

Wishmoor Limited

# Gold Hill Residential Home

## Inspection report

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Date of inspection visit:  
12 April 2016  
13 April 2016

Date of publication:  
18 May 2016

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Gold Hill provides accommodation, and personal care for a maximum of 40 older people. On the day of our inspection there were 27 people living at the home.

The inspection took place on the 12 and 13 April 2016 was unannounced. At our last inspection on 29 July 2015 we asked the provider to take action to make improvements to protect people who lived at the home. The provider was not meeting three of the Regulations of the Health and Social Care Act 2008 (RA) regulations 2014. Care staff were not putting training into practice to ensure the safe care and treatment of people living at the home. The provider did not have sufficient numbers of suitable staff deployed effectively to meet people's needs, and did not have effective arrangements in place to monitor and improve quality. Following this inspection the provider sent us an action plan to tell us what improvements they were going to make. At this inspection we saw that the actions required had been completed and these regulations were now met. However the systems for monitoring and improving the quality of care provision were not established at the time of our inspection therefore we were unable to see if the improvements could be sustained.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 who lived at the home and their relatives said they felt safe and staff treated them well. Relatives told us their family member was safe. Staff we spoke with understood how to support people in a safe way and to monitor identified risks.. They explained how they kept people safe from potential abuse, and systems were in place to guide them in reporting these concerns.

Staff were trained and there was an on-going program to keep training updated. The registered manager had implemented a system for monitoring staff competencies to ensure they delivered effective care. Staff were knowledgeable about how to manage people's individual risks. The registered manager was monitoring staffing levels and reviewing people's dependency levels, to ensure there were consistently sufficient suitable staff available. People were protected against the risks associated with medicines because the registered manager was embedding appropriate arrangements to monitor the management of medicines.

People were supported to make their own choices, and where possible involved in making decisions about their care. People received support with their decisions when they needed to. Applications had been submitted to the local authority for the people living at the home where their liberty was restricted, to ensure care was delivered in the least restrictive way. We saw staff treated people with dignity and respect whilst supporting their needs. People were supported with a balanced and healthy diet. People and their relatives told us they enjoyed the food. People were supported to eat and drink well. They had access to

health care professionals when they were needed.

People were able to see their friends and relatives as they wanted. People had access to private areas at the home to see their visitors in privacy if they wanted to. People and relatives knew how to raise complaints and the provider had arrangements in place so that people were listened to and action taken to make any necessary improvements. People who lived at the home and staff were involved in regular meetings and one to one's.

The registered manager was working with support from an external consultant to embed systems to drive up standards of care provision at the home. The registered manager was continuing to review and monitor care provision. However systems recently implemented were still in the process of evolving therefore we were unable to establish their effectiveness.

## 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

People were supported by staff that knew how to support people in a safe way. People had their identified risks managed by staff who knew them well. People's medicines were administered in a safe way.

### Is the service effective?

Good ●

The service was effective

People were supported by staff who were effectively trained. Some people were subject to restrictions on their liberty with authorisation being sought to ensure that any restriction was appropriate. People were confident staff contacted health care professionals when they needed them. People enjoyed their meals and were supported with a healthy, balanced diet which offered them choices they could see.

### Is the service caring?

Good ●

The service was caring.

People were supported to make their own choices about the care they received. People were supported by staff who knew them well and treated them with dignity and respect. People maintained important relationships with friends and family.

### Is the service responsive?

Good ●

The service was responsive.

People were supported by staff that listened to them and met their needs. People enjoyed some pastimes that were individual to them. The registered manager was looking at how they could improve what was offered. People and their relatives were aware of the complaints process and were confident to speak to staff about any concerns.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People were supported by a management team who were in the process of implementing systems to improve the quality of care provision. These systems were in their infancy and their effectiveness at sustaining improvements could not be established. The registered manager was approachable for people, their relatives and staff at the home.

# Gold Hill Residential 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 made an unannounced inspection on 12 and 13 April 2016. The inspection team consisted of two inspectors.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service. We also look at the concerns raised.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We observed how staff supported people throughout the day.

We observed how staff supported people throughout the day. We spoke with ten people who lived at the home, and three relatives. We also spoke with a social worker who supported one person who lived at the home. We also spoke with the external consultant involved in supporting improvements at the home.

We spoke with the registered manager, and six staff. We looked at three records about people's care and one staff file. We also looked at staff rosters, complaint files, minutes for meetings with staff, and people who lived at the home. We also looked at quality assurance audits that were completed.

