

Goldenley Care Home

Goldenley

Inspection report

11-13 Richmond Avenue
South Benfleet
Essex
SS7 5HE

Tel: 01268758487

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19 February 2019

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Ratings

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

Summary of findings

Overall summary

About the service:

Goldenley is a residential home in South Benfleet, close to local shops and amenities. The service provides accommodation and personal care for older adults, some of whom have dementia related needs. The care home can accommodate 41 people in one adapted building. At the time of our inspection, 39 people were using the service.

People's experience of using this service:

- People and their relatives made positive comments about the care provided by the service.
- People received care from well trained, knowledgeable staff who genuinely cared about the people living at the service and treated people with dignity and respect.
- Care was personalised to meet people's needs and promote choice and independence.
- Staff understood and felt confident carrying out their roles.
- People's care plans were detailed and up to date. Staff knew about people's likes and dislikes and used this information to form meaningful relationships with the people living at the service.
- People were encouraged to engage in activities and maintain relationships with friends and family members.
- The service demonstrated good governance processes to keep people safe through regular audits such as medicines and infection control to ensure quality of care.
- People received their medicines safely and when they needed them.
- The service offered staff the opportunity to continually develop their skills and knowledge through accredited training courses.
- The service was well led by an established senior management team who took a genuine interest in the people who worked and lived at the service

The service met the characteristics of good in all areas; more information is in the full report.

Rating at last inspection:

Good. Report published 16 March 2016.

Why we inspected:

This inspection was part of our scheduled plan of inspection to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive high quality care. Further inspections will be planned in line with our scheduled programme of inspections.

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

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 remained good

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained good

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained good

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained good

Details are in our Well Led findings below.

Good ●

Goldenley

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by two inspectors.

Service and service type:

Goldenley is a residential care home. People living in care homes receive accommodation and nursing or personal care which are both regulated by the Care Quality Commission. Both areas 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:

Our inspection was unannounced and took place on 19 February 2019.

What we did:

Our inspection was prepared using information we already held about the service, for example, previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We checked feedback from members of the public. We asked the service to complete a Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people and one relative. We also spoke with one member of staff

from the regional team, the registered manager, deputy manager and four members of care staff. We spent time looking round the premises and observed staff interacting with people.

We gathered information from six people's care plans and three staff personnel and training files as well as training records for all staff. We also reviewed ten Medicines Administration Records (MAR) and other records about the management and running of the service. After the inspection, we asked the provider to send us further documents which we received and reviewed. This information was included as part of our inspection.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe living here, I didn't feel safe living at home."
- Staff had safeguarding training and could recognise the different types of abuse and knew what to do if they had concerns. This included speaking to the registered manager and reporting incidents to the Local Authority and the Care Quality Commission.
- Safeguarding and whistleblowing policies in place and staff received regular training updates.

Assessing risk, safety monitoring and management

- People's individual needs were risk assessed. Areas covered included falls, and how staff should support people's mobility, nutrition and medication needs.
- One person using the service retained a high level of independence. This was supported and promoted by staff and appropriate risk assessments were in place to keep the person safe.
- The service ensured that regular safety checks were carried out on the equipment used to support people, such as those used to move people. Staff also carried out routine environmental checks and plans were in place to support people and staff should they need to evacuate the building in an emergency.

Staffing and recruitment

- There were enough staff to ensure people's needs could be met. The service employed 'bank' staff to ensure staff sickness and annual leave could be covered.
- People said there were always staff around to help them. One person said, "They do everything for me, staff are marvellous."
- Staff recruitment practices were safe. The staff files contained all necessary information and documentation required.

Using medicines safely

- Medicines were correctly ordered, stored, administered, recorded and disposed of. We checked people's Medicines Administration Records (MARs) and found medicines were given correctly.
- Staff were trained to administer medicines and had their competency assessed at regular intervals.
- Medicines audits were carried out monthly, with any actions recorded and followed up.

Preventing and controlling infection

- The service was very clean. People commented they felt it was kept clean and tidy.
- Staff had completed infection control training and knew how to follow good practice.
- We saw that staff wore protective clothing such as aprons and gloves during personal care to help prevent the spread of infections.

- A food standard agency inspected the home on 24 November 2017 and awarded the service a five out of five star rating.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the registered manager and regional team daily in line with the organisations policy. Where incidents had occurred, documentation showed follow up actions had been put in place, for example, where there had been an increase in unwitnessed falls. Staff were asked to update people's Mental Capacity Act (MCA) forms and staff allocations were reviewed. Feedback was given to staff during team meetings.

