Lovett Care Limited

Goldendale House

Inspection report

45 Plex Street
Tunstall
Stoke-On-Trent
Staffordshire
ST6 5JQ
Tel: 01782 861308
Website: scarstring@btinternet.com

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 14 october 2015 and was unannounced.

Goldendale provides accommodation, care and support for up to 31 people some of whom may have dementia care needs. At the time of the inspection there were 31 people living in the home.

Our previous inspection on 31 May2013 identified that the provider was meeting the standards relating to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was a registered manager in post 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.

Summary of findings

People's risks were assessed but people were not always supervised and supported in a way which ensured their safety at all times. We found that people's care and support needs were not always met in a timely way.

Staff were trained to carry out their role and were provided with appropriate training and support. Staff and management knew how to recognise and report poor practice and/or abuse.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

Staff were aware of the Mental Capacity Act 2005 and where people's ability to consent was in question, a mental capacity assessment had been carried out. Staff knew how to support people in a way that was in their best interests and advice had been sought from other agencies to ensure formal authorisations were in place where people may be restricted.

People's nutritional needs were monitored. Where people were at risk of malnutrition or dehydration, staff made timely referrals for medical and/or dietary support and advice.

People's health care needs were monitored and people were enabled and supported to access health care professionals as required.

People though staff were kind and caring but that sometimes care was rushed. People felt that they did not always receive enough information, particularly in respect of meals served. People's privacy and dignity was maintained and people's rights were upheld.

People knew that there was a programme of activities and entertainment but thought that this could be improved.

People and/or their representatives were kept informed of changes to their care and support plan but people were not routinely involved in planning and reviewing their care.

People could make choices in relation to their daily care routine in the home and people's preferences were taken into account.

The provider had a complaints procedure available for people who used the service and complaints were responded to within the timescale. There was little evidence of where improvements had taken place as a result of lessons learned from complaints.

Staff told us they were supported in their role and the registered manager and deputy managers led the team well. Staff received supervision of their practice and had opportunities to meet regularly as teams.

The provider had systems in place to monitor the service but these did not always demonstrate what action had been taken to bring about some improvements.

Summary of findings

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 consistently safe.

There was not always sufficient numbers of staff around to ensure people received safe and timely care.

Staff knew how to recognise and raise concerns in relation to abuse and poor practice and told us they would do so if required.

Medicines were managed safely.

Requires improvement

Is the service effective?
The service was effective.

Staff were trained and supported to meet people's needs.

Consent for care and treatment was obtained in line with the Mental Capacity Act 2005.

People's nutritional needs were monitored and people were supported to maintain good health and had access to health care services.

Good

Is the service caring?
The service was not consistently caring.

Sometimes the care and support people received was rushed.

People did not always receive enough information about meals.

People and their families were kept informed about any changes to their care.

Requires improvement

Is the service responsive?
The service was not consistently responsive.

People did not always receive personalised care in a timely way. People thought they sometimes had to wait for too long for assistance.

People thought the provision of activities could be improved.

People knew how to raise concerns and complaints but the provider did not always demonstrate that improvements were made.

Requires improvement

Is the service well-led?
The service was not consistently well led.

The provision of services was regularly monitored by the provider. Quality monitoring had not always identified where improvements were needed. It was not always clear how the provider learned from outcomes of complaints.

Requires improvement

Summary of findings

Staff felt supported by the manager and deputy managers and they thought managers were approachable and helpful.	

Goldendale House

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.

The unannounced inspection was carried out by two inspectors. The inspectors arrived early at 7am because we had received concerns that people who used the service were being assisted to get out of bed earlier than they wanted to.

We reviewed the information we held about the home. This included notifications the provider had sent to us.

Notifications are reports of accidents, incidents and deaths of service users that the provider is required to send to us by law. We also reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners of care.

We spoke with 12 people who used the service and three relatives. We spent time observing care in communal areas and we observed how staff interacted with people who used the service.

We spoke with three care assistants, two deputy managers and the registered manager. We looked at four people's care plans, their daily care records and records relating to their medication. We also looked at the provider's records of staff rotas, complaints and quality monitoring of the service.

Requires improvement

Is the service safe?

