

Cadogan Care Limited

Goldcrest

Inspection report

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Date of inspection visit:
21 February 2023
27 February 2023

Date of publication:
26 April 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Goldcrest is a residential care home providing personal care for up to 26 people. The service provides support to older people living with dementia. At the time of our inspection there were 12 people using the service.

Goldcrest accommodates people in one adapted building in a residential area of Weymouth.

People's experience of using this service and what we found

We found people were experiencing substantially improved care and support, however further improvements were needed. The oversight of the home had not ensured all issues identified at previous inspections had been addressed.

Goldcrest had recently experienced an unexpected management change. The provider and new acting manager had a plan in place to improve provider oversight and reduce the chance of this happening again. People, their relatives, and stakeholders were being made aware of this change.

Risk management was substantially improved. People were mostly protected from unnecessary risk. Their needs were assessed, their well being was monitored and referrals had been made to health professionals appropriately. However, emerging risk was not always identified and known environmental risks were not being sufficiently managed at the start of our inspection. The provider and the acting manager were responsive and addressed these risks immediately.

The senior team had identified that record keeping was an area for improvement, oversight in place had not been sufficient to ensure enough improvement so that records could be reliably used to support care decisions.

People were supported not to have maximum choice and control of their lives, and staff did not support them in the least restrictive way possible and in their best interests. Whilst people were supported, and encouraged, to make day to day choices and were not restricted within the building, the policies and systems in the service were not supporting people to have maximum choice and control. This was because relatives who held the legal position to speak for their loved ones were not being properly included in decision making.

Recruitment practices had improved, there were, however, some gaps in recruitment records. There were sufficient staff available to meet people's needs and staff had time to engage with people in meaningful and compassionate ways. Staff training was improved but oversight had not ensured that all staff had kept their training refreshed in line with provider expectations.

People were protected from the risk of abuse as there were systems in place to reduce the risk and staff

understood their responsibilities. People described staff as considerate and said they felt safe. People's medicines were managed safely. Records confirmed people received their medicines as prescribed.

The environment had been improved and people lived in an environment that they, and their relatives, described as homely. They told us they enjoyed the food.

Staff knew people well, they were positive about their work and felt part of a strong and committed team.

People, and their relatives, were complimentary about staff and of the care provided. People had access to a range of activities and were supported to maintain relationships that were important to them. Staff supported people in ways that reflected their individuality. Staff were kind and respected people's dignity and privacy.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (July 2022). We took enforcement action and the provider completed an action plan after the last inspection to show what they would do and by when to improve. In October 2022 we inspected to follow up on part of this enforcement action. We did not rate the service at this time.

At this inspection we found some improvements had been made and the provider was no longer in breach of some regulations. They also remained in breach of some regulations.

At our last inspection we recommended that the provider review good practice related to adaptive communication. Some improvements in communication had been made.

This service has been in Special Measures since September 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at our last two inspections.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Goldcrest on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to risk management, staffing, the implementation of the MCA and governance at this inspection. As a result of these continued breaches, we have not removed the conditions placed on the provider's registration following the July 2022 inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Goldcrest

Detailed findings

Background to this inspection

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors.

Service and service type

Goldcrest is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Goldcrest is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to

make.

During the inspection

During the inspection we spoke with 6 people living at Goldcrest and 4 relatives. We received feedback from two further relatives. We spent time observing the care and support people received.

We also spoke with the two directors of the provider organisation, one of whom was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the newly appointed acting manager and 6 members of the staff team.

We also looked at records related to 7 people's care, multiple people's medicines administration records, and records relating to the oversight and management of the service. This included 3 staff files, training records, rotas, internal oversight tools and audits.

Is the service safe?