# Is the service safe?

## Our findings

At our last inspection we found care staff were not always putting training into practice to ensure the safe care and treatment of people living at the home. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and send us an action plan explaining how they would make these improvements. At this inspection we found improvements had been made. We saw care staff supporting people to mobilise in a safe way. Care staff we spoke with said they were trained and monitored to ensure they provided support for people to mobilise safely. People we spoke with were confident that staff supported them safely.

At our last inspection we found the provider did not have sufficient numbers of suitable staff deployed effectively to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and send us an action plan explaining how they would make these improvements. At this inspection we found that improvements had been made.

People we spoke with said there were enough staff on duty to meet their needs. One person said, "If I press the call bell someone always comes." Another person said, "I pressed the bell twice this morning and they (staff) came." Relatives told us there were more staff available during the week. One relative told us, "They have more staff than they used to, more cleaners and someone for the laundry." However another relative said that it could be "a bit more chaotic" at the weekends, they explained that some auxiliary staff did not work weekends. For example, the administrator, laundry person and the extra person for activities. The relative said that staff had less time to spend with people at the weekend.

Staff we spoke with said there were enough staff on duty to meet people's needs. One member of staff said, "We can manage if we all pull together and work as a team, however an extra pair of hands in the morning would be useful." Another member of staff explained it could be busy in the morning; however there was more time in the afternoons to speak with people and spend time with them. A further member of staff said "If there were more staff we could really make a difference and improve the quality of our care." We saw there were sufficient staff during our inspection to meet people's needs in a timely way.

The registered manager told us they were completing on going recruitment to ensure there were enough suitably trained staff. They said they were in the process of reviewing dependency levels for people living at the home. Staffing levels would be reconsidered after the review of dependency levels to ensure there were enough suitable staff to support people's needs. These would then be monitored to ensure they could continue to meet people's needs.

People we spoke with said they felt safe. One person told us, "I feel safe; definitely, there are always people around if you need help." Another person said, "I am safe, no one has ever shouted at me or touched me, its lovely here." Another person said, "We are all alright here." Relatives told us their family members were safe. One relative told us, "I couldn't have wished for a better place, no one could do better." Another relative told us, "They have improved in lots of ways; things are much safer now."

The staff we spoke with were able to tell us how they would ensure the people were safe and protected from abuse. One member of staff said, "We are all very aware of our residents and would report anything straight away." They said they would report any concerns to the registered manager. They described actions they would take and were aware that incidents of potential abuse or neglect were to be reported to the local authority. Staff said they knew people living at the home very well and would be aware if there were any concerns. Procedures were in place to support staff to appropriately report any concerns about people's safety.

We observed a staff handover. Staff were given up to date information about each person's well-being and any actions that needed to be completed. One member of staff said, "I have all the information at handovers so we can keep people safe." We looked at two people's risk assessment and saw records had been reviewed and were up to date. The registered manager was in the process of reviewing people's records and updating them. Staff we spoke with were aware of how to manage the risks for each person. For example one person needed regular checks to ensure they were kept hydrated, we saw that these checks were completed, and staff we spoke with were aware they were in place.

Staff we spoke with said they had shadowed an experienced member of staff until they had completed the main part of their induction training. They told us the appropriate pre-employment checks had been completed. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

People told us they received their medicines when they were needed. One person said about their medicines, "They help with my tablets, I need the help." Another person said, "Somebody checks my tablets then gives them to me." Relatives we spoke with said they were confident about how medicines were administered. We saw staff administering medicines, staff used safe practice and ensured people agreed and understood the medicines they were taking. Staff told us and we saw suitable storage and disposal arrangements, of medicines, in place. There was clear guidance for staff to know when to administer 'as and when' medicines. Staff had received training in how to administer medicines and the registered manager completed checks to ensure they administered them safely. There were regular checks completed on medicine records to ensure people received their medicines as prescribed.

# Is the service effective?

## Our findings

People we spoke with said staff knew how to support them. One person told us about staff, "They know how to help me, they are all brilliant." Another person said, "They (Staff) know what I need help with." Relatives we spoke with said they thought staff knew how to support their relative. One relative we spoke with told us about how the registered manager had attended training about sensory awareness and they were working together to provide a sensory box for their family member.

