

Croftwood Care Ltd

Golborne House Residential Care Home

Inspection report

Derby Road
Golborne
Warrington
Cheshire
WA3 3JL

Tel: 01942273259

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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

This inspection took place on 08 March 2017 and was unannounced.

Golborne House is located in Golborne, Greater Manchester and is part of Croftwood Care which is owned by Minster Care Group. The home is registered with the Care Quality Commission (CQC) to provide care for up to 40 older people. The home provides care to those with residential care needs, many of whom are living with a diagnosis of dementia.

At the time of our inspection there were 35 people living at Golborne House.

At our last inspection on 13 May 2016, the service was rated Good. At this inspection we found the service remained Good.

The service had a registered manager. 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.

People told us they felt safe living at Golborne House. Staff received safeguarding training and knew how to keep people safe and raise concerns if they suspected someone was at risk of harm or abuse.

People had comprehensive risk assessments which were reviewed and updated timely to meet people's changing needs. This ensured staff had access to the relevant information and guidance to mitigate risks.

Staffing levels were based on the dependency of people living at the home. People, relatives and staff told us, there were sufficient numbers of staff on duty to meet people's needs.

The management of medicines was safe. There were appropriate arrangements in place to ensure that medicines had been ordered, stored, received and administered appropriately.

The service had a training matrix to monitor the training requirements of staff. Staff received appropriate training, supervision and appraisal to support them in their role.

People were supported in line with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were encouraged to make decisions and choices about their care and had their choices respected.

People's consent to care and treatment was sought prior to care being delivered.

People were encouraged to maintain a healthy nutritionally balanced diet and had access to sufficient amounts to eat and drink, at times that suited them. People's health care needs were monitored and maintained; people had access to health care services as and when needed.

People continued to receive care and support from staff that were kind, caring and compassionate.

People were treated with dignity and respect and had their independence promoted by staff that openly expressed their fondness for the people they cared for and supported.

Care plans were person centred and tailored to meet people's individual needs. People were encouraged to be involved in the development of their care plans, which were updated regularly to reflect people's changing needs.

A variety of activities were provided and staff demonstrated a good understanding of people's needs and adapted activities to reflect people's individual interests.

The provider had a complaints procedure in place and people felt confident in raising concerns or complaints to staff and the registered manager.

The registered manager and provider carried out regular audits of the home. We saw areas of improvement were identified and disseminated promptly throughout the staff team to demonstrate action had been taken in a timely manner. Feedback of the home was sought and used to drive continued improvements.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Golborne House Residential Care Home

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 checked 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.

This unannounced inspection was carried out by one adult social care inspector and took place on 08 March 2017. This meant the registered provider and staff did not know we would be visiting. At the time of our inspection there were 35 people living at the home.

Before the inspection we asked the local authority safeguarding and quality performance teams for their views about the service. We also looked at the information we had about the registered provider, including people's feedback and notifications of significant events affecting the service.

We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with; four people, two relatives, one healthcare professional and seven staff which included; the registered manager, two care team leaders, one senior carer, a carer and two domestic staff. We reviewed three care files which included people's risk assessments and care plans, five Medicine Administration Records (MAR), four staff personnel files, training matrix, audits, maintenance certificates and other records related to the management of the home.

Is the service safe?

Our findings

Without exception all the people and their relatives we spoke with as part of the inspection told us there were no concerns regarding people's safety living at Golborne House. People's comments included; "It's lovely, I feel very safe here." "I certainly feel safe; I always have my call bell to hand." "No concerns, I'm definitely safe here." A health care professional told us; "This home is absolutely brilliant. I have only positives to say, the staff are proactive at managing risks."

The provider updated safeguarding and whistleblowing policies and procedures at corporate level and disseminated these to the homes within the Croftwood group. Staff received refresher training in safeguarding and all the staff we spoke with during the inspection demonstrated a comprehensive knowledge of different types of abuse. Staff could describe the signs and behaviours they would look out for that would alert them to the possible consequence of abuse. Staff described local safeguarding protocol and records confirmed that safeguarding concerns continued to be reported timely to the required authorities.

Staff continued to be recruited safely with all required checks undertaken before staff commenced working at the home.

People continued to be protected against the risk of harm, because the service had embedded practices that identified risks, assessed and monitored them regularly. Staff were given clear guidance on how to manage risks and the steps to take to mitigate the risks. We looked at risk assessments and management plans and found these were comprehensive and updated timely to reflect people's changing needs.

