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Goldcrest House

Inspection report

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Date of inspection visit:
16 March 2016

Date of publication:
20 May 2016

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

The inspection of Goldcrest House took place on 16 March 2016 and was unannounced. At the last inspection on 25 February 2014 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Goldcrest House is registered to provide accommodation for up to 16 people. The service supports people with learning disabilities, a sensory impairment or an autistic spectrum disorder. It operates from two adjacent and joined properties and en-suite bedrooms are sited on the ground and upper floor. There is a back yard/garden and an extension, which includes a gym/games room, a separate art room and separate offices. There is on-street car parking nearby. At the time of our inspection there were 13 people using the service.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager that had been registered and in post for the last five and a half years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found that people were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced on an individual or group basis to help people avoid injury or harm.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Staffing numbers were sufficient to meet people's need and we saw that rosters accurately cross referenced with the people that were on duty. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to care for and support vulnerable people. The management of medication was safely carried out.

We saw that people were cared for and supported by qualified and competent staff that were regularly supervised and received appraisals of their personal performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing and much of the support they received with this was according to people's preferred choice. The premises were suitable and well adapted for providing care to adults of all ages that had a learning disability. There was a well-equipped gym/games/sensory room and a rehabilitation kitchen for people to experience a variety of

activity and to develop living skills.

We found that people received guidance and support from thoughtful staff who knew about people's needs and preferences. People were supplied with the information they needed at the right time to enable them to make their own decisions, were involved in all aspects of their support plans and were always asked for their consent before staff undertook any support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain and uphold these wherever possible. This ensured people felt respected, satisfied with their lifestyles and able to take control of their lives.

We saw that people were supported according to person-centred support plans, which reflected their needs well and which were regularly reviewed. People had the opportunity to engage in occupation, pastimes and activities if they wished to in order to improve their general wellbeing, as activities on offer were physical, developmental and mentally stimulating. People had very good family connections and support networks.

We found that there was an effective complaint procedure in place and people were able to have any complaints investigated without bias. People that used the service, relatives and their friends were encouraged to maintain healthy relationships through frequent visits, social media, telephone calls and sharing or each other's news and events.

The service was well-led and people had the benefit of this because the culture and the management style of the service were open and positive. There was an effective system in place, which used audits, satisfaction surveys, meetings and good communication for checking the quality of the service.

People had opportunities to make their views known through direct discussion with the registered manager or the staff and through more formal complaint and quality monitoring formats. People were assured that recording systems used in the service protected their privacy and confidentiality as records were well maintained and were held securely in the premises.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced, which meant that people were helped to avoid injury and harm.

The premises were safely maintained, staffing numbers were sufficient to meet people's need and recruitment practices were carefully followed. People's medication was safely managed.

Is the service effective?

Good

The service was effective.

People were cared for and supported by qualified and competent staff that were regularly supervised and had their performance appraised. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitable for providing support to adults of all ages who had a learning disability. The environment was designed to provide opportunity for occupation, development and entertainment.

Is the service caring?

Good

The service was caring.

People received guidance and support from thoughtful staff. People were supplied with the information they needed and were involved in all aspects of their support.

People's wellbeing, privacy, dignity and independence were monitored and respected. Staff worked conscientiously to maintain these wherever possible.

Is the service responsive?

Good

The service was responsive.

People were supported according to their person-centred support plans, which were regularly maintained and reviewed. They had the opportunity to engage in pastimes, occupation and activities to aid their wellbeing and health.

People had their complaints investigated without bias and they were supported and encouraged to maintain healthy relationships.

Is the service well-led?

Good

The service was well led.

People had the benefit of a well-led service of support, where the culture and the management style of the service were open and positive. Checking the quality of the service with the use of audits and satisfaction surveys was effective and led to improvements.

People had opportunities to make their views known and people were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and were held securely on the premises.

Goldcrest 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 inspection of Goldcrest House took place on 16 March 2016 and was unannounced. One adult Social Care inspector carried out the inspection. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC), from speaking to the local authorities that contracted services with Goldcrest House and from people who had contacted CQC, since the last inspection, to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people that used the service, five staff and the registered manager. We looked at care files belonging to two people that used the service and at recruitment files and training records for three staff. We looked at records and documentation relating to the running of the service; including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas as well as people's bedrooms, after asking people's permission to do so.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Goldcrest House. They explained to us that they found staff to be very helpful, supportive and protective. People said, "[Name] is really good, I like being here because the staff look out for us" and "I've been here 14 years and feel very safe. I'd like a place of my own but not sure I am quite ready yet. I like having friends and people around me, which is what I have here."