- When mistakes had been made the registered manager had been open and honest with people and their families and made improvements. Staff had received extra supervision and training where required.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans showed the service had assessed people's care needs before they came to live at the service, and at regular intervals after this.
- People's histories and social lives were recorded in their care plans. The service was in the process of introducing a new document – 'My Life Story', which covered areas such as people's work life, relationships, beliefs, gender identity, likes and dislikes and end of life care.
- People said they felt the staff knew them. Staff could tell us about individual people's histories, likes and dislikes without referring to care plans. One person said, "They [staff] try really hard to make us happy."

Staff support: induction, training, skills and experience

- Staff had received a full induction they felt was suitable for their role. A relative told us, "Staff know how to do their jobs."
- Training was through an online system with some was face to face. The regional team monitored training to ensure staff kept up to date.
- Staff felt supported through regular supervision. One staff member told us, "I enjoy working at the care home." Another staff member said, "I enjoy coming to work, I feel valued."

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

- People were supported to eat a healthy diet. People were given choices and could ask for something not on the menu. One person requested an all-day breakfast for lunch and this was duly provided. There were drinks and snacks available throughout the day.
- People liked the food. Comments included, "It's very nice and there is plenty of choice, if you don't like something, you can have something else" and, "The food is good, I get a choice."
- We observed people being assisted to eat lunch. Staff knew how best to interact and encourage each person. Staff used phrases such as, "Are you ready for some more? Is that nice?"

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

- There was evidence in care plans of joint working with other health care organisations, such as, district nurses and speech and language therapists (SALT).
- The GP practice visited weekly to see people that were unwell and carry out medication reviews. Staff could get advice quickly by calling a dedicated number at the surgery to speak with the on-call GP.
- We spoke with a relative who told us, "They were always responsive to [person] being unwell if the GP was needed." A person living at the service said, "They would get the GP if I felt poorly."

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

- The service had a relaxed and happy atmosphere. One person told us, "I like it here, it's nice"
- The building was purpose built and currently operates on the ground floor. There were plans in place to carry out some redecoration as some areas were looking a bit tired. A new adapted shower room had recently been fitted to give people a choice between a bath or shower.
- People could use the 'in house' pub and the café and there was a large garden that could be accessed by everyone that used the service.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were asked for their consent before they received any care and treatment and staff acted in accordance with their wishes. For example, getting people's verbal consent before assisting them with personal care or getting dressed.
- Staff received training in MCA and DoLS and understood what this meant for people using the service. Staff could tell us who had the capacity to make decisions and those who could not.
- Staff completed capacity assessments where a person's capacity to independently make important decisions was not clear.
- Where people could not make their own decisions, best interest decision making processes were followed and appropriate documentation completed.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives were complimentary about the care and support received. People felt staff were kind, friendly and attentive to theirs and people's needs. One person told us, "Staff are wonderful and kind." Another person said they had no concerns about the care and support they received, "The staff do their best."
- We spoke with a relative who told us, "Staff kept [my relative] happy, looked after her well, got her up dancing. She seemed happy."
- Staff spoke kindly with people and had a caring attitude. They responded to people politely and took time to engage with people as individuals.

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

- People and relatives were involved in care planning. The service was in the process of providing people with access to the computer system to read their own or their relatives care plans and add notes to them.
- The activities co-ordinator was very proactive in finding out what people liked to eat, their favourite activities and how they wished to spend their day.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and looked well cared for. One person asked for assistance to change an item of clothing and this was attended to immediately.
- People's rights to privacy and confidentiality were respected. Documents were locked away and computers were password protected to prevent unauthorised access to people's personal information.
- Personal care took place in private; bedroom and bathroom doors were kept closed and staff always knocked on doors before entering the room.
- Two people wished to share a room. This was supported by the service and detailed in each person's care plan. Risk assessments and information to support staff to allow them privacy were in place. We spoke with both people who said they could maintain their relationship.
- People were encouraged to be as independent as possible; care plans showed what activities people could undertake themselves, for example washing or dressing, so that staff could support each person as needed. One person's care plan contained specific details about how they liked their hair to be styled.
- The service encouraged people to stay in contact with friends and family. One person told us, "I have friends here."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

The provision of accessible information;

- The notes documented the service had identified and recorded people's communication needs, for example, where people had a hearing loss. Steps were implemented to ensure information was provided to people in a way they could understand it.
- Care documents explained the communication aids people required for their daily lives, for example, glasses and hearing aids.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care. Care plans were person centred and tailored to the individual. They were detailed and clear about each aspect of a person's care. One person's care plan said they required hearing aids but chose not to wear them. Staff knew this and respected their wishes. The person confirmed this when we spoke with them.
- People were seen to be engaged in individual activities. One person was knitting, another was counting coins. One person enjoyed singing which was actively encouraged by staff who joined in. Staff knew the type of songs the person liked to sing and used this to engage with the person when they became a little anxious. The activities co-ordinator also organised outings for people. One person wanted to visit a war memorial; a trip was arranged to a local heritage centre for this person.
- The service celebrated festivals and special dates throughout the year, for example, Diwali (festival of lights) and the 30th anniversary of the owner's company (Excel care holdings). People's birthdays were celebrated with gifts, cakes and party banners. Family and friends were invited to attend. One relative said, "I came to visit regularly, staff were always welcoming."