Our findings

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

At our last ratings inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, and the inspection we carried out in July 2022, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- We identified environmental risks that had previously been raised with the provider had not been sufficiently addressed. At our last inspection we identified that disposable gloves, which are a choking hazard to independently mobile people who are impacted by dementia, were accessible. We found this to be the case at this inspection also. At our last inspection we identified a radiator that was very hot and posed a risk to people. At this inspection we found another radiator of similar design which was very hot to the touch. Both these issues were addressed before our second visit of our inspection, by the acting manager. At our last inspection, and the one in July 2022, wardrobes had not all been secured to the wall putting people who were independently mobile at risk as these may topple over. At this inspection we identified a shelving unit in a communal area that had not been secured to the wall. We were told this was addressed before the end of our inspection.
- There had been an improvement in the way risks associated with eating and drinking safely were managed. Staff understood the measures in place to ensure people ate and drank sufficient amounts and any required modifications to their diet were in place and being followed to help them swallow safely. However, we were told one person had been coughing on occasion when eating since December 2022. No record was evident of this coughing or of action taking. During the time between our visits, the person had choked on food and required emergency aid intervention. Their care plan outlined that any changes in eating and drinking should be raised with relevant health professionals. No discussion had taken place with medical professionals. Staff had altered how they supported the person, but this was not reflected in their care plan. Staff had discussed one part of how they were managing the risk with the person, but their views had not been established about all the measures. The acting manager started to address these shortfalls during our inspection.

The shortfalls in risk management placed people at risk and were a continued breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The acting manager and provider were responsive to all of the concerns raised and started to act to rectify safety issues before the inspection concluded. However, these were not new concerns and we were not able to review the sustainability of these actions during our inspection.
- Fire safety checks, and information for emergency services, had largely been maintained, although for a brief period of time checks had not been carried out after a change in management left the home without a fire marshal. Personal Evacuation information was up to date, but the fire folder did not clearly reflect where staff were living in the building.
- People's care plans related to risk had been reviewed on a regular basis. There was improvement in how information about risk management was shared with staff.
- Staff spoke with confidence about the ways they were supporting people to stay safe.
- People told us they felt safe when they were assisted to move. One person described how the staff were good at using the equipment they needed. They told us "I always feel very safe with the staff." Another person told us about their own attitude to risk taking and their mobility and described the support they got to move safely.
- Relatives were confident their loved ones were safe. We received particularly positive feedback about the support people received to stay safe when they were agitated and distressed.

Staffing and recruitment

At our inspection in July 2022, recruitment had not been carried out safely. This meant that information required to help employers make safer recruitment decisions had not been sought. This was a breach of regulation 19 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 19, however further improvement was needed to ensure ongoing compliance.

- Substantial improvements had been made in the recruitment of staff. This meant that information required to help employers make safer recruitment decisions had mostly been sought. Appropriate information had also been sought about agency staff who worked in the home.
- Two of the three permanent staff files we reviewed did not contain a full history of employment as required by legislation. We discussed this with the provider and the member of staff responsible for checking staff files. They told us they would add a full working history to their oversight document.
- The reliance on agency staff had been decreased substantially and those that were working in the home had been working there long term and knew people and their colleagues well.

At our inspection in July 2022 the provider had failed to ensure the safe deployment of staff. 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 this aspect of regulation 18.

- There were enough staff deployed in ways that ensured people's needs were met. There were staff present in communal areas when people were using these areas. Staff had time to spend with people and support them to spend time in ways that were meaningful to them.
- There was evidence available that staff competency to give medicines and support people to move in a safe way had mostly been assessed. This meant there were enough appropriately trained staff deployed to ensure people's safety.

Systems and processes to safeguard people from the risk of abuse

At our inspection in July 2022 shortfalls in the effectiveness of safeguarding systems put people at risk. This was a breach of regulation 13 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 these aspects of regulation 13.

- People were supported by staff who understood their responsibilities and were confident in the actions they should take if they were concerned about a person's care.
- People told us they felt safe living in the home and that the staff were kind. One person said, "I feel very safe." Another person told us, "The staff are nice." People who no longer used words as their main form of communication, due to the impact of dementia, were visibly relaxed in the company of staff.

