

Goldenley Healthcare Limited

Goldenley

Inspection report

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Essex
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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

This inspection took place on 1 and 2 March 2016.

Goldenley is registered to provide accommodation with personal care to up to 40 older people, some of whom may be living with dementia related needs. There were 37 people receiving a service on the day of our inspection.

A registered manager was in post. 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.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage any risks in relation to the running of the service.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had support to access healthcare professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and they found the staff to be friendly and caring. People were supported to participate in social activities including community based outings.

Staff used their training effectively to support people. The manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so not to place them at risk of being deprived of their liberty.

Care records were regularly reviewed and showed that the person had been involved in the planning of their care. They included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed. People told us that they received the care they required.

The service was well led; people knew the manager and found them to be approachable and available in the home. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and registered manager had comprehensive systems in place to check on the quality and safety of the service

provided and to put actions in place to improve it.

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.

The provider had systems in place to manage safeguarding concerns and to manage risk for the safety of people living in and working in the service.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service and there were enough staff to meet people's needs.

People's medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well supported and had the knowledge and skills required to meet their needs.

Guidance was being followed to ensure that people were supported appropriately in regards to their ability to make decisions and to respect their rights.

People were supported to eat and drink sufficient amounts and people enjoyed their meals. People had access to healthcare professionals when they required them.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness. People, or their representatives, were included in planning care to meet individual needs.

People's privacy, dignity and independence were respected and they were supported to maintain relationships.

Is the service responsive?

Good ●

The service was responsive.

People were provided with care and support that was personalised to their individual needs. Staff understood people's care needs and responded appropriately. People had activities they enjoyed and that met their needs.

The service had appropriate arrangements in place to deal with comments and complaints.

Is the service well-led?

Good ●

The service was well led.

People who used the service and staff found the manager approachable and available. Staff felt well supported.

Opportunities were available for people to give feedback, express their views and be listened to.

Systems were in place to gather information about the safety and quality of the service and to support the manager to continually improve these.

Goldenley

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 was undertaken by one inspector on 1 and 2 March 2016 and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with seven people who received a service, two visitors and a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager and eight staff working in the service.

We looked at six people's care and medicines records. We looked at records relating to five staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

People indicated or told us they felt safe and comfortable in the service. One person said, "The staff are so nice it makes me feel safe." Another person told us they felt safe because no-one bothered them but staff were there when the person needed them. Relatives told us that they were confident that people were safe. A relative said, "We have had previous experience of this home with [another family member] and know that it is safe, there is never a feeling of anything murky or hidden going on here."

The registered manager and registered provider had clear policies and procedures in place to support staff to safeguard people. The registered manager told us there had been no safeguarding event raised in the service for some time; however they were clear on their responsibilities relating to this. Staff had a good understanding and knowledge of how to keep people safe from the risk of abuse and had attended training in safeguarding people. They knew how to report any suspected abuse and confirmed they would do this without hesitation to protect people. One staff member said, "We would not let any abuse go on, we have bonds with people here, we would stop it." Staff knew about whistleblowing and told us that they would report without hesitation to outside agencies if the organisation did not take prompt and appropriate action to safeguard people.

People lived in a safe environment. Risks were identified and individual written plans were in place to guide staff to manage this safely and to limit the impact of individual risks. Staff we spoke with were aware of people's individual risks such as relating to nutrition or pressure ulcers. We saw that staff used safe moving and handling techniques and the required equipment when supporting people to transfer from one place to another. Equipment used by people, such as hoists, was tested regularly to make sure it was working properly. The manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included fire safety, the environment and dealing with emergencies.

Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service. Records showed that the required references, criminal record and identification checks were completed before staff were able to start working in the service. Staff had had a detailed interview to show their suitability for the role in line with the registered provider's policies and procedures, including on equal opportunities.

People felt there were enough staff available to meet their needs safely. One person said, "Just press the red cord and they come." Another person said, "The staff are there when I need them."

People were supported by sufficient numbers of staff to meet their needs safely. Staff confirmed that staffing levels were suitable to meet people's needs. We saw that staff were available when people needed them and that call bells were answered promptly. Staff monitored people who were in their own bedroom and those in communal areas who may not be able to ask for assistance. The registered manager confirmed that they had the authority to 'flex' staffing levels as needed to meet people's changing needs.