Staff we spoke with said they had regular training that gave them the skills to support people at the home. For example, one member of staff explained that they now completed regular training about moving and handling people safely at the home with the registered manager. The sessions included best practice discussions about supporting people at the home. Staff we spoke with said they felt much more confident about supporting people to move safely. The registered manager said staff still lacked confidence when more complex equipment was needed because this equipment was not regularly used. They said they were working with the provider to look at ways to resolve this. The registered manager explained they regularly observed the practice of the staff team in relation to administering medicines and moving people safely. Staff we spoke with told us that the registered manager and the senior team were regularly reviewing how they supported people.

We saw there was a training plan in place to ensure that staff received regular updates. Some staff were scheduled to attend updates in key areas such as The Mental Capacity Act and Deprivation of Liberty Safeguards. However, staff we spoke were able to demonstrate they had an understanding of the act, ensuring people consented to their support and using least restrictive practice.

The Mental Capacity Act 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.

We looked at how the MCA was being implemented. We spoke with the registered manager about their understanding of the act. They explained that they were aware of who required support with decisions. However they acknowledged they needed further support with implementing best interest decisions to ensure all the relevant people were involved. The registered manager explained that they were in the process of receiving support from the local authority and an external consultant to ensure they complied effectively with the Act.

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). We checked whether the service was working within the principles of the MCA.

Staff we spoke with understood the legal requirements for restricting people's freedom and care was delivered in the least restrictive way possible. The manager had submitted appropriate DoL applications to the local authority. They were being supported with the process by the local authority to ensure they understood what was required.

People told us they enjoyed the food and were offered choice. One person said, "I've never left any food." Another person told us, "Very good food." Relatives said they had seen the food was generally good. One relative told us they regularly shared a meal with their family member and they enjoyed the meal. We saw staff were patient and caring when supporting people to eat, giving the person time to be as independent as possible without feeling rushed. We spent time with the cook and they showed us how people's nutritional requirements were met. They had a good awareness about people's preferences and nutritional requirements. We saw that there was choice offered at meal times. The chef had made small plate versions of the choice available. These were used to show people so they could make an informed choice about what they wanted to eat at the meal time.

People were supported to maintain their food and drink levels. During meals staff ensured people had drinks available. Additional drinks and snacks were provided throughout the day. We saw there was fruit available and regularly saw people eating the fruit as they wanted to. Some people had been identified as at risk and they wanted to monitor their food and drink more closely. Staff we spoke with knew why these charts were in place and knew when to raise concerns with senior staff.

People we spoke with said they could see a doctor when they needed to. One person said, "The doctors come out if I'm not well, I've had a few false alarms but they still come." Another person said, "They will call a doctor if I need one." Relatives we spoke with said their family members received support with their health care when they needed it. One relative said, "They get the doctor in quickly when it's needed and always let me know." Another relative said, "There is regular chiropody, doctors and dentist when they need it." The staff we spoke with told us the importance of monitoring the health of each person. We saw people being visited by the chiropodist during our inspection; one person told us they saw them regularly.

## Is the service caring?

### Our findings

People we spoke with said staff were patient and caring. One person said about staff, "I think it's nice here, very nice. They're marvellous, they're wonderful." Another person told us, "It's better than being at home." A further person said, "I like it here I have the freedom I need." Relatives said that staff were kind and caring. One relative we spoke with said, "They (staff) are always so cheerful, if my [person's name] is grumpy they just give them a hug and they are much happier."

We saw when staff were completing care records; people were sat with them chatting whilst they were completing them. One person said, "If I wanted care staff to come and sit with me they would do so." Staff we spoke with knew people living at the home well. Staff had a good knowledge of people's personality, their lifestyles and interests. We saw staff using this information to chat with people throughout our inspection. We saw caring interactions between staff and the people living at the home. For example we saw one member of staff chatting with one person about their favourite past time. The person really enjoyed the chat and responded positively to the staff member.

People told us they were treated with dignity and their choices respected. One person said, "I am happy here, I go to bed when I want and sleep how I like." Another person told us, "I can have a shower if I want one, you can pick a shower or a bath." A further person said, "I can use my frame to walk about, I can have a dance if I like." A relative told us, "Carers (staff) are very respectful." We saw that staff offered discreet support to ensure people's dignity was maintained. For example, we saw staff offering to support people at meal times. They ensured that they moved to the same level as the person, and asked them quietly if they needed any assistance. The staff explained how their own views on the importance of maintaining people's dignity. One staff member said, "It's so important they can chose to be as they want to be." Another member of staff said, "It's all about their choice not ours."