We found that the service had systems in place to manage safeguarding incidents and that staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents. We saw evidence in staff training records that staff were trained in safeguarding adults from abuse and we saw the records held in respect of handling incidents and the referrals that had been made to the local authority safeguarding team. These records corresponded with what we had been informed about by the service through formal notifications to us, which numbered three safeguarding referrals in the last two years. Therefore, staff trained in safeguarding adults from abuse, systems in place to manage safeguarding incidents and safe practices followed to reduce risks, all ensured that people who used the service were protected from the risk of harm or abuse.

Discussion with the staff revealed that everyone living at the service had specific and particular diverse needs in respect of one of the seven protected characteristics of the Equality Act 2010 and that was disability: the other six are age, gender, marital status, race, religion and sexual orientation, but none of these presented any specific needs for people. Staff told us they championed peoples' rights to a 'fair deal' whenever they were out in the community, as sometimes the general public treated them differently. We saw no evidence to suggest that anyone that used the service was discriminated against while receiving the service. Staff were very mindful of people's disability, their potential to achieve their best and their right to be enabled to achieve it.

People had risk assessments in place to reduce their risk of harm from, for example, accidents while learning living skills in the kitchen, out in the community, using transport or going on activities. Some had risk assessments for ensuring they had adequate nutritional intake, for taking their medication and for ensuring their finances were safeguarded.

We saw that the service had maintenance safety certificates in place for utilities and equipment used in the service that were all up-to-date. These included, for example, fire systems, electrical installations, gas appliances and hot water temperature at outlets. Water temperatures had been monitored more regularly recently due to some readings being high in one part of the premises. We found that hot water in the staff toilet was extremely hot but there was no sign to alert staff to this. We informed the registered manager about the signage. People that used the service did not have access to the staff toilet. Checks on the hot water in people's bedrooms showed that most outlets were regulated and water was hot but not excessive. However, one bedroom had very hot water in the en-suite and this was brought to the attention of the maintenance staff on the day of the inspection. They carried out immediate work to adjust the hot water thermostatic control valve. The maintenance staff were well aware of the fluctuations in water

temperatures throughout the premises and had been regulating it where possible. All showers used by people that used the service were fitted with thermostatic control valves, which when set correctly provided protection from scalding.

We saw people's personal safety documentation for evacuating them individually from the building in the event of a fire. There were contracts of maintenance in place for ensuring the premises and equipment were safe at all times. The service bus was fully insured, taxed and had a current MOT certificate. There were close circuit television cameras fitted to the external parts of the service and everyone was fully aware of these and the implications that they were observed when coming to and going from the service. These safety measures and checks meant that people were kept safe from the risks of harm or injury and that the premises were secure.

We found that the service had accident and incident policies, procedures and records in place to prevent and protect anyone living or working there from accidents or being involved in an incident. Records showed that these had been recorded thoroughly and action had been taken to treat injured persons and prevent accidents re-occurring.

When we looked at the staffing rosters and checked these against the numbers of staff on duty during our inspection we saw that they corresponded. There were four support staff, a clinical support worker, an activities coordinator and a team leader on duty on the day we inspected. There was also the registered manager and an administrator in the building. People told us they thought there were enough staff to support everyone with their needs. One person that lived at Goldcrest House said, "There is always someone here to make sure we get help or go out when we need to." Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities, support people with their activities and to spend time talking to people and assisting them with individual or personal needs. We saw that there were sufficient staff on duty to meet people's needs throughout the whole day.

We were told by staff that they carried out minor daily cleaning duties as part of people's personal and individual support needs, so that their personal environment was adequately maintained. All other cleaning duties were contracted out to a cleaning company that visited weekly to ensure the main cleaning tasks were undertaken.