People were satisfied with the way the service managed their medicines. One person said, "They are very good with my tablets, they bring them everyday spot on time." Another person said, "They bring my tablets

without fail every morning." People were protected by safe systems for the storage, administration and recording of medicines. Medicines were securely kept and at suitable temperatures to ensure that medicines did not spoil. Medication administration records were consistently completed and tallied with the medicines available. We observed staff administering people's medicines and saw this was done safely and with respect. Systems were in place to check some medicines on a daily basis to ensure their safe management. The service had procedures in place for receiving and returning medication safely when no longer required. Assessments of staff competence to administer medicines safely were completed. Monthly medication audits were carried out to ensure safe management of medicines.

Is the service effective?

Our findings

People were complimentary about the staff working at the service. One person said, "The staff are very good to us", and another person said, "The staff are just wonderful here."

People were supported by staff who were well trained and provided with opportunities for guidance and development. Staff told us that when they started working in the service they received a thorough induction training to enable them to meet people's needs well. One staff member who had previous care experience described their induction as, "A really useful week as I was supernumerary and it let me get to know the people and the staff here." Staff told us they attended a range of training courses and updates such as moving and handling, dementia care and food hygiene. Staff confirmed they received the training they needed to enable them to provide safe, quality care to people. One staff member said, "We get lots of training and regular updates. [Registered manager] is really hot on that."

Staff also told us that they felt well supported and received regular formal supervision and appraisal with their manager. Records provided by the registered manager confirmed this and showed that these were used to support staff to in their development. One staff member said, "I did training and got my NVQ2 [National Vocational Qualification] in Health and Social Care here. That was a really big achievement for me and I am learning to use the computer now with the new care planning system, we are all learning." We observed that staff used their training effectively to support people, for example while using equipment to help people move from one place to another, when gaining people's consent or when administering people's medicines.

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. People can only be deprived of their liberty 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff demonstrated a clear understanding of MCA and DoLS and when these should be applied. Records showed that people's capacity to make some decisions was assessed and decisions made in their best interests where needed. Some of this information, such as in relation to the use of sensor mats to help with falls prevention, was in the process of being transferred to the new computerised care recording system. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Where people were deprived of their liberty the registered manager had made appropriate applications to the local authority for DoLS assessments to be considered for authorisation. Where an authorisation was in place,

staff were aware of it and able to tell us how it was implemented in the person's everyday life in the least restrictive way. This meant that the provider had acted in accordance with legal requirements.

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. A staff member said, "You don't make assumptions, you always ask people as every day is different." We saw that staff knew to check that people were consenting to their care needs during all interactions. This was confirmed by people with comments such as, "Staff always ask before they do anything and ask me if it is alright." A staff member said, "It is people's choice, they need to be treated as individuals with the right to make choices, change their mind and do things differently to the way I would."

We saw that people were well supported to enjoy a choice of food and drinks to meet their individual preferences. One person told us that a member of the catering staff came to sit with them to ask about their preferences and to ensure that the menu suited the person. People told us they enjoyed the food and drinks provided at the service. People were offered choices at mealtimes and had ready access to a range of drinks of their choice. There were bowls of fruit readily available and other snacks such as packets of crisps and biscuits that people were actively encouraged to eat. There was a clear focus in the service on supporting people to improve their nutritional and fluid intake and one staff member was specifically allocated this role each shift. Where people needed assistance with food and drinks, staff provided this in a patient, encouraging and respectful way. Some staff ate their own meals with people and told us they found that this encouraged people to sit for longer, eat more and enjoy their food.

People's health or lifestyle dietary requirements were known to staff so that people received the food they needed and preferred. Staff knew, for example that one person liked cocoa before going to bed and that another person was offered finger foods and nutritionally enhanced drinks as they rarely sat to eat. People's weight and nutritional intake was monitored in line with their assessed level of risk and referral made to the GP and dietician as needed. Staff recorded in the care records what had been consumed by individual people identified as at risk so this could be monitored. The registered manager told us that new computerised recording system meant they could check at any time on the intake of any person in the service to ensure effective monitoring and intake. This meant people were supported to eat and drink well and maintain a balanced diet in line with their personal preferences and needs.