We heard staff on several occasions offer to support people to change their clothes. Two people we spoke with explained they chose whether to change their clothes or not. We saw some people preferred not to change even when we heard staff offer to support them to change. We spoke with one person and they confirmed they could have a bath if they wanted to and change their clothes but were happy as they were. Another person said, "We have our baths and showers when we want them." A further person told us, "I am well looked after, I have a shower quite regularly. I can get up and go to bed when I like." We observed staff offered support on several occasions to encourage people to change their clothes. One person accepted the support offered, another person refused and we saw they managed their own change of clothing.

People told us their relatives were welcome to visit at any time. One person said, "My [relative's name] can come when they like." Another person said they could call their relatives whenever they wanted to. We saw some people had phones available in their rooms if they wanted them, so they could sit in privacy to speak to their family and friends. There was a designated area where people could make their own drinks for themselves and their visitors. People who lived at the home were supported to maintain important relationships.

We saw the walls of the home were decorated with many pictures and items which promoted memories. There was clear signage and pictures to support people to know where their room and other areas were. Bedrooms were personalised with possessions to reflect the person living in them. We saw people were confident to move about the home.

## Is the service responsive?

### Our findings

People we spoke with said they had the support they needed. One person said, "I have a bath when I want one, and they help me." Another person said, "Staff help me with what I need help with, I do the rest myself." People we spoke with said staff looked after them well and they did not need anything more.

Relatives said they were involved in people's care and this was important to them. One relative told us, "I am always involved and they ring me straight away if there are any problems." Another relative said, "Staff are brilliant they seem to know people individually, they know what they like and what they don't like." Staff told us they included people's relatives where possible and spoke with them about what was happening with their family member. One member of staff told us, "Their relatives are really important." The registered manager told us they were looking at how they could involve relatives more regularly and consistently with people's care.

We looked at information kept to guide staff in how to support people. We spoke with the registered manager who confirmed they were in the process of updating people's care records. The registered manager was working with the senior team to develop their skills to update these records. Staff we spoke with were able to explain about each person's needs as well as any health conditions that affected their care.

We found additional staff had been recruited to support the smooth running of the service. For example there was now a laundry assistant employed for five days a week. People and relatives we spoke with said the laundry service had improved. One relative told us they had clothes still go missing on occasions at the weekends, however overall there had been 'a great improvement'. We also found there were additional domestic staff on duty to ensure the environment remained clean for people living at the service. We saw that areas had improved in cleanliness, carpets and furniture had been replaced, and there was a clear program of improvements in progress at the home.

People said they had some interesting things to do. One person said, "It's a lovely haven here, you can go downstairs and listen to music." Another person said they liked to watch television in their room or go out for a meal at the local pub. Staff told us they occasionally took people to the pub for a meal when people wanted to go. A further person told us they loved to chat with staff and the other people living at the home. The person went on to say, "Everyone gets on here, the staff make it a great place to be." During our inspection we saw an entertainer provided a sing along experience for people living at the home. One person said, "We don't have to join in, I couldn't be bothered to listen to the singer, I like to go out for a smoke. I don't do anything, but I am alright." Another person told us how they went for a walk everyday which was very important to their well-being. They confirmed they were able to go out every day for a walk if they wanted to.

Relatives we spoke with said there could be more interesting things for their family member to do. One relative told us, "I feel there could be more activities, such as gardening for my (family member)." One member of staff said that people were sometimes bored since the activities co-ordinator had left. Although

there was an additional member of staff available Monday to Friday the main interactions people told us about were chatting with staff. We looked at records about the choices offered and found that these were not completed regularly. The registered manager told us all their records were currently under review to ensure essential information was recorded.

We spoke with the registered manager and they told us that although they had been unable to recruit to the activity co-ordinator's post they provided an additional member of staff during the week to provide some interesting things for people to do. We saw that there were trips to the pub arranged and entertainers booked. We saw that interactions with that designated member of staff were mainly one to one reminiscing time. The registered manager was continuing to try and recruit to this post, and was receiving support from an external consultant about improving the choices available.

People we spoke with said they were happy to speak with the registered manager or staff about any concerns they may have. One person said, "(Staff) would do anything for me, I have never complained, but I could speak to (the registered manager) or (staff) if I needed to." Another person told us, they were happy to speak with the registered manager at any time, because they would always listen and take action. Relatives told us they were happy to raise any concerns with either the registered manager or staff. One relative said, "I have raised issues several times and things have improved." Another relative told us, "They will listen but sometimes I need to revisit the problem."