The registered manager told us they used thorough recruitment procedures to ensure staff were appropriate for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Staff confirmed to us they had completed DBS checks as part of their recruitment and we saw this was the case in all three staff recruitment files we looked at. Recruitment files also contained evidence of staff identities, interview records, health questionnaires and correspondence about job offers. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

We looked at how medicines were managed within the service and checked a selection of medication administration record (MAR) charts. We saw that medicines were obtained in a timely way so that people did not run out of them, that they were stored safely, and that medicines were administered on time, recorded

correctly and disposed of appropriately. We saw that there were no controlled drugs in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001), but the service had suitable storage facilities should these be prescribed to anyone.

The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken when. There were 'as and when required' (PRN) medicine protocols in place to instruct staff on when and how to administer PRN medication, if necessary. Staff maintained a regular 'rolling' stock check on medication and recorded this appropriately. People said, "I like the staff looking after my medication because I might not take it correctly" and "I have been learning to handle my medication for some time now but staff still check I am doing it right," when we asked them about handling their medication.

People were encouraged to self-medicate where possible and if they did so they were risk assessed, monitored and advised regarding safe handling of medicines. All unused medicines were safely returned to the pharmacist, but discussion was held with senior staff about disposing of used sharps more efficiently. Senior staff undertook to seek and follow further guidance on the disposal of these since they were no longer being added to, following a person's change in their diabetes control from being insulin dependent to diet dependent.

There had recently been an externally organised, comprehensive audit carried out on medication systems and management in the service, which the registered provider had commissioned. The audit had identified some issues: improvement in staff training on the management of medicines and the need to hold a current British National Formulary (BNF, which is published details and information about all of the available medicines in Britain). We found that the service had already taken action regarding staff training updates and competency checks. Instead of a BNF the service maintained a file of all the information leaflets for medicines prescribed to people that were sent to them.

Good

Is the service effective?

Our findings

People we spoke with felt the staff at Goldcrest House understood them well and had the knowledge to care for them. People said, "I get all the help and support I need" and "My disability is understood by the staff and they support me well."

We saw that the registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. The registered provider had an induction programme in place and reviewed staff performance via one-to-one supervision and an appraisal scheme.

Staff told us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care. Staff confirmed the training courses they had completed and the qualifications they held. We saw evidence of this in their individual staff training files. We were told by the registered manager that as a 'Train the Trainer' on the Autism Certificate course they had devised some training to be delivered to candidates that incorporated the Mental Capacity Act and Deprivation of Liberty Safeguards with information about autism awareness. It looked at this legislation in respect of people with autism and how best to apply it in their case. This had been delivered to all staff at Goldcrest House and was going to be delivered as a unit on the East Riding of Yorkshire Council's Mental Capacity Act training course.

Staff files also contained evidence that they had received regular supervision and that appraisal scheme meetings had been held with them. Evidence was in the form of supervision and appraisal records.

We saw that communication within the service was good between the management team, the staff and people that used the service. Communication methods included daily diary notes, memos, telephone conversations, meetings, notices and face-to-face discussions. On an individual basis, communication was always face-to-face as well as in people's individual records, for example, their behaviour management plans, their behaviour observation sheets/charts and their personal health visit records. Some people had individual methods of communication, for example, communication cards with symbols and adapted Makaton (a universal system of symbols and signs that represent objects, actions, feelings and thoughts). People that used the service asked staff for information and exchanged details so that staff were aware of people's immediate and planned needs.

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 interest 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 interest

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People had been fully assessed using the MCA: its principles and criteria, and there were records in place to show this. We found that people had DoLS in place, which were mainly about their safety and vulnerability when out in the community. Some people were unable to leave the service unless accompanied. Appropriate documentation had been used to obtain these DoLS authorisations from the authorising body.

We saw that people gave staff their consent to receive care and support by either saying so or by agreeing to accompany them and agreeing to accept the support offered. There were some documents in people's files that had been signed by people or relatives to give permission for photographs to be taken and used, correspondence and mail to be handled for people and medication to be managed on their behalf. Some people had protocols in place for the service administration staff to handle their finances.

