

Isle of Wight Council

The Gouldings

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

The Gouldings is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included inspection reports, action plans submitted by the provider and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service about their experience of the care provided. We spoke with 15 members of staff including the registered manager, deputy manager, three assistant managers, six care workers, two housekeeping staff, two catering staff. We also spoke with members of the providers

management team including the group manager, service manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed care being provided within communal areas of the home and viewed the home and garden.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment, staff supervision and staff training. We viewed a variety of records relating to the management of the service, including records of accidents and incidents, quality monitoring audits and records relating to the maintenance of the home's environment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted four external health or social care professionals. We looked at training data, policies and procedures, complaints and further quality assurance records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Gouldings

Detailed findings

Background to this inspection

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Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of a section of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12, although further improvements were identified to ensure all risks were assessed and actions taken as required.

- The majority of individual risks had been assessed and recorded, along with action staff needed to take to mitigate the risk. However, we found several individual risks had not been fully assessed including, for a person who had a urinary catheter, a person with a diagnosis of diabetes and another person who was receiving a medicine to reduce their risk of blood clots. Other information within care plans did include this information and there were no indications people had not had their needs safely met. During the inspection the registered manager took immediate action to ensure additional risk assessments we identified were in place.
- Best practice guidance for the monitoring of older people following an unwitnessed fall was not being followed. Best practice guidance states that there should always be regular monitoring of the person in case they have sustained a head injury in order to detect any complications and seek suitable medical support promptly. Records for a person who had had an unwitnessed fall showed that the person had not been regularly monitored as required. The registered manager stated that they did not have a post falls policy or monitoring system in place. During the inspection they identified the relevant policy and recording forms and took appropriate action to ensure this was used for any future falls.
- Risks were managed in a way that ensured people were able to be as independent as possible and could enjoy activities they liked doing. Where necessary equipment to alert staff a person may be moving about their room was in place linked to the home's emergency call system.
- Equipment, such as hoists, were maintained according to a schedule. In addition, gas and electrical appliances were checked and serviced regularly.
- Fire safety risks had been assessed and fire detection systems were checked weekly. Personal emergency evacuation plans had been completed for each person, detailing action needed to support people to evacuate the building in an emergency. Staff confirmed they had received fire awareness training and understood the actions they should take should a fire occur.

Using medicines safely

- At our last inspection the provider had failed to ensure that medicines were always managed effectively. This was a breach of a section of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- For people who were prescribed medicines to be administered on an 'as required' basis, there was guidance to help staff understand when to give them and in what dose. For some of these, a record was maintained of the effectiveness of administration but for others this had not been recorded. This meant that external professionals may not have had all the necessary information to review medicines prescribed. The registered manager undertook to ensure this was recorded more consistently in the future.
- Otherwise, suitable arrangements were in place to ensure the safe management of medicines.
- People confirmed they received their medicines as prescribed and they could request 'as required' (PRN) medicines when needed. A person said, "If I need anything like pain killers I just have to ask, but they ask me anyway when they come round."
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. This had been reassessed at least yearly using a formal approach.
- Medication administration records (MARs) confirmed people had received all their medicines as prescribed. Where additions or amendments had been made to MARs two staff had checked the accuracy of the handwritten changes.
- Independence was promoted and where possible people were supported to manage their own medicines. They were provided with a lockable place within their bedrooms to keep their medicines. Staff completed an assessment of the person's ability to self-manage their medicines safely and checked stock levels weekly. A person told us how they were supported to manage their own medicines which they would need to do when they returned home.
- Daily, weekly and monthly audits of medicines were undertaken to identify any discrepancies with stock levels and ensure records of administration were fully completed.
- Systems were in place to ensure that when additional medicines such as antibiotics were prescribed, these were obtained promptly meaning there were no delays in commencement of administration.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place and followed to protect people from the risk of abuse.
- People said they felt safe using the service. A person told us, "Safe, yes absolutely."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member described the actions they would take if they witnessed or suspected abuse may have occurred. They told us, "If I had concerns, I'd go to the deputy manager or manager. I could go to the police or to you [CQC] if needed."
- When safeguarding concerns had been identified staff had acted promptly to ensure the person's safety.
- There were robust processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team. The local safeguarding team confirmed that safeguarding concerns had been reported to them. Previous contact with the service showed that where necessary safeguarding concerns had been investigated appropriately.

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs and there were enough skilled and experienced staff deployed to keep people safe.