Improving care quality in response to complaints or concerns

- The service had a complaints policy, this was up to date. The manager took all complaints seriously and dealt with them in line with the providers policy. This included an investigation and written response.
- People told us they would speak to the manager if they had any concerns but they had never needed to. One person said, "If there was a problem I would talk to the head or anybody."

End of life care and support

- The service was working towards completing the gold standard framework. This is nationally recognised, accredited training in end of life care for all health and social care staff.
- People had appropriate care plans in place for end of life care which included their wishes and preferences. This included Do Not Attempt Resuscitation (DNAR) documentation where required.
- A person whose relative had recently passed away told us, "[the service] were always responsive if [relative] was unwell and needed a doctor."
- The registered manager told us they were proud of the end of life care offered by the service and the

support they provided to the families. At the time of our inspection, one person was on the end of life pathway.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and staff were knowledgeable, experienced and capable of providing good quality care for people.
- Staff felt supported by the registered manager. A member of staff told us, "The manager is lovely, she is very supportive." Another staff member told us, "I can go to the manager about anything."
- People told us they knew who the manager was.
- There was an open culture at the service, staff, people using the service and relatives were encouraged to raise any concerns. The reception area contained a host of information to support and direct people to the company's policies which included whistleblowing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had correctly displayed their current inspection rating at the service and on their website and had notified us of events which had occurred in line with their legal requirements.
- The service had an appropriate statement of purpose in place. The aims and objectives of the service and the company ethos were clearly set out and accessible to all.
- The service had in place effective quality monitoring arrangements. Regular audits of medicines and health and safety checks were carried out. Any findings were acted upon and improvements made. We saw that a medicines audit had identified the medicines fridge was unlocked. Staff were asked to ensure the fridge was kept locked as per policy.

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

- Staff told us teamwork was good and they enjoyed working at the service, "We all work together, it's a nice environment."
- An annual survey of people, relatives and health care professionals was carried out. The survey showed that people rated the service as good or excellent. People identified they had not been able to access to garden as much they would wish. This was responded to in the survey results. Regular activities in the garden would be planned by the activities co-ordinator.
- The registered manager held regular meetings with people and relatives. Topics discussed included the menu, entertainment and decoration. People's views were recorded and used to inform the running of the service.
- Staff attended regular meetings. These were used to discuss peoples care, protected characteristics such

as age and disabilities, concerns and service updates. The registered manager often used the meetings to carry out mini training sessions such as dementia and Mental Capacity Act training.

- Staff told us the owner visited the service regularly and engaged with staff and people. A summer ball is held each year and staff that have been recognised for achievements throughout the year are rewarded. Staff said that morale was high and the organisation was good to work for. One member of staff told us, "they listen to us."
- The compliments folder contained many letters and cards from friends and relatives. One had written, "Sincere thanks to all the team at Goldenley for the care they gave [person], being in the company of other residents and carers filled a big void in [person's] life." Another wrote, "I'm so pleased [person] was with you! You were all there for [person's] every need. Thank you all."

Continuous learning and improving care

- Incidents and outstanding actions were discussed during daily meetings to ensure oversight by management. The registered manager told us, "We hold a daily "Dashboard" Meeting within the home with all the heads of department which is monitored by the regional team."
- The registered manager had attended a 'train the trainer' course for dementia and had delivered dementia training sessions to staff.

Working in partnership with others

- People could access the community for outings and medical appointments using the Castle Point Car Scheme. This is a dedicated taxi service for elderly and disabled people that supports people to remain connected to their community.
- The local nursery school visited the service every week to spend time with the people living there. One person told us, "I love the children," it was clearly the highlight of her week.
- The service was part of the 'Red bag scheme' which had been set up by the Local Authority and the Clinical Commissioning Group with the local NHS Trust. Red bags contain all the information a person needs when going into hospital as well as clothes and personal belongings. The use of red bags has been shown to reduce hospital stays and stop people losing their personal belongings.