People had their nutritional needs met by the service because people had been consulted about their likes and dislikes, allergies and medical diets and all of this was clearly recorded in their files. The service sought the advice of a Speech and Language Therapist or a dietician when needed. The service provided people with three nutritional meals a day and snacks upon request. People were able to access snacks and drinks whenever they wanted them. There were nutritional risk assessments in place, for example, for those people that had a poor diet, as identified on admission to the service, or if they needed to lose weight, maintain a specific medical diet or if they had allergies to certain foods. These needs were clearly recorded in their files so that staff knew about them and were able to meet them.

Menus were not on display for people because some people had their own weekly budgets for food shopping and individual cooking and therefore decided their own weekly menus. Others had staff cook for them and they ate the same food as was provided. People told us they were satisfied with the meals they ate. Staff said that people needed support to eat healthily and sometimes their choice of foods were unwise, but usually they could be encouraged to make some compromises and cut down on the less healthy foods that they liked to eat. People said, "I don't know who decides what menu I have, but I cook for myself sometimes" and "I have no problem with the food, it is pretty good."

We saw that people had their health care needs met by the service because people had been consulted about their medical conditions and information had been collated and reviewed with changes in their conditions. Information leaflets were in people's files that corresponded to the conditions they had been diagnosed with. These leaflets provided staff with understanding of those conditions and how they affected people. They also provided information on the most effective way of supporting people when considering those conditions. Staff told us that people could see their GP on request and that the services of the district nurse, chiropodist, dentist and optician were obtained whenever necessary. Health care records held in people's files confirmed when they had seen a professional, the reason why and what the instruction or outcome was. We saw that diary notes recorded when people had been assisted with the health care that had been suggested for them.

The premises at Goldcrest House had been considerably extended and improved in the last four years. On this inspection we found that fixtures and fittings had improved and people had their bedrooms furnished according to their individual tastes. There were art works on display that people had created and these personalised the whole building. The activity kitchen, gym/pool/therapy room and offices were seen by people as a valuable addition to the facilities available to them.

Good

Is the service caring?

Our findings

People we spoke with told us they had good relationships with staff and each other and that they were supported very well by the staff. They said, "I am happy here, the staff help me to do things", "I really like the staff here" and "We get on well together, I have some good friends here."

We saw that staff had a consistently pleasant manner with people and genuinely wanted them to achieve their individual potential. Staff knew people's needs well and followed their care plans to ensure those needs were met. Some of the staff had been employed at Goldcrest House for several years, while others were new, but the mix of staff was balanced in terms of experience and skills. The management team led by example and were considerate, attentive and informative in their approach to people that used the service. Management and staff gave the sense that everyone at Goldcrest House was valued for their contribution to the community there. All of this enabled people to 'grow' in confidence, skill and ability.

We saw that everyone had good opportunities in the service to receive the support they required and were spoken to by staff in the same polite and encouraging way. People were treated as individuals that had individual and particular needs that were met according to their wishes and choices. Staff were thoughtful and considerate in their approach to people but also firm and direct when they needed to be, particularly when people expressed a wish to make unwise decisions. Staff made it clear what the consequences of any unwise decision might be and offered alternatives that would help the person achieve their outcome in a different way. People were enabled to make decisions of their own, regardless. Care plans, for example, recorded people's individual routines and preferences for food choices, activities, future plans and aspirations, who they wanted contact with and what they needed support with. Staff knew these details and responded to them accordingly.

We saw that people who used the service had their general well-being considered and monitored by the staff who knew what situations, incidents or happenings would upset their mental health, or affect their physical ability and health. People were supported to engage in pastimes and living skills of their choosing, which meant they were able to remain in control of their lives. This helped people to feel their lives were fulfilling and aided their overall wellbeing. One person said, "I used to go to Weight Watchers but have done so well that I don't need to go any more. The staff just keep an eye on what I eat now." Another person said, "I am looking to be much more independent with caring for myself and one day I hope to have a job." We found that people were experiencing a good level of well-being and were quite positive about their lives.

We were told by the staff that people had access to advocacy services if required. (Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.) Information was provided on the resident notice board and anyone expressing a wish to use these services was supported to do so. We saw evidence in one person's file that they had support of an advocate from Mencap. Everyone had family members that represented them in difficult situations if they were unable to fully represent themselves, but most people were able to make decisions and express their own views.

