Croftwood Care UK Limited

Golborne House Residential Care Home

Inspection report

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Date of inspection visit:
05 November 2018
07 November 2018

Date of publication:
05 September 2019

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

We carried out an unannounced inspection at Golborne House on 05 November 2018 and returned to the home and completed the inspection on 07 November 2018. Due to changes in the homes registration in November 2017, this is Golborne House's first comprehensive inspection since Croftwood Care UK Limited registered with the Care Quality Commission (CQC).

Golborne House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Golborne House is located in Golborne, Greater Manchester. The home is registered with the 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 the inspection there were 37 people living at the home.

There was a registered manager 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.

People told us they felt safe living at the home and we saw there were effective safeguarding processes in place to protect people from the risk of harm. Staff were knowledgeable about the procedures relating to safeguarding and whistleblowing.

Safe recruitment checks were carried out and there were adequate numbers of staff to meet people's needs safely.

Risks to people had been assessed and managed appropriately. There were also systems in place to check and maintain the safety and suitability of the premises.

Medicines were managed safely and people received their medicines regularly and as prescribed.

Staff received an induction in to the service, regular training, supervision and an annual appraisal to support them in their role.

The staff obtained people's consent before providing care. The registered manager and staff were aware of their responsibilities regarding people's mental capacity and legislation.

People's health care needs were assessed, reviewed and delivered in a way that promoted their wellbeing. People were encouraged to eat and drink well, and they were referred to healthcare professionals when required.

People who lived at the home were positive about the care provided. They were treated with kindness and compassion and they had been involved in the decisions about their care where possible. People were given respect and their privacy and dignity was maintained and their independence promoted.

There was a varied activities programme in place and people were supported to participate in activities based on their individual interests and preferences.

People knew how to make a complaint and these were responded to within the timescales in the provider's policy. Staff felt able to raise concerns or issues with the registered manager.

There were effective systems in place to seek the views of people, their relatives and staff through satisfaction surveys and regular meetings. People and staff told us the registered manager was visible and we observed them engaging with people throughout the inspection.

Regular audits were completed by the registered manager and provider to check and maintain oversight of the quality of care provided.

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.

Appropriate recruitment checks were completed and there were sufficient numbers of staff on duty to meet people's needs.

Risks to people had been assessed and there were plans in place to mitigate risk.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received an appropriate induction and relevant training to undertake their roles.

Staff sought people's consent before providing care and adhered to the principles of the Mental Capacity Act (2005).

People's dietary needs were met.

Is the service caring?

Good

The service was caring.

Staff had developed positive relationships with people and had a good understanding of their needs.

People's choices and preferences were respected.

People's privacy and dignity was maintained and their independence promoted.

Is the service responsive?

Good

The service was responsive.

People's care was planned following an assessment of their needs.

A variety of activities were provided which took in to account people's individual needs.

There was an effective complaints system.

Is the service well-led?

Good

The service was well -led.

There was a registered manager who was visible, approachable and accessible to people and staff.

Audits were completed regularly to ensure oversight was maintained.

Regular meetings were held with staff, people and their relatives.

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 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.

This was an unannounced comprehensive inspection which took place on the 05 and 07 November 2018. The inspection was undertaken on the first day by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was undertaken by one adult social care inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked Wigan local authority, and Healthwatch Wigan for their views on the service. They raised no concerns.

During our inspection we spoke with 11 people who used the service and two visitors. We also spoke with the registered manager, compliance manager, home manager, two care team leaders, a senior carer and two care staff.

We carried out observations in communal areas of the home. We looked at five peoples care files and records that related to how the home was managed including; six medication administration (MAR) records, three staff personnel files, supervision and appraisal, staff training records, duty rotas, policies and procedures and quality assurance audits.

Good

Is the service safe?

Our findings

The provider had effective procedures in place to ensure the safety of people using the service. People told us they felt safe at the home, comments included; "I have my own key to my room and I enjoy my own privacy. Nobody can come in to my room which makes me feel safe" and "The carers are always just checking in on me when I'm in my room and through the night, that gives me lots of reassurance."

