

Mrs M C Prenger

Golden Years Care Home

Inspection report

47-49 Shaftesbury Avenue
Blackpool
Lancashire
FY2 9TW

Tel: 01253594183

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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

Golden Years care home is situated in a residential area of Blackpool, close to local amenities and provides accommodation for 21 older people. Communal space and personal bedroom accommodation is comfortable. There are three lounge areas and a separate dining room. Aids and adaptations have been provided to meet the needs of people. There is a lift for ease of access between the two floors. The gardens areas are accessible to people and seating is provided. At the time of the inspection visit 21 people lived at the home.

There was a registered manager in place who was also the owner. 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.

At the last inspection in October 2015, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

We found there was a sufficient staff workforce during our inspection visit. They were trained and able to deliver care in a compassionate and patient manner.

Staff we spoke with confirmed they did not commence in post until the management team received relevant checks. We checked staff records and noted employees received training appropriate to their roles. One staff member told us, "Very good I did some shadowing first and this is the best care home I have worked in."

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

We looked around the building and found it had been maintained, was clean and a safe place for people to live. We found equipment had been serviced and maintained as required.

Medication care plans and risk assessments provided staff with a good understanding about specific requirements of each person who lived at Golden Years. In addition staff had relevant training and competency testing to assist them in the safe administration of medicines.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required such as hand gels.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

We only received positive comments about the quality of meals provided. Comments received included, "Yes the food is very good and plenty of choice." We observed when we arrived at breakfast time people had breakfast in the dining room and in their own bedroom. People told us it was their choice.

We observed only positive interactions between staff and people who lived at Golden Years. There was a culture on promoting dignity and respect towards people. People who lived at the home told us staff treated them as individuals and delivered person centred care that was centred on them as an individual. Care plans seen confirmed this.

There was a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily discussions with people who lived at the home to seek their views about the service provided. In addition annual surveys were carried out for people who lived at Golden Years and their relatives. The last survey in October 2017 produced only positive comments about the service and 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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Golden Years 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.

Golden Years 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, both of which we looked at during this inspection.

This inspection took place on 10 January 2018 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our unannounced inspection, we checked the information we held about Golden Years. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at Golden Years.

In addition we looked at the Provider Information Return (PIR) the provider had sent us. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with a range of individuals about this home. They included seven people who lived at the home, five staff members and the owner/registered manager.

We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We looked at care records of two people who lived at the home. This process is called pathway tracking and enables us to judge how well Golden Years understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We checked documents in recruitment, staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

We asked people who lived at Golden Years if they felt safe and confident in the care of the management team and staff. We only received positive comments and they included, "I always feel safe here. I think it is because people are always around and the building is relatively small." Also, a relative wrote in a survey returned in October 2017, 'No worries about [relative] care and safety, thank you is not enough really.'

The registered provider had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the services whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them.

We found from records we looked at staff had been recruited safely as was at the previous inspection in October 2015. They had skills, knowledge and experience required to support people with their care. We spoke with a staff member recently recruited by the home and they were complimentary about the recruitment process and said, "Very good I did some shadowing first and this is the best care home I have worked in."

Care plans we looked at contained completed risk assessments to identify potential risk of accidents and harm to staff and people in their care. They included, medication, the building and personal care. Risk assessments had been kept under review with the involvement of each person or a family member to ensure the support provided was appropriate to keep the person safe. Any changes had been updated on people's care plan with involvement of the person who lived at the home.

We looked at how accidents and incidents were being managed at the home. There was a record for accident and incidents to monitor for trends and patterns. The registered provider had oversight of these. Documents we looked at were completed and had information related to lessons learnt from any incidents. This meant the service was monitored and managed to keep people safe and learn from any incidents that may happen.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed one staff member administering medication during the lunch time round. We saw the medication storage room was locked securely whilst they attended to each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

There were controlled drugs being administered at the time of our visit. We found controlled drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered provider had systems to protect people from unsafe storage and administration of medicines.

We looked around the home and found it was clean, tidy and maintained. Staff had received infection

control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and undertaking cleaning duties.

Is the service effective?