Where accidents occurred, these were investigated and preventative measures put in place to keep people safe. Accidents and incidents were recorded and reviewed by the registered manager, to identify any trends and ensure appropriate action had been taken. Incidents showed where applicable health care professionals were informed and information shared to minimise the risk of repeat incidents and accidents.

There were sufficient numbers of staff on duty to safely meet people's needs. Staffing levels were calculated based on people's dependency and needs. People, their relatives and staff consistently told us they had no concerns regarding staffing levels. People's comments included; "I feel there are enough and there is always a staff member close by when needed." Staffing levels were monitored by the registered manager and increased or decreased depending on the occupancy and needs of the people living at the home. The staff rota was devised so that people were supported by staff that had the right skills and knowledge to meet their needs safely.

People continued to receive their medicines safely. Prior to the inspection the registered manager had conducted a medicines audit which had identified omissions of staff signature on the medication administration record (MAR). We saw this had been actioned and a team meeting scheduled to address this with the staff team. Medicines and topical creams were stored and disposed of safely. Systems were in

place to ensure medicines were ordered and disposed of appropriately. We looked to see that medication had not been omitted due to being unavailable and did a random stock count of medication to ascertain that the figures documented tallied with our calculations. This confirmed that people had received their medicines as prescribed.

We saw people had their own PEEP (Personal Emergency Evacuation Plan) in place which provided staff and emergency services with all the appropriate details about how to evacuate people from the building safely in the event of an emergency.

We saw regular maintenance checks were undertaken to ensure the home was safe. This included; electrical testing, the call bell system, lifts, hoists, gas safety and legionella. These checks ensured the building was safe for people living at the home.

Is the service effective?

Our findings

People continued to receive effective care and support from skilled and knowledgeable staff that demonstrated they knew people living at the home well. A healthcare professional told us; "There is a consistent staff team, I've not seen a home as good as here. Staff have good relationships with people and they pick up and report changes in people's health promptly."

Staff continued to receive a comprehensive induction that incorporated the care certificate and a period of shadowing more experienced staff. The training matrix reviewed during the inspection showed staff continued to receive on-going training and refresher training to reflect legislative changes to effectively meet people's needs.

Staff received frequent supervisions and an annual appraisal where they reflected on their working practices. Supervisions gave staff the opportunity to meet with the registered manager and discuss areas of improvement, training needs and for staff to put forward ideas for the development of the home. Staff comments included; "Supervision is regular and supportive."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA. We looked records the service held in relation to MCA and found these were in place and had been regularly reviewed. Staff demonstrated a good knowledge of their roles and responsibilities in line with MCA. Staff comments included; "Mental capacity relates to people's decision making."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people who may require their liberty restricted lawfully in order to protect them from harm. The registered manager continued to submit DoLS authorisations to the local authority in a timely manner, to ensure people were not deprived of their liberty unlawfully. Staff were aware of the importance of working in line with the DoLS legal framework. People's DoLS status was identified on the handover document to ensure that all had instant access to this information.

People's health and well-being continued to be monitored and assessed regularly by health care professionals. Records confirmed people had access to; G.P's, psychiatrists, physiotherapists, speech and language therapy (SaLT), diabetic nurse, dentists and chiropodists. People had a health action plan that detailed what health care and support they required and how this was delivered, for circumstance when they may require hospital admission.

Records confirmed that people's dietary requirements continued to be monitored and met. The mealtime

was relaxed and people that required support eating their meal were not rushed and were supported 1:1 by staff as required. People's comments included; "The food is okay. If there is something on that we don't like, we can ask for something else. I like cheese and toast which they'll always make for me when I ask."

Is the service caring?

Our findings

The people we spoke with were positive about the care provided and told us they received good care. People's comments included; "The staff are very good." "All staff are all very nice. Really helpful. I couldn't find fault, they are really great."

During the inspection we observed staff interacting with people in a compassionate and respectful manner. Observations showed staff had a caring attitude towards people. We noted frequent, appropriate physical contact between staff and people which was natural and symbolised the familiarity and relationships that had developed between people and staff.

People were encouraged to maintain relationships with people that mattered to them and there were no prescriptive visiting times at the home.

The home was welcoming, people personalised their rooms with items of their choice. During the inspection we observed people moving throughout the home freely and people were encouraged to spend time in communal areas but people told us personal time in their rooms was equally respected.