Appropriate arrangements were in place for the recording and administration of medicines. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and stock counts were effective as medicines tallied.

Where medicines were prescribed to be given "only when needed" or where they were to be used only under specific circumstances, individual 'when required' protocols were in place. The protocols provided administration guidance to staff about when these medicines should and should not be given. This ensured people were given their medicines when they needed them and in a way that was both safe and consistent.

There were effective safeguarding procedures in place. Staff completed safeguarding training and were confident as to what constituted abuse and the procedure to follow if they had a concern. In the foyer there were 'see something, say something' posters to act as a reminder to people, staff and visitors to report safeguarding matters. Care team leaders provided examples of safeguarding issues in line with the local authority's tier system for reporting. At the time of the inspection, safeguarding referrals to the local authority remained with the registered manager and we discussed the benefits of sharing the responsibility with other members of the care team.

We found safe recruitment decisions had been made with all pre-employment checks being completed. Proof of identification, references and a disclosure and barring service (DBS) check had been undertaken prior to staff working at the home.

There were sufficient numbers of staff on duty to meet people's needs. The staff were seen to be attentive and people told us their needs were met promptly. Comments included; "On one occasion, I used the call bell and it took staff no more than five minutes to get to me, which is good", "I've used the call bell and they were with me within two minutes".

An assessment of possible risks presented to the person was completed before people moved in to the home and regularly reviewed and updated when a change in a person's needs occurred. People were consulted about risks to their safety which included; the environment, poor nutrition, choking, skin breakdown, moving and handling needs, mobility and falls. Risk assessments were easy to follow and provided clear guidance on how the risks were to be managed to minimise the risk of harm to people.

Each person had a personal evacuation plan (PEEP) in place for use in emergencies such as in the event of a fire. Regular fire drills had been carried out so that staff were up to date with the fire safety and evacuation procedures.

There was an effective system to ensure incidents and accidents were reported and recorded. The registered manager monitored these for any patterns or trends and referred people for any additional support they required such as a referral to the falls team or a review from their doctor.

The provider disseminated learning from other inspections within the Croftwood UK care homes. Following an inspection at another home in the provider portfolio which had indicated window restrictors were not compliant with legislation, the provider had requested maintenance checks on all the openings on the windows in their homes to ensure they complied with guidance. At Golborne House, the registered manager identified the windows exceeded the recommended opening span by 27mm. In response, a risk assessment had been implemented and the estates department attended the home on 17 November 2017 to rectify this.

Environmental checks were completed which included premises and equipment in use to mitigate risks. This included bed rails and airflow mattresses which had been checked weekly to ensure they remained fit for purpose. The home was clean and had been awarded five stars for infection control practices by Wigan Council's infection control team, and five stars for their food safety by environmental health. One person told us; "The domestic staff here are brilliant. They would be good enough to clean Buckingham Palace, they are that good, it's always spotless."

Safety certificates were in date and services had been completed within required timeframes. This included; gas, electricity, the lift and any lifting equipment in use such as hoists.

Good

Is the service effective?

Our findings

When people were asked if they felt staff had the relevant skills to carry out their role, we were met with an overwhelming 'yes.' One person told us; "The staff are quick to respond and provide reassurance when required."

Newly recruited staff completed an induction training programme and shadowed existing staff before they started working at the home. All the staff working at the home had national vocation qualifications in health and social care. If a staff member commenced at the home without previous care qualifications, they would be registered to complete the care certificate. The care certificate is a nationally recognised set of minimum standards for health and social care workers to complete when they have not had previous experience of working in care or completed a recognised care qualification.

Staff completed initial training and refresher courses to maintain their competency and skills to fulfil the requirements of the role. Staff told us; "The training is very good here. We all do set training and then receive further training dependent on what's relevant to our role." "We do set training and then if following an incident or changes to procedures, we'll complete any further training. For example, we've just completed falls procedure booklets following learning from the outcome of a person having fallen. We're doing safeguarding tier training to make sure we know the local authority procedure." "We have train the trainers for certain topics so there isn't a delay in staff receiving training when they commence at the home."