Our findings

People who lived at Golden Years received effective care because they were supported by an established and trained staff team that had been employed for many years. We found by talking with staff and people who lived at the home, staff had a good understanding of their assessed needs. We were able to establish through our observations people received care which was meeting their needs and protected their rights. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills. One staff member said, "No issues with training there is always some course being offered or mandatory training being updated."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Care records contained evidence people who lived at Golden Years and relatives where appropriate had signed consent to all aspects of their care. Documentation demonstrated agreement to decision specific care, such as consent to overall care, sharing of information, consent to staff to administer medication and physical examination. One of the management team told us it was important for people who lived at the home to give consent to care and support they required.

We only received positive comments about the quality of meals provided. Comments received included, "Yes the food is very good and plenty of choice." We observed when we arrived at breakfast time people had breakfast in the dining room and in their own bedroom. People confirmed they chose where to eat and the staff were accommodating.

Staff had information about people's dietary needs and these were being accommodated. These included people who had their diabetes controlled through their diet and one person who required a gluten free diet. We saw snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. Fresh fruit was available for people who wanted it. People's food and fluid intake were monitored and their weight regularly recorded. Where concerns about weight loss had been identified appropriate action had been taken.

We observed lunch in the dining room. We saw people were given their preferred choice of meal and different portions. One person who lived at the home said, "I only like small portions and they do it just right." Food served looked nutritious and well presented. The atmosphere throughout lunch was relaxed and unhurried with people being given sufficient time to enjoy their meal.

People's healthcare needs were carefully monitored and discussed with the person or family members as

part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. A visiting healthcare professional told us care provided at the home was exceptional. They said staff at the home were quick to alert them if they had concerns about people's healthcare needs.

The building had recently had some refurbishment. We saw several rooms had benefitted from redecoration and new furnishings. Accommodation was on two floors with a passenger lift for access between the floors. There are two lounges and dining rooms and a sun lounge at the rear of the property. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems.

Is the service caring?

Our findings

People who lived at the home told us they were happy with support from staff. Comments were all positive about the care and attitude of staff towards them. They included, "They are so caring nothing is too much trouble." Also, "Brilliant that is all I can say, so kind and polite to everyone. They only want what is in people's best interest."

We observed during the day positive interactions between staff and people who lived at Golden Years. People who lived at the home told us staff had time to sit and talk with people and get to know one another. One person who lived at the home said, "We are like a big family staff do join in and we have a laugh together."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual. A staff member said, "Everyone is different and treated as a person here that is what I like about the place compared to the last home I worked at."

We saw staff had an appreciation of people's individual needs around privacy and dignity. For example we observed staff attend to people with personal care needs sensitively and in private. One person who lived at the home said, "They all treat me with dignity and respect." We observed staff respecting people's privacy by knocking on bedroom doors and they waited for an answer prior to entering the room. People we spoke with who lived at Golden Years confirmed staff always did that.

We spoke with the management team about access to advocacy services should people require their guidance and support. The service had written information details for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Staff told us visitors were welcomed at any time. This was confirmed by people who lived at the home we spoke with. One person who lived at the home said, "[Relative] pops in all the time it does not matter what time of day it is they are always made welcome by the staff."

Care plans of people and discussion with people who lived at the home confirmed they had been involved in the care planning process. Care plans were in the process of being updated to document involvement from relatives and advocates where required. Two care plans we looked at were completed and contained information about people's wishes, preferences and life histories for their care delivery. Daily records described support people received. We found people's care plans had been reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs. People who lived at the home told us staff sat and talked with them to ensure they had their views about how their care should be carried out.

We spoke with the registered provider about the culture at the home. They told us people who lived with

illness or the onset of living with dementia were at the centre of everything they planned and did. Staff confirmed with us they had received training in 'dementia awareness' that supported them to help people in a dignified way. During the day our observations and conversations with people who lived at Golden Years confirmed this.

Is the service responsive?

Our findings

During the inspection visit we talked and sat with people to see if staff were responsive to their needs and reacted to any accidents or issues when required. For example on the day of the visit one person woke up unwell. We witnessed a staff member immediately responded by alerting a senior staff member to support the person. The staff member immediately attended to the person and ensured they received a hot drink and breakfast in bed. Later in the day we spoke with the person who lived at the home who told us they felt much better and said, "They have been popping in and out to see if I am alright and supplying me with hot drinks. I feel better now. I do have confidence when things are not right the staff do react straight away."