Staff also told us they had been concerned on a couple of occasions when people had been assisted to 'move on' to independent living, when staff felt perhaps they had not been quite ready to do so. In relating their experience and feelings of this and how they thought the people that moved had felt, staff demonstrated that they cared deeply about people and their welfare.

People we spoke with told us their privacy, dignity and independence were always respected by staff. People said, "I have my own mobile phone so can make my own GP appointments without having to go through the staff. At the moment staff are still going with me though until I am fully confident on my own" and "My life issues are kept within the home and I know staff would not talk about them outside." We saw that staff only provided care considered personal in people's bedrooms or bathrooms.

One person had a relaxing bath in their en-suite shortly before we visited them. They were listening to music of their choice and waiting for lunch. They did not engage in any interaction with us, which was their choosing, but we saw that they were comfortable, fully in charge of their environment and happy to have the support from their one-to-one staff member. The staff member was supportive and assisted the person, ensuring they had all they required. The staff member allowed the person space to themselves and was clearly meeting the person's needs in respect of their choice of entertainment/occupation.

Staff told us they respected privacy and always knocked on bedrooms doors before entering. They said they ensured bathroom doors were closed and people had time on their own if they needed this and it was safe to leave them.

When we spoke with staff at Goldcrest House they told us how they cared about people that used the service in a very practical way, rather than a compassionate one, which was befitting to the support that people wanted and received. Staff cared that people led fulfilling lives, were enabled to stretch their potential and exercised their rights as citizens.

Good

Is the service responsive?

Our findings

People we spoke with felt their needs were being appropriately met. They talked about their activities and pastimes and about how staff helped them to get ready to go out and carry out their community-based pastimes. We saw several people making plans with staff, for example, to get ready for swimming and shopping. Other people stayed in the service to listen to music or play electronic games, particularly ten pin bowling on the WI. People's arrangements and timetables for activities or occupation were recorded in their support plans.

We looked at three support files for people that used the service and found that the support plans reflected the needs that people presented. Support plans were person-centred and contained information under eleven areas of need, which informed staff on how best to meet people's individual needs. The support files also contained assessments of daily living and need, risk assessments, activity plans and menu preferences. There were records of support given, places visited, healthcare professionals consulted, charts on intake and weight. There were also copies of psychological assessments, other baseline assessments and local authority assessments and support plans. We saw that all documentation requiring regular reviews were reviewed monthly or as people's needs changed.

There were plenty of activities held in-house, which were programmed into people's week and staff facilitated these. Usually people were busy with their planned activities and occupation so that spare time was scarce. People told us they joined in with all of the games on the Wii equipment, that they listened to music or watched television in their bedrooms, enjoyed using the gym, having massages and aromatherapy sessions and that they also joined in with the art lessons that were regularly facilitated. People told us that many of them went out to the cinema, local cafes, shops and football or rugby games and generally, wherever they wanted to go. Two people said, "I've been learning to cook and improve on my life skills" and "I've been to see Hull City football club play."

Staff told us that it was important to provide people choice in all things, so that people continued to make decisions for themselves and stay in control of their lives. People had a choice of main menu each day, as previously agreed with them individually. People chose where they went, when they rose from bed or went to bed, what they wore each day, what they ate and whether or not they went out or joined in with entertainment and activities. People chose the company they kept and the friendships they formed. People generally made their own decisions about any involvement they had in the community. People's needs and choices were therefore fully respected.

People were assisted by staff to maintain relationships with family and friends. Ways of doing this were recorded in people's support plans and could be carried out in several ways. Staff who key worked with people got to know family members and kept them updated on issues involving people if people wanted them to. Staff supported people to receive visitors and make telephone calls to family members on occasion. Staff spoke with people about their family members and friends and encouraged people to remember their birthdays, by helping them send cards.

We saw that the service had a complaint policy and procedure in place for everyone to follow and records showed that complaints and concerns were handled within timescales. Compliments were also recorded in the form of letters and cards. People we spoke with told us they knew how to complain. They said, "I know how to complain, I'd tell [Name]" and "If I was unhappy about anything I would tell the staff or the manager."

Staff we spoke with were aware of the complaint procedure and had a healthy approach to receiving complaints as they understood that these helped them to get things right the next time. Staff said they did not mind really if people complained because they wanted to ensure people were satisfied with the support they received and if they didn't make staff aware of problems then staff wouldn't be able to make things better for them. We saw that the service maintained complaint logs each year and received and handled only two in the whole of 2015, but six in 2014. Complainants had been given written details of explanations and solutions following investigation. All of this meant the service was responsive to people's needs.