The provider had a complaints policy in place. This information was available to people and was displayed in the home. The registered manager said they were open to complaints and responded to these appropriately. The complaints policy showed how people would make a complaint and what would be done to resolve it. For example we saw a complaint had been made, investigated and upheld. We saw that follow up action had been taken appropriately.

The registered manager told us there were regular meetings with the people who lived at the home. They said that peoples thoughts on the service they received were discussed anyone who did not attend they spoke to individually rather than at the meetings. Some people preferred to talk on a one to one basis. For example we saw recorded at the last meeting that one person had said they wanted a television in their room. We spoke with the person and the provider had supplied a television for their room and they enjoyed watching it.

## Is the service well-led?

### Our findings

At our last inspection we found that the provider did not have effective arrangements in place to monitor and improve the quality, safety and welfare of people using the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and send us an action plan explaining how they would make these improvements.

We found there had been improvements overall to the quality of care and the staff practice. However there were still some areas that were in the process of improving. The quality monitoring system which the provider had developed was in its infancy and the systems were neither fully established nor embedded at the time of our visit. For example, the monitoring of how regularly people were offered showers and baths. We saw this was a new system and the registered manager explained that this was a lengthy process to audit. She was unsure how she would sustain the current level of governance and therefore she would work with the provider to continue to evolve an effective quality monitoring system.

Whilst the provider had acknowledged that the home environment had required updating, there were still areas where the standard of cleanliness required improvement. For example, carpet areas such as the stairs and hallways, although there were plans to remove carpets in the near future. Relatives we spoke with said the laundry service could be unreliable at the weekends because there was no dedicated member of staff. However they said there had been improvements during the week. The registered manager told us the laundry was in the process of being updated and they would review staffing requirements with the provider when it was completed.

The registered manager was in the process of updating care plans and looking at the individual needs of each person who lived at the home. Therefore staffing levels were under review. Staff we spoke with said they had tried different systems such as managing without a kitchen assistant but having an extra member of care staff to support people in the mornings. The manager had listened to staff suggestions, trialled the suggestion then asked staff for feedback. The registered manager was in the process of evaluating the feedback at the time of our inspection.

The registered manager was establishing regular observations with staff to ensure they administered medicines safely and provided care in a safe way. We saw these observations were not established and therefore we were unable to judge the effectiveness to ensure standards were improved.

The registered manager was working with the external consultant to improve the culture of the home to ensure that it was open and inclusive. They were working at providing staff with a clear management plan and structure to ensure all staff were clear about their role and responsibilities. We saw the senior team involved with training from the external consultant on the day of our inspection. This training was to provide the senior team with the skills to support the registered manager to drive up the quality of care provided. The registered manager said much of the documentation used at the home was under review to reduce the amount of time staff spend completing records and to ensure that essential information was recorded reliably.

People and we spoke with said the registered manager was approachable and the home was well managed. One person said, "I have lived here for several years, it's very good, they're a very good home." Another person told us, "I chat with (the registered manager) regularly, she's great. I have friends here and (the registered manager)." Relatives we spoke with said they were confident to speak to the registered manager about any concerns they had. However when improvements and actions were taken about concerns they raised these were not always sustained. For example, the provision of clean clothing consistently. The registered manager had a good knowledge of all the people living at the home. She was aware of their health and wellbeing, and we saw people knew her well.

Staff we spoke with said the registered manager was supportive and listened to them. We saw and staff told us the registered manager always attended handover so she had up to date knowledge about the people living at the home. Staff told us they could always contact one of the management team out of hours for support and guidance. Staff we spoke with were aware of how to use their whistle blowing policy to raise concerns. Staff said they were working with the registered manager and an external consultant to drive up the standard of care.

The registered manager showed us how they analysed incidents and accidents. They used this to put plans in place to improve people's safety. For example, one person had a fall, the registered manager had investigated it looked at what improvements could be made to improve their safety. The registered manager had arranged for a review by the person's doctor to reduce the risk of falls.

The registered manager monitored the safe administration of medicines for people at the home. The registered manager told us there had been concerns raised about the lack of recording when creams were applied to people's skin. These concerns had been discussed with staff and action taken to improve the recording to ensure people were consistently having their creams applied as prescribed. We saw the registered manager regularly monitored the documentation to ensure this was recorded correctly. However this was a new process and we were unable to judge if the improvements would be maintained. We also looked at how errors with the administration of medicines were managed. We saw that action was immediately taken and learning from the error shared with the senior team. Staff we spoke with confirmed these actions were taken.