People's care records showed that their healthcare needs, appointments and outcomes were recorded to ensure that staff had clear information on meeting people's needs. People told us that staff helped them to gain access to, for example, the GP if they were unwell. People also told us that they were regularly attended to by the visiting chiropodist. A healthcare professional told us that staff clearly understood the importance of monitoring people's health, promptly calling in professionals and following the advice and instructions provided to ensure people's well-being. The healthcare professional also told us that it had been acknowledged amongst local healthcare professionals that this was a service in which they would be happy to have a member of their own family cared for.

Is the service caring?

Our findings

People received care and support that was individualised and person centred. One person said, "I was in three other care homes for respite care before I came to live here permanently and this definitely is the best. The staff are very caring and nice to us. The care is wonderful, they look after me so well." Another person said, "I am well looked after. The staff made it nice for me and put up my pictures and put my things in my room when I came in here."

People and their family members confirmed they were involved in the assessment, planning and reviewing of the care provided. One person said, "I do have a care plan, they have done all of that with me and when I came here they asked me what I needed." A relative confirmed that family members had been involved in the assessment of the person's needs before they came to live at the service and had been able to visit to see if they felt it was suitable to the person's needs.

People told us that they were able to make decisions and choices about their day to day lives. This included where to spend their time, what to eat and drink and when they went to bed and got up. One person said, "I go to bed, get up and spend time in my room as I like." We also saw that people made decisions that could be considered unwise, such as not following the advice of a healthcare professional and that staff respected this.

People's abilities and independence were encouraged. One person told us that they received their personal money each week, went out shopping unaccompanied to buy their television programme guide and the little alcohol they liked to enjoy on occasions during the evening. The person also told us that they went to the local church each week as their faith was important to them. This was confirmed by staff and in the person's records. Records also showed that other people were supported to attend a religious service in the home in line with their care plan preferences.

People's privacy and dignity were respected. Staff knocked on people's bedroom doors and waited to be told they could enter. People told us that staff always respected their dignity and closed doors while personal care was being provided. We saw that staff spoke quietly when discussing a matter of personal care with a person, so as to protect the person's dignity. People's personal information was securely stored.

Staff had worked with people living in the service for a number of years which enabled caring relationships to develop. All of the interactions observed between staff and the people they supported were positive. Staff knew people's needs, personalities and usual preferences well and addressed people by name. People knew the staff and told us they were kind in their approach. We saw that staff, including both care and ancillary staff, chatted in a friendly and appropriately familiar way with people and shared banter and laughter.

The service supported relationships between people and their families by making visitors feel welcome. A relative said, "We always feel welcome and we know other family members feel that too." A person using the service told us that their relationship with another person who lived in the service was well supported by staff and they could spend as much time together as they wished. The service provided a separate small

sitting room with facilities for making hot drinks and where people could meet their visitors privately if they wished.

Is the service responsive?

Our findings

People received care and support that was individually planned and appropriate to their needs. People's individual needs were assessed before they moved into the service and this was used to inform their plan of care. The care records were in the process of being transferred from a paper system to an electronic system. The electronic personal profile record contained good information about the individual person, interesting information about their life, family and interests as well as some information about specific needs. We identified areas where information had not been transferred fully to an individual care plan, such as specific healthcare needs like diabetes and preventative pressure area care where risk was identified. The registered manager confirmed their understanding of this and that action would be taken to arrange to have these uploaded as individual care plans for people.

People received care that was responsive to their needs. Staff knew about the people they cared for and their needs, personalities and preferences. They were able to tell us how they supported people's individual needs, for example, how best to encourage people to eat well or to reassure them when they became upset. One person's care plan, for example, showed they liked to go out regularly, particularly in the early part of the day, but it was not safe for them to do this alone. All staff we spoke with were aware of this and knew that the person went out with staff regularly each day for short walks to meet their specific need, which we saw happen. The registered manager told us that another person, who was at nutritional risk, had shown a preference for 'dinner' type meals and ate more in the evening. Staff confirmed that one of the alternative meals the person did not try at lunch time was saved and offered to the person later in the day, when they were more likely to eat well.

People received care that was person centred. A 'resident of the day' system was in place. The registered manager told us this was to focus on the individual person and ensure the service was meeting the person's needs. It encompassed a thorough review of the person's plan of care, checking for any trends such as falls, liaising with the person and their family where appropriate and chasing up any medical support requested. It also included a spring clean of the person's room, a check that they are happy with the menu and where possible, taking the person out such as to the local shops or for tea and cake at a local café.