Good

Is the service well-led?

Our findings

People we spoke with felt the service had a pleasant, family orientated atmosphere. Staff we spoke with said the culture of the service was, "Positive, calm, relaxed and homely." Staff expressed that they worked well as a team, that 'fairness' was now experienced by all and that there was a very clear 'open door' policy in operation.

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been the registered manager for the last five and a half years. Goldcrest House has been a registered service for over fifteen years and the most recent change to its registration was the increase of beds in service to 15 and then 16 places in the last few years.

The registered manager and registered provider were fully aware of the need to maintain a 'duty of candour' (responsibility to be honest, acknowledge when they had made a mistake and apologise) under the Health and Social Care Act (Regulated Activities)Regulations 2014. There had been need for a use of the 'duty of candour' responsibility since its introduction to the 2014 regulations. We saw that notifications had been sent to us over the last year and so the service had fulfilled its responsibility to ensure any required notifications under the Care Quality Commission (Registration) Regulations 2009 had been notified.

We found that the management style of the registered manager and management team was open and approachable. Staff told us they could express concerns or ideas any time and that they felt these were taken into consideration in order to provide the best possible support to people that used the service.

The service maintained links with the local community through religious organisations, schools and colleges and by people visiting local stores, cafes, pubs and healthcare facilities. Staff were instrumental in enabling people to access the community and its facilities by happily accompanying people to all manner of places, appointments, entertainment and occupation. For example, people were supported to attend GP surgeries, dentists and day services, take walks and bicycle rides, attend church groups, sign up for courses at college and seek entertainment in and around Goole.

The service had a full declaration of its written visions and values on its website. These were basically 'To be regarded as a quality service of choice', 'To provide the best resources and facilities', 'To create a harmonious environment and culture to be proud of', 'To be innovative', 'To work in partnership with other agencies and organisations to improve standards', 'To promote, deliver and extend equal rights' and 'To support change in attitudes and raise awareness in society.' Staff were aware of these and their practice evidenced their efforts to achieve them wherever possible.

We looked at documents relating to the service's system for monitoring and quality assuring the delivery of care and support. Quality audits were carried out on a regular basis, covering, for example, the safety and maintenance of the premises, the management of medicines and maintaining records. Satisfaction surveys had been issued to people that used the service, staff and visitors to the premises: relatives and health care professionals.

Surveys completed by people that used the service showed they were consulted throughout the year in small groups and on different areas of the service provision. These showed that people were satisfied with many aspects but also that their concerns were highlighted, addressed swiftly and changes made to improve their experience at Goldcrest House.

Surveys that had been returned from visiting professionals contained all positive comments, including 'Very warm and friendly atmosphere', 'Your ability to recognise inadequacies in the service leads to continuous improvement' and 'We have seen the improvement made over the last year as requested by people that we support and have been very happy with the responses from Goldcrest House.' Evidence showed that a wide variety of organisations had been consulted: local authorities and their care management teams that contracted services, Police, the probation services, chiropody clinics, community mental health teams, general practitioners and health care clinic staff.

Surveys completed by staff were based on the five areas of inspection that we use to assess services and these also showed satisfaction with the way the service was managed, staff were supported and their conditions and experiences of employment.

All audits and surveys had been analysed and action plans devised to ensure action was taken where any shortfalls were identified or changes were needed to improve the experience of people that used the service. This had been aided by East Riding of Yorkshire Council having completed a full and detailed 'quality development and management' check/audit on the service in February 2016. It had highlighted several needs for improvement, for example, in managing deprivations to people's liberty, logging the compliments that the service received, having a more open culture, carrying out monitoring visits, keeping a supervision and appraisal matrix (record) and keeping records of cleaning schedules. We saw that all of the identified issues had been swiftly addressed.

Goldcrest House staff kept and maintained records on people that used the service, staff and the running of the business that were in line with the requirements of regulation. We saw that all records held were appropriately maintained, up-to-date and securely stored so that people's needs were carefully monitored, their information was current and their confidentiality was protected.