People were continued to be supported in making decisions about their care and treatment. People were given information in a manner they understood to enable them to make decisions in matters that affected their lives.

During the inspection we observed staff speaking to people, asking them what activity they wanted to participate in and had their decisions respected. For example, if people wanted to engage in the scheduled activity or return to their room to watch television, read or knit.

People's privacy and dignity continued to be maintained. People told us staff would knock on their room doors and await permission to enter before doing so. People's comments included; "The staff knock on your door. They check on you through the night discreetly and they put me at ease when doing personal care." Staff told us; "We always make sure doors and curtains are closed when supporting personal care. We explain what we are doing and chat throughout to put people at ease."

People were encouraged to maintain their independence, because the provider had embedded a culture of empowerment. People told us; "They always make sure my Zimmer frame is close to me. I'm encouraged to do what I can but they are also there to help if I have difficulty."

Staff were aware of the importance supporting people to do things for themselves to ensure they didn't lose the skills or motor ability. Staff told us; "We always prompt people to do what they can before helping."

People continued to receive one to one time with staff. The home had a key-worker system in place that was responsible for co-ordinating the care people received within the home.

Is the service responsive?

Our findings

People and their relatives confirmed people received care that was responsive to their needs. People's comments included; "I get up and go to bed when I want. Breakfast is flexible when I want it." A relative told us; "They've been brilliant. Massive improvement in [person's name] health and quality of life since moving here. They got [person's name] medicines reviewed and I've never seen them this happy for a long time."

People continued to have an initial assessment prior to moving in to the home to determine that staff were equipped to meet the person's needs.

The service continued to provide personalised care that was tailored to the individual's needs. Care plans were person centred and contained comprehensive information about people, their preferences, health care, history, medical and social care needs. This provided staff guidance on how to deliver personalised care that was responsive to people's needs.

Care plans were reviewed regularly and updated timely to reflect people's changing needs. People and their relatives confirmed people's care was discussed with them to ensure their needs and preferences were documented and met.

People's social needs were acknowledged and promoted. People continued to be encouraged to participate in a wide range of activities of their choice that met their needs. People's comments included; "There is loads going on. I'm the bingo caller. We have a reading group weekly which I enjoy." "We had a pantomime come in. That was something different that I enjoyed." A relative said; "There is plenty going on but people aren't pressured to participate if they don't want to."

The provider had complaints procedures in place. We saw only minor complaints had been received which had been taken seriously and responded to in the required timeframe. People were aware of how to raise concerns and complaints. People's comments included; "I've no complaints. I'd speak with staff if I did."

We also saw the home had received a number of compliments from people's relatives commending the care that their family member received.

Is the service well-led?

Our findings

People told us they were happy with the care and support they received living at the home. People's comments included; "The registered manager will do anything for you. I would definitely recommend living here." "I'm quite comfortable here. We have regular meetings and discuss things so I feel very involved."

There was a registered manager who oversaw the daily management of the home. We were told the area manager was also a regular visitor to the home to provide additional oversight. The registered manager was directly supported by the home support manager and care team leaders. There were suitable arrangements to ensure the effective management of the home. A comment from the healthcare professional included; "The registered manager is proactive in the home. If we leave message, they get back to us quickly. We have a good relationship with them which makes life easier."

The registered manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff and relatives were also involved and encouraged to give ideas about the care and support provided.

Staff told us the home was well led and a good place to work. We were told by staff, people, their relatives and a health care professional that the registered manager was visible, had an open door policy and was approachable which meant people, their relatives and staff could meet with the registered manager as and when they needed. During the inspection we observed people, their relatives and staff speaking with the registered manager asking them for advice and guidance.

There was an appropriate internal quality audit system in place to monitor the service provided. Audits or checks were completed by the registered manager on records, including medicines, accidents, risk assessments, care plans and daily records. They also completed a quality monitoring form addressing any concerns or problems the audit highlighted. The area manager also regularly visited the home and conducted further audits on specific areas to ensure the internal quality monitoring system was effective. We saw the registered manager promptly actioned and addressed areas of concern.

Meetings were conducted regularly with people and staff. Records showed the service reviewed feedback from people and their relatives and where required appropriate action was taken to respond to concerns and improve the quality of care provided.

Providers of health and social care services are required by law to inform the Care Quality Commission of significant events which affect the service or people who use it. The registered manager had sent us the required notifications promptly. This meant we could check that appropriate action had been taken.