Staff confirmed they had regular supervision and had an annual appraisal to discuss the previous years' work and any professional development or training opportunities they wanted to discuss for the upcoming year. Staff also told us they could approach the registered manager and request an earlier supervision than what was scheduled if they required this and felt this would be accommodated.

People's care files and risk assessments included information about each person's healthcare needs and included guidance for staff to follow to ensure people's medical needs were met. Nutritional assessments had been carried out for each person and their weight was
regularly checked and monitored. Health information relating to people was easily ascertained and visits from healthcare professionals had been recorded. Referrals to other professionals were made timely which included; dietetic service, district nurses and GP's.

There was a handover between departing staff and oncoming staff to ensure essential information about each person living at the home was passed on. This included information regarding people's; health needs, dietary information, sleep, mood, behaviour and engagement in activities. Domestic staff also received a daily handover so they were aware of people's needs and whether food/fluids needed recording. Handover records had recently been changed following an incident and included the requirement to indicate when contact with relatives had been attempted and the outcome of that contact following any incident. Daily hand over sheets were also completed to support important information being passed over or outlining details of any follow up to people's care that was required.

During the inspection we observed the quality and standard of the food people received. The dining room was relaxed and people were engaged in conversation amongst themselves and with staff throughout the meal. Meals were well presented and people were offered a choice of food during each of the meal times. People told us they could request an alternative if they didn't like the meal choice or preferred something different.

Kitchen staff and care staff we spoke with during the inspection, were familiar with people's specialist diets and we saw these being provided. People were given a cold drink with their meal and then also offered a hot drink with top ups being offered throughout the service. Staff were considerate when supporting people with meals and went at the person's pace and checked with the person before offering them more food. The kitchen staff had considered people's needs and purchased moulds so they could prepare pureed meals that looked like solid food when pureed.

The premises remained safe and were well maintained. The environment was spacious and had separate lounge areas downstairs and a dining area which people accessed freely. There was an area upstairs which resembled a lounge/diner and had basic kitchen provisions which people could use when they had visitors. People were encouraged to personalise their rooms with furniture and ornaments. Rooms we saw during the inspection contained mementos and personal items of importance to people.

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

There was a clear record of DoLS applications submitted and/or authorised which identified when they were due to expire and those which had conditions attached. We saw that mental capacity assessments had been carried out to check whether people had the capacity to make specific decisions. Staff had completed MCA training and were knowledgeable regarding what constituted restrictive practice and would require authorisation. A staff member said; "For example; if a person was assessed as requiring bed sides because of falls from bed. If the person can understand the need to have them or the risks of not having them, they can choose whether they are having them or not and consent to bed rails. Another person may not understand the risk or that bedrails are for their safety, they may be deemed not to have capacity and they'd require a DoLS as putting bedrails on their bed could be seen as restricting their liberty".

People had signed documentation to confirm their consent. This was captured on 'my consent form' and included; photographs, life plans, access to records, training (care staff), medicines, statement of terms and conditions and arrangements for managing personal monies.

Good

Is the service caring?

Our findings

One relative stated when asked if the staff were caring, "Yes I would certainly say so, I have seen them with people, they treat them with kindness and compassion. My relative's health has greatly improved since living here which means a lot to us. I feel the care is great." A person told us, 'The staff have a lot to put up with as some people do shout out a lot and do things, but the staff are all very good, they are caring, patient and considerate."

The home atmosphere was relaxed and friendly. The corridor was a thoroughfare from the lounge to the dining area and as people passed the registered managers office laughter between people and staff could be heard. People as they passed the registered managers office popped in and had a chat with the registered manager too.

The registered managers door was open always and people were free to walk in and ask questions and ask for support at any time. The registered manager said, "We have a friendly, open-door policy to discuss any matter at any time so if there is an issue it can be sorted. This is in addition to formally seeking people's views at house meetings, reviews and questionnaires." We saw people freely expressing their views and wishes during day to day conversation and choosing activities and daily living chores they wished to undertake.

People told us visitors could come at any time, but one relative stated, "We don't come when its meal times or late at night as we know they are really busy and it's important that my relative eats without us distracting them."