- During the inspection, we observed staff were available to people and responsive to people's requests for support. There was a relaxed atmosphere in the home and staff had time to chat with people and support them in a calm and unhurried way.
- People told us staff were available to support them when required. A person told us, "There seems to be enough staff." Another person confirmed they felt there were enough staff and said, "The staff work hard but there is not usually long to wait."
- Staff told us there was enough of them to meet people's needs and provide people with the support they required. An external professional said, "The staff at the Goulding's are very supportive and from what I observe, hardworking and committed to patient care."
- Staffing levels were determined by the number of people using the service and the level of care they required. The management team kept staffing levels under review. The registered manager said they had flexibility and could increase staffing levels if required.
- People were supported by consistent staff. Short term staff absences were usually covered by an existing staff members undertaking additional hours. When required, agency staff were sourced.
- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references, health questionnaire and investigating any previous gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Preventing and controlling infection

- Appropriate arrangements were in place to control the risk of infection.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable masks, gloves and aprons, which we saw they used whenever needed.
- We were assured that the provider was accessing testing for people using the service and staff. People told us staff supported them to complete regular tests for COVID-19. Staff told us they were tested several times a week.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean, and housekeeping staff completed regular cleaning in accordance with set schedules.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed and that the provider was meeting shielding and social distancing rules. The provider's policies and procedures reflected current best practice guidelines.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service. New admissions and people who had received care in hospital were required to have received a negative COVID-19 test, were isolated within their bedroom following admission for two weeks and monitoring for symptoms and further COVID-19 tests were undertaken.

Learning lessons when things go wrong

- There was a process in place to monitor incidents, accidents and near misses.
- All accident or incident records had to be 'signed off' by a member of the home's management team. This ensured all accidents or incidents were individually reviewed and prompt action could be taken should this be required. The registered manager also looked for patterns and trends in terms of accidents such as falls. This would mean appropriate action could be taken to reduce future risks for individual people or other people.
- Staff were informed of any accidents, incidents and near misses which were discussed during handovers between shifts.

- When medicines audits had identified errors prompt and effective action had been taken. All staff who administered medicines undertook further training and their competency was reassessed. All medicines trained staff were included in identifying possible reasons for the errors and identifying solutions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- The majority of people living at The Gouldings had the mental capacity to make all decisions about their care and support. However, where one person did not have capacity to make decisions, MCA assessments had not been completed for decisions such as medicines and the use of equipment for the prevention of pressure injuries or bed rails to reduce the risk of falling from bed. We discussed this with the registered manager and group manager who immediately sought guidance and undertook to complete the necessary mental capacity assessments and subsequent best interest decisions as to how the person should be cared for.
- There had been multi-disciplinary discussions and meetings held for the person who lacked the capacity to make decisions as to where they should receive care. However, an application had not been made to the relevant authority for formal assessment under the Deprivation of Liberties Safeguards (DoLS) procedures. Following our discussion, the registered manager took prompt action to ensure the necessary application was made.
- Where people had capacity to make decisions, we saw they consented with the proposed care and support. Where people had capacity and wanted to make unwise decisions this was documented and staff guided to advise the person but respect their decisions.
- People's right to decline care was understood. Care staff said that, should people decline care or medicines, they would return a short while later to again offer assistance. Should people continue to decline they would encourage but respect the person's decisions and inform the management team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to admission to The Gouldings, an assessment of people's individual needs was completed. This was done by staff specifically employed for this role and based at the local hospital, or by senior staff based at the service. A request was made to the person's GP for medical information and copies of this and hospital discharge documents were kept within care files. This would help ensure all needs were known and therefore could be met following commencement of a service.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Their diverse needs were detailed in their care plans, including gender preferences for staff support.
- The focus of the service was to promote people's independence and to provide a re-enablement service. Staff were clear that they would work to achieve these goals with the person and records viewed confirmed this. Care plans identified people's needs and the choices they had made about the care and support they received.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received all necessary training to give them the skills and knowledge to safely care for people. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- People received care from staff who had the necessary knowledge, skills and experience to perform their roles. A person told us, "I'm very happy with the care, the staff seem to know what they are doing and how to help me."
- Staff completed a range of training to meet people's needs, which was refreshed and updated in a timely way. Staff were also supported to gain vocational qualifications relevant to their roles. A staff member said, "We get told if we need to do any training, mostly it's online and we can do it at home or here (The Gouldings) and we get paid for doing it."
- New staff completed a programme of induction before being allowed to work on their own. This included a period of shadowing more experienced members of staff. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
- Staff felt supported in their roles and received one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Yearly appraisals were also completed, to assess the performance of staff and any development needs.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- People told us they were supported to access local healthcare services such as, doctors or community nurses. This was confirmed in care files viewed. A person said, "The staff always check with the local surgery if needed."
- People's health needs were recorded in their care plans and contained information from health care professionals. A health professional told us they were consulted appropriately if staff had new concerns about people.
- Staff worked together to ensure people received consistent, timely, coordinated, person-centred care and

support. At the start of each shift staff received a comprehensive handover of all necessary information and could access care plans should they wish to confirm any information. They told us they received information about any new admissions and we saw this occurring when we joined the staff handover.

- If a person was admitted to hospital, staff ensured key information about the person was sent with them. This helped ensure the person's needs continued to be understood and met.
- The service was closely linked with local NHS hospital and community services with a view to preventing unnecessary hospital admissions and ensuring people could be discharged from hospital in a prompt manner. Some staff responsible for assessing people's needs prior to receiving a service, were based at the local hospital. The provider also had a community reablement service which supported people living within their own homes. We saw that staff were able to directly refer people for ongoing community support following their discharge from The Gouldings. This meant people would receive prompt, appropriate ongoing care if required.

Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary about the food and told us they had enough to eat and drink. Comments from people included, "The food is fantastic and always loads of it" and "The meals are varied and I've we always get a choice." One person told us they had to avoid some foods due to a pre-existing health condition and they told us they were always provided with suitable food.
- People were supported to eat a varied and nutritious diet based on their individual preferences. People were provided with a choice of two main meal options; however, they could request alternatives if required. People were also provided with drinks and snacks throughout the day. A person told us, "If I want anything at night, they [staff] will get that for me."
- An occupational therapist was part of the home's team who would be able to advise and access any specialist eating utensils should these be required. Should people require their meals in a softer texture the chefs had special moulds to ensure such meals were pleasantly presented.
- Individual dietary requirements and people's likes and dislikes were recorded in care plans and staff knew how to support people effectively.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely. Records showed they were provided with frequent drinks, food and encouragement to eat and drink.

Adapting service, design, decoration to meet people's needs

- The Gouldings was suitable to meet the needs of people with reduced mobility. One floor of the home had undergone a comprehensive refurbishment programme. This floor of the home now provided large ensuite bedrooms and suitable accessible bathrooms. The provider had plans to refurbish the rest of the home. A passenger lift was provided to enable people to access all areas of the home.
- Bedrooms were all for individual occupancy and suitably equipped to meet the needs of their occupant. The registered manager said consideration of people's needs was made when allocating bedrooms for people. We saw that one person whose needs had increased was moved to a ground floor bedroom where there was more light and space for the use of equipment which had become necessary for the safe provision of care.
- There was level access to outside spaces including a new decked area meaning people could access this independently. We saw people enjoying this area during the inspection. Within the home there were a range of lounges suitable for the number and needs of people who were living at The Gouldings.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were extremely happy with the service provided at The Gouldings and felt it was well managed.
- People, staff and external professionals all said they would recommend the home as a place to stay. For example, an external professional said, "I have no concerns regarding their care and always have a positive relationship and open access to the Goulding's."
- People, relatives and external professionals felt able to approach and speak with the management team or other staff and were confident any issues would be sorted out. Pleasant interactions were seen between people and staff throughout the inspection. People appeared to be comfortable with staff and the registered manager appeared to have built good relationships with people.
- A person told us they had never had to raise any concerns but were aware of who the registered manager was and would feel comfortable raising a concern with them should the need arise.
- Staff were proud of the service. All said they would recommend The Gouldings as a place to work and would be happy if a family member received care there.
- The registered manager said their vision for the service was for, "The Gouldings to provide a safe, secure, positive environment that enables a person to stop, reflect, take a deep breath and move forward." This philosophy was cascaded to staff and included in information provided to people staying at the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture within the home. People, relatives and staff were confident that if they raised any issues or concerns with the management team, they would be listened to and these would be acted on. A person said, "I've got no problems but I would feel very able to say if I did."
- Registered persons are required to notify CQC of a range of events which occur within services. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and significant events as required.
- The management team were aware of their responsibilities under the duty of candour which requires the service to apologise, including in writing when adverse incidents have occurred. Examples seen showed the duty of candour policy had been followed when required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- There was a clear management structure in place, consisting of the provider's nominated individual, senior service managers, the registered manager, deputy manager, assistant managers, heads of catering and housekeeping and senior care staff. Each had clear roles and responsibilities.
- The provider had recently strengthened the services management structure with the addition of a group manager and service manager. Additionally, the nominated individual was now a full time role. The management team met regularly to enable them to review the service and ensure positive outcomes for people.
- The registered manager told us they felt supported by the provider's senior management team. Staff were positive about the registered manager and felt confident they could approach senior managers should the need arise.
- Staff understood their roles and were provided with clear guidance of what was expected of them. Staff communicated well between themselves, and all spoke of working as a team to ensure people's needs were met.
- The provider had comprehensive quality monitoring and assurance systems comprising of a range of audits, which had been effective in bringing about improvement. Where we raised areas for improvement during this inspection the registered manager was open to our suggestions and took prompt action.
- Where internal audits or provider monitoring visits had identified areas for improvement these were added to the home's continuous improvement action plan. This was shared with us and demonstrated that, where necessary, actions were being taken to ensure improvements were made.
- The provider contracted with an organisation which provided policies and procedures for the service. These were updated as best practice guidance changed and helped ensure that the service was following the correct and latest procedures. Policies were always available for all staff.

Working in partnership with others

- People were viewed as partners in their care. All those we spoke with felt included in assessments and care planning and stated that they were kept fully up to date with plans for any ongoing care or support.
- The service had very close links with local health and social care services and worked in collaboration with all relevant agencies, including health and social care professionals to provide joined-up care. This was evidenced within people's care records and discussions with external health and social care professionals.
- Some staff were based within the local hospital to ensure prompt pre-service assessments were completed. This facilitated smooth and effective hospital discharges and the service also involved community professionals to prevent hospital admissions, wherever possible.
- Should people need to move to a longer term residential or community-based service senior staff were clear about the need to share information to ensure a smooth transfer of care to new providers. This all helped ensure people received the right care and support when they needed it.