Our findings

We saw when we arrived there were 11 people sitting in the lounge. There were no staff around in the lounge for twenty minutes when we arrived. One person who was sitting in the lounge at this time had sustained several falls and was at risk of further falls. The person's risk assessment stated "staff must have [person's name] in view at all times." We observed the person attempting to get out of their chair and walk on one occasion when no staff were around. This meant that the person was at risk of falling. Inspectors stood by the person until a staff member arrived to ensure the person's safety. We saw recorded that there had been15 falls sustained by people who used the service in August 2015. These were mostly unwitnessed falls, meaning that staff had not always seen people fall. We spoke with the registered manager and saw that they monitored falls as part of the quality monitoring system. However, as part of the quality monitoring system there was no clear documentation to show that the provider had looked into the reasons for the increased number of falls sustained by people in the home.

There was a staff recruitment procedure in place. We looked at three staff files and saw that for one person there was no Disclosure and Barring Safeguarding (DBS) certificate in place. The provider explained that they had carried out an initial check (DBS first) and that the person had told them they had received their certificate.
The provider did not have a risk assessment in place to show how they ensured the person was safe to work with people whilst awaiting their DBS certificate.

The provider had systems in place to protect people from harm or abuse. Staff knew how to recognise and report poor practice and abuse. A staff member said, "We have had training about this and I would report it straight away to the manager." New staff received instructions and training on how to recognise and report abuse and poor practice. A staff member said, "I did this training as part of my induction and I know what to do". There were contact details and procedures clearly displayed in the office for staff to follow in the event of a safeguarding referral arising. The registered manager told us about their role and responsibilities in making safeguarding referrals.

Medicines were administered, stored and disposed of correctly.Medication records had been signed by staff administering medication. We saw staff followed correct medication procedures, took time with people and gained their consent prior to administration. The staff member administering medication knew everyone by their name and knew their medication needs. They asked people if they would like as required PRN medicines. The staff member asked one person, "Are you ready for your tablets" and another person, "would you like any painkillers today [person's name)?" We asked a staff member how they would know that someone with dementia care needs required pain relief. They said, "We would know from [person's name's] facial expressions if they were in pain". People were able to administer their own medicines following a suitable risk assessment. There was no one doing this at the time of the inspection.

Good

Is the service effective?

Our findings

People who used the service told us that staff had the skills to look after them.. Staff told us they had received training in how to meet people's needs. A staff member said, "We have had training in how to care for people who are at risk of skin damage and to ensure people don't develop pressure ulcers". The staff member told us about a person they were looking after. "We have to change the person's position two hourly in bed because they are at risk of developing pressure sores. There is a document in place called a skin bundle which we complete. If we see a change to the person's skin colour we report this straight away to the district nurse. We have had training on this". We saw that this person had been repositioned in bed two hourly and the relevant care records were up to date. We saw people were provided with special mattresses and sat on pressure relieving cushions and we observed they were moved with the person when they went to dining room.

Staff told us they felt well supported with their training needs. A staff member said, "We have the training we need this includes regular updates in health and safety training plus dementia training." "I have done dementia awareness training this has been really useful in helping me to understand some people's needs. There was a staff training and development programme in place ensuring staff had the skills and training to meet people's needs. This included an induction training programme for new staff. A staff member told us, "I think the induction training I had was very good". Staff confirmed that they received regular formal supervision from their manager and found this useful in talking over any concerns they had and identifying any further learning and development needs.

The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and we saw that people's ability to make decisions about their care were assessed and reviewed. When people were identified as being unable to consent to their care, decisions were made in their best interests in consultation with their relatives and health care professionals.

People and/or their relatives confirmed that staff sought their consent before they provided care and support. A person said, "Oh yes they always ask me before they do things". We observed staff asking people before they carried out care tasks.

Staff understood why people had a DoLS in place. There were two people being restricted under DoLS. A staff member told us, "Yes [person's name] has a DoLS in place because their mood changes quickly and they sometimes want to leave to go to the police station". The correct guidance had been followed to ensure this restriction was lawful and in the person's best interests. This meant that the provider was adhering to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were monitored. A staff member was caring for a person who required monitoring of their nutrition as they had lost weight. The staff member said, "We weigh the person once a week. The person has a nutritional monitoring tool in place called a MUST and this is completed weekly or monthly according to the person's need. For instance [person's name] was losing weight according to the MUST so we made a referral to the GP and he came out yesterday and started [person's name] on food supplements." The staff member confirmed and we saw from records that training had been given to staff in relation to nutritional monitoring." Where people were not eating and/or drinking sufficiently staff maintained records and monitored this, making referrals to the GP when required.