Care plans of people who lived at Golden Years were reflective of people's needs and had been regularly reviewed to ensure they were up to date. Staff spoken with were knowledgeable about support people in their care required. Completed assessments of the person's expressed needs, preferences and ongoing requirements were included in people's care plans. Staff told us they were easy to follow and gave clear instructions as to care people required.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the management team's assessment procedures identified information about whether a person had communication needs. These included whether the person required for example, large print to read. This was to ensure people who lived at the home had access to information in different formats, such as easy read

Community care plans were in place which were documents which promote communication between health professionals and people who cannot always communicate for themselves. They contained clear direction as to how to support a person and included information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication. The care plan also provided information about whether the person had a do not resuscitate order which is a legal form to withhold cardiopulmonary resuscitation (CPR).

The registered provider had a complaints procedure which was on display in the hall area of the building. The document information was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. One person who lived at the home we spoke with said, "I know the drill to complain but never had to."

We looked at activities at the home to ensure people were offered appropriate stimulation throughout the day. People who lived at the home and staff told us they had entertainers in the building such as singers and a person who did physical health exercises weekly. One person who lived at the home said, "We had a trip to Blackpool Tower before Christmas to a dancing event. I really enjoyed it." Another person said, "We dressed up for Halloween and had a party it was great. There was evidence in photographs of the event in the home."

A formal activity programme was on display in the hallway. However staff told us they would change games and social events to suit people who voiced their ideas. One staff member said, "We do whatever the presidents want to we are flexible." Also people who lived at Golden Years told us staff took them out into the local community for a coffee or a walk round.

People's end of life wishes had been recorded so staff were aware of these. The registered provider told us this allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. We saw a training programme that identified 'end of life care' training in January/ February 2018. One staff member said, "We are having some additional end of life care training soon." The management team also spoke with staff about supporting people who needed end of life support, to see if they had the skills and abilities to provide the appropriate support. This showed the service guided staff on how to support and respect people's end of life decisions and recognised the importance of providing end of life support.

Is the service well-led?

Our findings

When we spoke about the way the home operated with people who lived there, they were impressed and happy how the service supported them. For example, people told us the management team worked jointly with them in the running of the home. They told us they were involved in making decisions about for instance food and care delivery. One person who lived at Golden Years said, "We sit and chat about how things are going with [registered provider] she always listens and makes changes if it is to the benefit of the home."

A registered manager was in place who was also the owner. 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.

The management team demonstrated an awareness of each person's background and health requirements. We observed during the day of the inspection visit they understood how best to approach and support people with kindness and understanding. One person who lived at the home said, "It is a small home so we get to know each other well and help each other that is what I like about the place."

People who lived at the home told us the owner was available all the time and had a visible presence within the home. They said she was approachable. One person stated, "[Registered provider/owner] is fantastic her main aim is to see we are well cared for and we are."

The management team conducted audits to assess the quality of the service provided. These covered, for example, medication, infection control, the environment and care records. We saw when the management team identified issues they took timely action to address them. For instance, they noted on a premises audit some light bulbs and carpet required changing. This was followed up and completed to ensure people were kept safe and lived in comfortable surroundings.

We saw evidence of the management team working with other organisations in the ongoing improvement of people's lives. For example social workers and care co-ordinators. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them. We received positive comments from one healthcare professional about the home. They noted staff responded to instructions given with professionalism and confidence. One staff member said, "We have a good relationship with district nurses and are confident we can care for the people in partnership with them if required."

The management team held meetings and obtained feedback from staff and people who lived at Golden Years. The purpose of this was to gain a good level of oversight of quality assurance and involve people to improve the home. Minutes from previous meetings covered areas such as food, health and safety and care delivery.

The management team assisted people and families to express their views about their experiences of living at Golden Years by sending out annual surveys. This was in the format of satisfaction surveys that checked all aspects of their care and how the home was run. Surveys returned in October 2017 were positive. Comments included from people who lived at the home included, 'I am happy and glad I don't have to move to another home.' Also, 'The home is immaculate.' Any negative comments would be analysed and acted upon. One staff member said, "We don't get many negative feedback but if we did we would address it."

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.