Using medicines safely

- People received their medicines safely and as prescribed. Staff liaised with healthcare professionals to ensure this happened safely and changes were reflected. We observed personalised approaches to support people to take their medicines in ways that suited them.
- The recording of medicines administration was completed accurately. Audits ensured that any omissions were identified and addressed.
- There was some overstocking of medicines evident. This was not putting anyone at risk as the medicines were in date. A senior member of staff explained that this had been identified and the next orders would take in to account the medicines they had in the home.
- Medicines that require additional checks to comply with legislation were stored safely and these checks were carried out.
- There were protocols in place for medicines that were given when required. The staff were following a protocol for everyone relating to when medicines for constipation were administered. Whilst this approach ensured people's safety it did not reflect a personalised approach to medicines. We discussed this with the acting manager and they reassured us they would review this.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was supporting visiting in line with national guidance. Relatives told us they felt welcome in the home.

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 our last ratings inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our inspection in July 2022, staff were not following the Mental Capacity Act 2005 principles and Code of Practice. There was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

- Whilst relatives had been consulted about people's preferences after our inspection in July 2022, care plans had not been drawn up in consultation with people, or those they had granted the legal status to make decisions for them. Two relatives who held power of attorney for health and welfare told us they had not seen, or been asked about, their loved one's care plan. This meant decisions were not being made by people with the legal status to make them.
- We asked the provider for evidence that consent for care had been sought in line with MCA guidance for 3 people. The nominated individual wrote to us and told us this had been gathered but the paperwork had not been located for two people. They sought to rectify this immediately. Consent did not refer to people's care plans. This meant relatives were not fully informed about the consent they were providing.

Staff were not following the Mental Capacity Act 2005 principles and Code of Practice. There was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed that people were offered more choices about their day to day life, such as which room they spent time in. Where people were able to consent to aspects of their care this was not always recorded or sought.
- Staff spoke about how they offered choice and provided people with the information they needed in ways they understood.

At our inspection in July 2022 people were physically restricted by locked doors in the home and the appropriate authorities had not been made aware of people actively trying to leave. There was a breach of Regulation 13 (Safeguarding service users from abuse and improper 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 this part of regulation 13.

- Where people deprived of their liberty to receive care, DoLS had been applied for appropriately.
- Where people had DoLS authorised there was oversight of when renewals were needed, and any conditions applied to these DoLS were clearly recorded. We saw that conditions were being met although they were not clear in a person's care plan which meant recording of how a condition was met was inconsistent.

Staff support: induction, training, skills and experience

At our inspection in July 2022, the provider had failed to ensure appropriate training and support for staff. There 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.

- Staff training had been substantially improved. People were cared for by staff who had received training to enable them to safely support people.
- Staff told us they currently felt well supported and that they had received the training they needed to carry out their roles safely. One member of staff described how lots of shadowing opportunities had helped them understand people's needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our inspection in July 2022, we identified omissions in assessment, appropriate care delivery and failures to support people to access appropriate support. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Further improvement was needed to ensure people's care plans were an up to date source of person-

centred information, however, enough improvement to care delivery had been achieved and the provider was no longer in breach of regulation 9.

- Following our last inspection work was done to gather more information from people and their relatives about people's preferences. This information had been incorporated in people's care plans to varying degrees with some care plans completed in a task focused manner. We were told by the acting manager and care consultant there was work ongoing to ensure care plans were personalised and reflected preferences as well as needs.
- People's oral health care needs were described in their care plans and staff described the support people needed consistently. On the first day of our inspection some toothbrushes were dry and dirty, and we noted a person's mouth showed signs of lack of oral care. We received feedback from a relative who had concerns about the standard of oral care their loved one received. Records did not reflect oral care being prompted or provided as care plans indicated. We discussed this with the provider and acting manager. They told us they were adding oral care to their regular walk rounds.
- One person had a long-term health condition and a potential indicator of changing needs had not been communicated to their specialist health care professional. This change in needs was addressed before the end of our inspection.
- Staff spoke with confidence about people's care needs and the support they provided to them. Where senior staff had implemented changes in how support was provided staff understood these changes. We heard from staff about two changes to a person's care plan that they understood and were following. These had been communicated with the handover system prior to being updated on the person's care plan.
- Staff understood how to support people when they became distressed and were able to use distraction and validation to help people feel safe and heard. This information was not always available in people's care plans but had been shared through other staff communication strategies in the home.
- People saw healthcare professionals according to their individual needs. The home was supported by the frailty team and had a weekly opportunity to raise non urgent matters and identify the need for reviews. We received positive feedback from two health professionals about their communication with staff.
- Assessments carried out by healthcare professionals were incorporated into people's care plans; 2 people's care plans had been updated following assessments carried out by an occupational therapist.