People were encouraged to remain as independent as possible. We observed a person eating their meal with support from staff. The person was having difficulty, but the staff member held the bowl which enabled the person to manage the meal themselves. Where people needed support to move around, staff ensured they had their walking frame, and the person mobilised themselves with staff around to provide support if difficulty was encountered. Staff told us, "We encourage people to make their own choices where they can and maintain their independence." Staff told us how people could become agitated when they had nothing to do so they provided people opportunity to engage in household tasks. We observed a person given a cloth which they responded to with enthusiasm as they were asked if they wanted to help with wiping over the tables after dinner.

A staff member told us, "I really enjoy being on the floor and interacting with people. It can be a very rewarding role." We observed one member of staff playing dominoes with a person. The person did get mixed up during the game but we observed the staff member displayed empathy, patience and provided reassurance which we saw the person responded to positively and they continued the game and interacted well with each other.

The service had a 'key worker' system. This ensured each person was allocated a named staff member who would provide oversight and support in completing life plans, ensuring people had sufficient toiletries,

clothes and their needs were met. Although each person had a key worker, people knew they could approach any member of staff at any time. Staff and people confirmed this was an effective way of working.

Staff demonstrated a good knowledge of people's personalities and individual needs and what was important to them. Through talking to staff and the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. People's life plans were reflective of their needs and consideration had been given to whether people had a protective characteristic when planning care.

Staff understood the importance of respecting people's privacy. People who preferred to spend time in their room alone were enabled to do so. People told us their personal care was provided in a way which maintained their privacy and dignity. One person told us, "In the morning when I wake up, they don't open the curtains or my blind until I am washed and dressed." A staff member said, "We maintain people's privacy. Always shut doors/curtains when providing personal care, don't talk over people."

All confidential and sensitive information was securely stored and protected in line with General Data Protection Regulation (GDPR). Records were secured in a locked office. Staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

Good

Is the service responsive?

Our findings

People told us care was responsive to their needs and they felt listened to and valued by staff.

There was a call bell system in place at the home which people could use when in their bedrooms to request assistance from staff. We observed call bells were placed within easy reach in people's rooms and people told us these were answered promptly when they requested support.

Care files were organised and easy to navigate. An assessment had been completed before people moved in to the home to ensure their needs could be met. This supported the development of detailed risk assessments and life plans to support the delivery of personalised care to each person. People had been involved in developing their life plans and reviewing them, which ensured they received care and support in a way they wanted and needed.

People's communication needs were assessed and a life plan developed detailing how people communicated and the level of support each person required. This included whether the person experienced any confusion, struggled with speech, had hearing deficits or needed visual aids. It also detailed whether people could effectively communicate or if they communicated through facial expression.

The Accessible Information Standard (AIS) is a regulation which aims to make sure people are given information in a way they can understand. The home was meeting this standard by identifying and recording any communication needs people had. There was sufficient detail captured to ensure people's communication needs and abilities had been considered. Guidance on how to support people and any equipment required was documented and literature could be provided in different formats if required.

Staff demonstrated they knew people well and explained how support was provided to each person in areas such as those relating to safety, choice, personal preferences, hobbies, likes and dislikes. People confirmed they were provided care in line with their preferences and individual needs.

The home employed an activities coordinator who was passionate about their role and meeting the individual needs of people living at the home. There was an activities timetable which detailed the activities available on set days which included; history clubs, baking, chair exercises, poppy making, bingo and watching movies. There was a shopping trolley that the activities coordinator took round on Monday with stocked provisions that people could purchase independently which included toiletries and sweets. People told us there was enough for them to do and spoke about organised events, entertainers coming in to the home, concerts and singers.

The home had made connections with a local school which came in to do a harvest assembly and was scheduled to attend the home to perform Christmas carols. The home also supported people with learning disabilities to gain work experience and complete voluntary work following receipt of satisfactory references. People were supported and worked under supervision by care staff to gain work experience in a care environment. People completing work experience participated in household tasks, such as collecting

dishes and tidying up after dinner service and engaged with people living at the home.