People were supported to maintain good health and had been referred to health care professionals as required. We saw and people told us that the GP visited them if they needed to. A person said, "The girls are very good here, if I need a GP they arrange it." We saw that a person had been referred to the GP because they were losing weight. Another person had been referred to the memory clinic because their dementia care needs had increased. The district nurse thought that the provider was good at monitoring people's health care needs. They told us that the staff at the home were "very good" at making referrals to them in respect of pressure area monitoring.

Requires improvement

Is the service caring?

Our findings

Some people felt that they were not always given enough information about meals. One person said, “They don’t tell me what’s for breakfast till I’m sat at the table”. Another person said, “ I am not sure what breakfast is it’s always the same so I guess cornflakes”. Another person told us, “ I would like oatcakes. You don’t know what you’re having, it’s something I would like to know”. We saw there was a dementia friendly picture board which had details of all that was being served on a daily basis. The provider told us that the chef came out and served meals and explained to people how the meals were cooked. People were able to complete questionnaires about their likes, dislikes and food preferences and this was given to the chef.

People felt that the staff were caring but that the support they received was sometimes rushed. A staff member was observed giving a person a drink during breakfast. The person said, “You’re tipping it down me, you’re drowning me slow down”. The staff member said, “I have to ensure everyone has enough to drink and there is only me here at the moment”. A person who had been ringing their call buzzer for 30 minutes said, "‘The staff are always rushed".

We saw some positive and caring interactions between staff and people who used the service. For example we heard a staff member say, “Are you ok [person’s name]? and where would you like to sit today?” We saw how well another staff member interacted with the person they were supporting. The person was agitated and the staff member sat with them and held their hand and talked to them. We saw how this made the person more calm and relaxed. All of the relatives spoke highly of the staff and thought that staff were kind and caring. A relative said, “They are great here. They all seem very kind and caring. I have no worries”.

Staff attended to people with respect ensuring people’s privacy was maintained. We saw the manager completing bedroom checks on arrival, they were observed to knock on people’s doors and wait for a reply from the person before going in to their room. We saw a staff member pull down a person’s blanket over their knees in the communal room to preserve their dignity. Personal care was carried out in people’s own rooms and bathrooms.

People told us staff explained things to them and we heard staff talking and explaining to people about their care. “Shall we help you to get washed and dressed[person’s name] then we will take you down and you can sit with your friends?” People who used the service told us that staff involved them with everything. People knew about their care plan but didn’t usually get involved with this. A person said “I leave that to the girls but they always tell me if anything changes”. Relatives told us they were kept up to date and that staff rang them if anything changed and/or if their relative needed to see the doctor and asked if they wanted to come”. If people did not have any family members then advocacy services were available if they wanted this. For people with dementia care needs an Independent Mental Capacity Advocate (IMCA) was appointed. There was no one using this at the time but the manager explained that these had been used for people in the past.

Requires improvement

Is the service responsive?

Our findings

People could not always be sure that they would receive care and support in a timely way. One person said,"Sometimes I have to wait for a while because the girls are so busy." For one person in their bedroom we saw that the call bell was ringing for 30 minutes. The person told us, "I am waiting for someone to help me get dressed, sometimes you have to wait a long time because they are so busy." The person told us, "I'm waiting to get up, I have to wait till the staff come." A relative told us, "I am happy with the care, but there are not always enough staff around." Staff told us they thought there was enough staff provided generally but that the mornings and evenings were busy times. A staff member said, "It is very busy then and we don't have much time to spend with each person especially in the evenings when there are only three staff on duty". This meant that people may not always receive care and support at the time they wanted it. Discussions with the manager identified that there was no monitoring process in respect of peoples' dependency needs and how staff provision was worked around this. This meant that the provider could not be sure that there was enough staff provision to respond to people's needs in a timely way.