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

At our inspection in July 2022, there had been a failure to maintain the environment. This was a breach of Regulation 15 (Premises and equipment) 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 15.

- People lived in a home that required ongoing maintenance. There was a schedule of works and substantial improvements had been made to people's private and communal accommodation.
- Further works were planned to improve the home and garden for people's benefit.

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

- People who needed support to eat and drink were supported by staff who were kind and familiar with the person they were supporting.
- People were able to request an alternative meal if they did not like the meals on offer. One person told us "The food is really very good." Staff knew people's preferences well and described the approaches to

encouraging people to eat and drink sufficient amounts. People told us they enjoyed the food in the home.

- People were encouraged to drink regularly throughout the day. Staff knew what people liked to drink and offered drinks that reflected these preferences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last ratings inspection we rated this key question as requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our inspection in July 2022, people were not always treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 10.

- People were treated with dignity and respect. Staff spoke with people with respect and kindness throughout our visits.
- When people needed help with personal care this was offered and provided with discretion.
- Staff considered ways to support people's self-esteem. Staff were respectful of people's perception of their world and engaged with them in ways that were validating and kind.
- People were encouraged to maintain their skills. Staff spoke about how some people's support needed to be varied as sometimes they were tired and needed more assistance.

Supporting people to express their views and be involved in making decisions about their care

At our inspection in July 2022, people were not supported to make choices about their day to day lives. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 9.

- People were asked to make choices about their day to day life including where, and how, they spent their time; what drinks they would like, what time they got up and went to bed and what they wore. Staff had the time, and the knowledge of people's preferences and communication methods, to support people with these choices.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind to the people they supported and spoke about them with respect and compassion.
- People told us the staff were kind and we observed comfortable, familiar interactions indicative of trusting and respectful relationships.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last ratings inspection we rated this key question inadequate. At this inspection the rating has changed to good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our inspection in July 2022, people did not receive care that reflected their needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 9.

- People received personalised care to meet their needs and preferences. One person had provided feedback to the staff saying "Thank you for looking after me so brilliantly." This was because staff were knowledgeable about individuals' needs and preferences. However, this level of detail was not always reflected in all care plans.
 - People were supported by staff who understood how they liked to spend their time. People spent time in shared activities such as quizzes and games and were also supported individually to do crosswords, arts and crafts and looking at pictures that reminded them of their lives.
 - Relatives were mostly confident their family member received person centred care. One relative reflected on, "The many different activities she does now and the photos on show so that I can see what she has been doing." Another relative commented, "The staff are great they could not do anymore. (Relative) always looks comfortable."
 - Professionals were positive about people's experience of care. The local authority had carried out monitoring visits and identified an improvement in people's experience.
 - Some care plans lacked detail about individual preferences and focused on identified needs. The recording of care delivery was not always sufficient to review how people had spent their time. The consultant working with the home and the new acting manager reflected on the work still needed to ensure all care plans were fully reflective of people's preferences and the detail of how they were supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our inspection in July 2022, we made a recommendation that the provider review good practice

guidance in relation to adapted communication strategies to support people to contribute more to decisions about their days and how their care is delivered. At this inspection we found communication was improved and people were being encouraged to have more control over how they spent their time. There was room for further development.

- People's communication needs had been assessed and details of any specific needs were recorded. For example, information about the use of glasses and hearing aids, which enhanced communication, was recorded.
- Information was presented in different formats such as photo albums. There were opportunities to develop the use of adapted communication such as easy read formats and pictures.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and complaints were recorded.
- Relatives told us they were confident to raise concerns and assured these would be addressed appropriately.
- A complaint made about dementia care provision had resulted in a training session for staff.