At the time of our inspection, no-one was receiving end of life care, however the registered manager had recently purchased a recliner chair so this was available if a person was nearing the end of their life and would be offered to relatives to enable them to stay with their family member throughout that time. Staff had attended training and completed workbooks in end of life. The registered manager explained they would support people to remain at the home and access district nursing service to enable people to do this if they didn't require access to 24-hour nursing care.

Information about the complaints procedure was displayed visibly upon entering the home. We looked at the complaints log and noted that there had been three complaints recorded in the last year. Issues raised included a person's missing possession, the heat during summer and a request for air conditioning and regarding communication following an incident. We found all complaints had been dealt with in required timeframes and records maintained of actions taken.

There were many compliments made about the home. Compliments included; 'Thank you for all the loving care given to our relative, especially during their last days. You were also so good and we wish you happy and healthy lives', ' 'The care and attention my relative got from all of you was outstanding and we always knew they were well cared for. I was overwhelmed by the care given to me the day my relative passed away and I only hope if I were ever in those circumstances that I am as fantastic with people's family as you were to me. You went above and beyond' and 'You treated my relative with dignity, kindness and tenderness. It meant a great deal seeing my relative cared for by people that respected them. Thank you and for making me as comfortable and supported as possible, I will always remember your kindness.'

Good

Is the service well-led?

Our findings

At time of inspection there was a registered manager in post. The registered manager had been the registered manager at the home since 2010. There was an open and caring culture at the home, where people saw the registered manager daily and were able to raise any issues with them when needed. The registered manager demonstrated they had a good knowledge of the home, understood people's needs and were committed to ensuring people received good, quality care.

The registered manager and staff demonstrated they understood their roles and responsibilities to people who lived at the home. The statement of purpose was displayed on entry in to the home so people and visitors had reference as to what they could expect.

Staff told us they were happy working at the home, felt comfortable raising concerns with the registered manager and felt confident any concerns raised would be addressed. Comments included; "I love it here. It's very rewarding. All the girls get on really well. The manager is approachable, I feel supported and they really care about the residents." "It's a supportive place to work, there is a good culture here and we can go to the manager any time." "I love my job and working here, I wouldn't have been here so long if I didn't. It's a good home and we have a very supportive manager and regional manager."

There was an effective quality assurance system in place. Audits included; medication, care plans, falls, marvellous meal times, residents at risk, kitchen temperature checks, health & safety, infection control. The compliance manager also completed a quality audit visit monthly and undertook a thorough six-monthly audit. The registered manager also sent monthly reports to the provider which detailed the homes; occupancy, staffing, agency use, complaints and dependency. There was effective communication and oversight demonstrated, the compliance manager met with the registered manager quarterly for supervision and both the registered manager and compliance manager confirmed they maintained regular contact.

Feedback regarding the quality of the service was obtained through resident and relative meetings that were held bi-monthly which the registered manager attended. It was clear actions from the previous meetings had been actioned and communicated to people living at the home.

Staff also had quarterly meetings and there were different meetings for care staff, senior staff, care team leaders and housekeeping and kitchen staff. This enabled staff at their meeting to cover what was relevant and important to them. Staff told us they were able to contribute to team meetings and felt able to have their say. "A staff member said; "We can raise things anytime but carers have meetings and care team leaders and seniors. At the meeting we discuss if we have any issues and the registered manager disseminates outcomes of accidents, incidents, any complaints."

Questionnaires were also sent annually to gather feedback from people living at the home and staff. The last satisfaction survey was completed July 2018 and staff indicated they felt there was inequity in shifts as some staff only worked morning shifts whilst others worked late shifts. As a result, the registered manager

provided staff the opportunity to vote on whether the rota's should be changed. The majority indicated they should so rotas were consulted on and a fairer, more equitable system devised to ensure all staff had the same share of early and late shifts. A staff member told us; "The rotas were changed. Some staff weren't happy but it is a much farer way to do things."

The registered manager and staff team worked well together to develop and improve the service. They also worked well with stakeholders and the registered manager attended the care home forum which is a meeting were all care homes in the Wigan area come together. There are guest speakers and opportunity to explore and share best practice.

There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC. We noted the home's last CQC rating prior to new registration and the previous inspection report were displayed on entry to the home and on the provider website. This was to inform people of the outcome of the last inspection.