People thought that improvements could be made to the provision of activities in the home. A person said, "The carers are very nice but there's not much going on here". Another person said, "We could do with a bit more going on". One person told us, "I haven't got anything to do today, I would like to do something". We saw that several people were asleep sitting in their chairs in the lounge. Some people were awake but not interacting with anyone and two people spoke with staff members as they passed through the lounge. Staff members interacted positively with people but did not spend much time talking with them. There was a staff member who was responsible for overseeing activities for two hours each morning. They took a person shopping for new slippers which the person had been asking to do. One person said, "I have my knitting in my room sometimes I do that. There might be an activity later, like skittles or something". Relatives felt that there was not enough social stimulation in the home. Comments from relatives included, "People don't do enough" and "There is never anything going on" and "'Mum gets bored she needs something to stimulate her mind". There was a programme of activities and entertainment in the home. This included parties, social gatherings and other social activities in place. The provider said that carers often asked people to support them with everyday tasks for example folding napkins or laying the tables for lunch time.

Prior to the inspection we had received concerns that people were being got out of bed early in the mornings when they didn't want to because this fitted in better for staff. We arrived at the home at 7.15am and found 11 out of 30 people were up, dressed and sitting in the lounge. Staff were busy helping other people to get up. We spoke with most of the people sitting in the lounge about the care and support they received. People told us they had wanted to get up early and it was their choice a person told us, "I go to bed about 9pm when I have had my tablets and I got up at 6.30am because I was awake". A person told us, "It's ok here I wanted to get up early" . One person got up most mornings very early at 5am through choice and this was reflected in the person's care plan. Seven people were enjoying a lie in and staff told us this was their choice. We later observed staff helping the people to get up mid morning.

People's care plans contained records of how each person liked to have their care and support delivered. A person said, "Its very good here they always ask us what we want to do". A staff member said, "I have just been into [person's name] because they normally get up around this time but they don't want to so I will leave them for a bit longer". Another staff member was heard talking with a person in their bedroom and said, "Do you want to get back into bed or do you want to get up now?". We saw people could make choices and seven people were enjoying a lie in until mid to late morning. We heard staff asking people what they wanted to do. This showed that people's wishes and preferences in how they wish to be cared for were respected.

People told us they knew what to do if they needed to raise a concern. A person said, "I could speak to any of the girls they would help me I am sure". Relatives were also aware of the complaints procedure. A relative said, "I would go to the manager or owner if it was something serious or just a grumble I would ask any of the staff. They are spot on if anything goes wrong". The Complaints policy was clearly displayed within the home and the manager kept a record of complaints. The provider had responded to individual

Requires improvement

Is the service responsive?

complaints within the timescale of the complaints policy and addressed immediate concerns . The outcome of complaints and action taken to bring about improvements was not always clear.

Requires improvement

Is the service well-led?

Our findings

There was a quality monitoring process in place where audits and checks of services were carried out. However quality checks had not always picked up on some of the areas where people thought improvement was needed. This included ensuring people received care and support in a timely way, ensuring people felt they had enough information and ensuring people were satisfied that their hobbies and interests were met. Also, it was not clear from the auditing of falls, how the provider monitored and improved these.

We could see that the provider had taken some actions to monitor and bring about improvements. Service user surveys had been completed in January 2015. This is where people who use the service and/or their relatives are asked for their views and suggestions about the services they receive at the home. A relative had suggested that a hand sanitiser be provided for visitors and this was provided. Comments on surveys included, “We are very pleased with the care of our relative” and “Staff manage potential upsets regarding residents with patience and understanding”.

There was a registered manager in place and two deputy managers. Staff told us that the registered manager was not based at the home so was not accessible all the time. Staff said this was not a problem because there were two deputy managers who they could go to. A staff member said, “All the managers are approachable and support us”. A relative told us, “I don’t know who the registered manager is but there are the other two managers around but not usually at the weekend”. A person said, “This is one of the best places in Stoke-On-Trent. The owner is wonderful and will put himself out for us all”.

Staff felt their learning and development needs were met through regular meetings, supervision and appraisals. A staff member said, “I think the training and support we get is very good here”. Staff felt enabled to question practice and knew there was a whistleblowing policy in place.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.