End of life care and support

- No one was receiving end of life care at the time of the inspection. People, and where appropriate their relatives, had been given the option to make and contribute to end of life care plans.
- People could be confident that they would receive compassionate care from staff at the end of their lives. Feedback from a relative following the death of their loved one praised the staff for their care and compassion. One relative referred to the care their loved one received as being "shining examples of empathy".

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 our last ratings inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning; Working in partnership with others.

At our inspection in July 2022 there had been a failure to monitor safety and quality and to maintain accurate records were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had continued to be supported by a care consultancy to make improvements in the home. They had engaged with the local authority quality forum and submitted monthly reports to CQC about their progress in line with conditions imposed on their registration. This work had led to substantial improvements in the quality and safety of the care people received. There was, however, further improvement necessary and the repeated omissions described in this report had not been identified and were not reflected on the service improvement plan. It is important that the provider have a complete and accurate record of actions that are necessary to improve the safety and quality of care people receive.
- There was no registered manager at the service. The home had just been through an unexpected leadership change. The manager who had been in post since July 2022 was no longer employed by the service and had not been registered with CQC.
- The provider explained whilst they had undertaken regular visits and wrote reports of their findings, they had not been aware of the situation that led to this decision. They discussed this with the consultant supporting the home and the new acting manager and developed plans to extend their visit to include records of conversations to ensure accurate oversight of staff morale.
- The oversight of training had not been sufficient, and we identified that staff had not kept up to date with training that the provider had determined to be necessary for their roles.
- We identified continued omissions in the reporting of care delivery. The senior team were aware of the need to improve recording around some aspects of people's care and we saw this had been flagged at team meetings in December 2022. This intervention had not been effective in securing enough improvement. Alongside gaps in recording, we identified important information about emerging risk had been missed. This meant the provision of care and events that impacted on people's safety were not always recorded and it was not possible to review people's care and safety incidents effectively.

These failures to monitor safety and quality and maintain accurate records were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new acting manager was receiving training from the care consultancy to ensure they could complete the oversight tasks in the home effectively. They had started to undertake these audits over the course of our inspection.
- The new acting manager started the registration process during our inspection.
- Improvements had been made to the oversight systems in the home. An auditing system had been introduced and was being embedded into the working practice of the home. These included environmental, infection control and care plan audits. Medicines had been audited on a monthly basis and any issues identified were being addressed.

At our inspection in July 2022 there had been a failure to submit statutory notifications. This was a breach of Regulation 18 (Notifications) of the Health and Social Care Act 2008 (Registration) Regulations 2009.

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

- CQC had received statutory notifications from the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our inspection in July 2022, the views of people and relatives had not been sought. This failure to gather feedback to monitor safety and improve quality was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of these aspects of regulation 17.

- Surveys had been carried out to gather the views of some stakeholders. There was a plan in place to repeat a staff survey after the new acting manager had been in post for a period of time. People and relatives were positive about the care provided.
- Observation was used by the acting manager, the provider and the care consultant to check people's experience of the care and support they received, when they were not able to express themselves verbally.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since the last inspection, the culture in the home had changed. People were offered more choices and had more opportunity to influence what happened during their day. We heard comments like "I am quite content; I think of it as home." And "I am very well looked after here."
- People were supported by staff who focused on them whilst offering support and engaged with them in a ways that were meaningful to them.
- Staff told us they felt part of a strong and supportive team. One member of staff reflected on their work saying, "The people you work with are lovely. It is a nice environment."
- Relatives referred to changes that had occurred in the home and spoke very positively about the manager who had just left. One relative told us "I had a lot of faith in (previous manager's name). They turned it into a homely home." They also told us that as long as they did not notice changes in quality, they were happy with the new acting manager in post.

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

- Families had been kept informed about the work that was being undertaken at Goldcrest to improve the quality of people's experience.
- The provider understood their responsibilities related to the duty of candour. They were in the process of updating people about the changes in the home's management during our inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people could not consent to their own care the MCA code of practice had not been followed.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>.</p> <p>Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service had not been effective.</p>