain their independence and make choices. One staff member said, "Everyone has an enablement program in place, these are different depending on ability, some make their own beds and this is an achievement, others cook meals." The registered manager told us there were pictorial menus in place and the cook had regular conversations with people about their preferences and helped them to choose their meals. We saw people could choose how to spend their time and were supported by staff to be involved in their care.

People had their communication needs assessed and plans were in place to meet them. We saw communication plans were in place to guide staff on the best approach, and how staff followed these during the inspection. For example, one plan told staff to use simple sentences, clear body language and speak one at a time to aid communication.

People had their privacy and dignity maintained. People told us staff were nice and respectful. Staff told us they recognised the need for people to have their privacy maintained and knocked doors before entering rooms. People were supported to maintain relationships which were important to them. One staff member told us, "We support people with having a relationship with their family, phone calls and visits to help them stay in touch." The registered manager confirmed they had good relationships with people's relatives and the staff offered support to the relatives such as helping them with booking transport to attend visits at the home. We found staff were respectful when speaking about and with people and ensured people were treated with respect.

Is the service responsive?

Our findings

At our last inspection on 26 May 2016, we rated Responsive as Good. At this inspection Responsive remains rated as Good.

People and relatives were involved in their care and support. One person told us about recent involvement in an assessment with another professional. They asked staff to tell us how they thought they were progressing. The staff confirmed the person had been involved in a recent review and were doing well. One relative told us, "[Persons name] health needs are met, appointments are notified to us and we are involved in what's going on with them, it's great.". Staff told us and records confirmed there were regular reviews of peoples care plans. One staff member said, "We have a key worker system in place which means we review and do updates when things change, as staff we have to get to know people, find out about their needs and things they like or don't like to know how to support them. It's about building a relationship."

People had assessments and plans which took account of their individual characteristics, such as culture, relation and sexuality. This was discussed with people and support offered met with individual needs. For example, people had specific support relating to their cultural preferences for meals. Staff told us they spent time getting to know people and supported people to access and get involved with things in their local community which matched their individual interests. The registered manager confirmed they had staff from different cultures with multiple language skills to support people if needed using their first language.

People were happy with how they spent their time. One person told us, "I love listening to the football on the radio." The person added they had their favourite football shirt on and had been to watch the football with staff. Another person told us about how they loved to buy certain items of clothing and how staff took them out to look for things to add to their wardrobe. One relative told us, "This place has helped [person's name], he is well looked after and goes out for meals and to the shops often." Staff were aware of people's interest and used this information to plan activities which people enjoyed. Care plans identified people's life histories and their interests to guide staff.

There was nobody receiving end of life care at the service. However, the registered manager told us the clinical lead had expertise in this area and they had also recently completed training in how to provide appropriate end of life care. The registered manager told us the staff had received training and people's future wishes had been discussed where appropriate and we confirmed these discussions were documented in people's care plans.

The registered manager told us they had not received any complaints since the last inspection however, they were able to describe how complaints would be investigated and responded to. One relative told us, "We have no concerns, if there is anything wrong the registered manager contacts us straight away, we are well informed." There was a policy in place and we saw this was on display for people and relatives.

Is the service well-led?

Our findings

At our last inspection on 26 March 2016, we rated Well-led as Good. At this inspection Well-led remains rated as Good.

The registered manager told us the vision for the service was to improve the quality of people's lives and provide a homely environment. The registered manager told us in doing this staff worked with people with complex needs through an enabling approach to support people to meet their individual goals. The registered manager explained the importance of how success was measured differently for individual people. Our conversations with people, staff and our review of records confirmed this was the way the service was delivered. We found people, relatives and staff could engage with the staff and the registered manager to discuss the care and support people received and felt central to the process.

The registered manager understood their responsibilities. We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the home. These may include incidents such as alleged abuse and serious injuries.

The registered manager had systems in place to check the quality of the service. For example, there were regular checks on people's medicine administration and care plans to ensure accuracy. We saw incidents were monitored and analysis was carried out by the registered manager. There were systems in place to enable the registered manager to have oversight of people's individual care and look for areas of improvement for individuals and the service as a whole.

People, relatives and other staff had their feedback sought on the service. One relative told us, "Occasionally there is a meeting to discuss things, we are all in touch with the home and the registered manager, they really do keep us well informed, we have no concerns." We saw people were engaged by staff to review the service they received and complete a questionnaire, these were analysed to look for areas of improvement. There were opportunities for people to give individual feedback on the service to the registered manager. Relatives were actively spoken to by the manager to get their views and there was an open-door policy in place. We saw other professionals had given their feedback about the service, for example one professional had left a comment which stated, "The staff took a professional approach to supporting [person] at the end of their life." A relative had also commented positively about the service, stating, "I am very happy with the care, and the admission, [person's name] best interests are followed, I can sleep at night now. Independence is promoted and overall its fantastic."

The registered manager looked for ways to continuously improve the service. The registered manager told us they were proud of the staff team for continually looking to improve services and how they all worked as 'cogs in a wheel' to move the service forward. The registered manager and the service had been recognised through an award from the Clinical Commissioning Group (CCG). The award was a 'special recognition' award for participation and was a 'peer appreciation' award. The Safer Provision & Care Excellence (SPACE) Awards are run by NHS Wolverhampton CCG to recognise care home staff for their outstanding contribution to care.

The registered manager told us they participated in sharing information with other providers to learn from what others were doing. They explained they looked for opportunities to develop the service and felt the model they had in place worked for people to have the specialist care in a small home environment. There were partnerships in place to support people living at the service. One professional involved with the service told us, "People have multiple and complex needs; they may have problems interacting with others and some have become institutionalised because of the amount of time that they have spent in controlled environments, but they are gradually reintegrating into wider society given the support on offer at Goldthorn."