The provision of enjoyable occupation and stimulating interaction for people was given suitable consideration in the service. It was well planned and supported by staff as a clear part of their role in providing responsive care. Activities were led by an identified and enthusiastic staff member with the support of all staff. The activity co-ordinator told us that events were held in different areas in the service so as to include people. They also explained how individual time was arranged for people who preferred not to join in group activities, including one to one time with care staff. The registered provider's newsletter showed photographs of people on outings such as to the zoo and events in the service such as a tea dance and outside entertainers. This meant that people had opportunities to participate in meaningful activities and social events that they enjoyed.

One person said, "I go to all the activities, I love them. I would not miss them." A relative told us, "There is always something going on here." A 'Club' operated each morning in the main dining room. We saw people

in this area busy, for example, folding table linen and towels, knitting, sorting and counting coins and completing puzzles. This was followed by morning tea and coffee, a social time where people and staff continued to chat. A music quiz then took place in which people and staff actively participated. Some people just watched from a distance but facial expression showed that they were actively engaged. In another lounge people watched television or looked at magazines. One person said, "I enjoyed the music quiz game today. They do lots of games and things I like." People knew about the activities and we met people during the day who told us they were on their way to attend a particular event. One person said, "I am on my way round to sit in the lounge for the music and we move about as best we can sitting down."

People told us they felt able to express their views about the service and felt they would be listened to. One person told us, "I have no complaints at all." Another person said, "I could tell any of the staff if I had any worries, you would just have to say." The provider had a clear system in place to manage complaints and to show they were investigated and responded to. Information on how to access the complaints procedure was displayed. Verbal complaints received such as in relation to cleanliness on an occasion and to the availability of hot water had been recorded. Records showed that these had been fully investigated and responded to the person's satisfaction.

Is the service well-led?

Our findings

Goldenley was well led and managed effectively. The registered manager had clear values that included offering person centred care, choice and respect. This helped to provide a service that ensured the needs and values of people were respected. Staff were clear about their roles and responsibilities. Systems to support good communication and accountability in the staff team were well established which impacted positively on the quality and safety of the service people received. Records and documents relating to the running of the service were clear and well organised.

The registered manager demonstrated that they were fully aware of all aspects of the service. They knew the people who lived there, their current individual needs and the staff supporting them, well. People and staff told us they had confidence in the manager and in the way the service was managed. One person said, "I know [registered manager's name]. The manager makes sure things tick along fine here." Another person said, "I do know [registered manager's name] and see [them] around all the time. Things are done right here, it is very good."

There was an open and inclusive approach in the service. Staff told us the registered manager was always available and listened to them. Staff told us they felt well supported and appreciated and that they and the registered manager had all worked at the service for a number of years. One person told us how the registered manager supported them to improve their skills and knowledge and to complete a nationally recognised training qualification in care. The provider had systems in place to support and reward staff, for example with a cash award for staff member of the month.

People told us they could express their views and felt listened to. People's views were sought through resident meetings where people's suggestions for the menu and outings were noted and planned for. The views of people and professionals were gathered in a twice yearly survey. We looked at the most of these and found that the responses and comments were positive.

Staff had a positive approach to changes aimed at improving the service. While some staff told us they were initially daunted by having to use a computer with the new care planning system, they now found that it was faster to complete. This, they advised, was an improvement as it allowed them more time to spend directly involved with people living in the service.

The provider had extensive systems in place to constantly monitor and assure themselves of the quality of all aspects the service provided at Goldenley. These systems were consistently implemented by the registered manager and staff at the service. A short meeting of heads of departments was held in the service daily at 11am. The outcomes were required to be uploaded to the electronic system and sent to the provider by noon so that any actions required could be identified and measures put into place promptly to address them.

Night and weekend visits to the service were completed by the registered manager. Staff were involved in monitoring and improving the quality of the service. Designated members of staff completed a range of

audits such as health and safety and infection control. Information from all the checks in the service were sent to the provider's team electronically within set timescales and analysed for trends so that improvements could be made if required. The provider's representative also visited the home each month and reported back to the provider on actions identified and completed. Their assessment of the service followed the Care Quality Commission's Safe, Effective, Caring, Responsive and Safe headings and relevant criteria.