

Housing 21

Housing 21 - Goldfield Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Goldfield Court is an 'Extracare' service with 93 flats. The service provides support to older people, those living with dementia, people living with sensory impairment and people with physical disabilities. At the time of our inspection there were 48 people receiving a regulated activity. People live in a large purpose-built building with staff available on site. Various external services such as a restaurant and a hairdresser are available on the wider site.

People's experience of using this service and what we found

People had effective and robust support care plans in place, however, there were no care plans regarding individual protected characteristics. The provider's systems had not provided people with choice to receive prescribed medication from pharmacies other than the provider's approved pharmacy.

People felt safe and trusted staff. Staff knew how to support people to keep them safe. Prescribed medication was given according to the prescriber's instructions. Carers had received training to recognise and report signs of abuse.

Safe recruitment processes were in place and staff received a thorough induction to familiarise themselves with the expectations of the role and the values of the service. Staff received appropriate training and supervision to help them acquire the skills and knowledge to fulfil their role and responsibilities.

People told us staff were caring and compassionate. People were treated with dignity and respect and their independence was promoted and encouraged by staff.

People's needs were assessed before the service provided them with care or support. People and their relatives, where appropriate, were involved in this process.

The registered manager was open and transparent and promoted a person-centred culture within the service. Systems and processes were in place to seek the views of the people who used it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 21 March 2012. It was last Inspected on 12 March 2020 with an overall rating of 'Requires Improvement'.

Why we inspected

We undertook this inspection to follow up on the previous inspection and look for improvements. We only looked at the Safe and Well-led key questions.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has improved to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Goldfield Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by 1inspector.

Service and service type

Goldfield Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection this was because the registered manager is often out of the office supporting staff and we needed to be sure they would be available to speak to us.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who regularly visit the service. The provider had completed a provider information return on 21 July 2022. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 5 relatives about their experience of the care provided. We also reviewed complaints, compliments and surveys, which gave us further insight into the quality of people's care and what it was like to receive care or work for Goldfield Court. We also spoke with 6 members of staff including the registered manager and 5 care workers.

We reviewed a range of records. This included 6 people's care records and medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The registered manager sent us additional information including policies, governance meeting notes, health and safety audits as well as general audits. We spoke with 1 healthcare professional who regularly visits the service and 1 person's social worker.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Prescribed medication was administered safely. One person said, "The staff always tell me what medicines I am taking as I don't see too well".
- People were having medication administered as and when prescribed. People and their relatives told us the medication was administered as they had been advised by medical professionals. There was evidence staff were recording medicines according to guidance, that included the daily notes logs and Medication Administration Charts (MARS). Appropriate body-maps were used when required for topical creams to help staff ensure creams were applied according to the prescriber's instructions. Topical creams are medicines that are applied to the skin.
- Staff were trained on how to administer medicines before carrying out this duty. They were able to demonstrate an understanding of people's medication and when, 'as required' medication should be administered.
- The registered manager checked staff competency following their training at regular intervals. This helped to ensure staff had retained their skills and understood safe practice in medication.

Assessing risk, safety monitoring and management

- People and their relatives told us carers personalised their approach to managing risks around distressed behaviour by having a good understanding of the people they support. One relative said, "The carers really are brilliant. My dad can sometimes be funny and grumpy, but staff are always gentle and judge his moods to keep themselves and him safe". Care plans and risk assessments identified any areas of concern and provided staff with guidance on how to manage people's risk.
- People's individual risks were assessed and measures were put in place to keep people safe.
- Risk assessments provided details to guide staff in how to support people safely. These were updated by the provider every 12 months or when there were changes and contained the correct information, such as up to date family, medical and other agencies details as well as changes in needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm. People told us they felt safe. One person said, "The staff go out of their way to make sure I am well. Whenever I go out staff will always remind me to keep my purse in my pocket or to let them know if something feels wrong with my care".
- Staff received training and were able to demonstrate the process for reporting concerns. They knew about Safeguarding and Whistleblowing protocols. One staff member said, "Our job is about keeping people safe, sometimes even from themselves. We had a person who sometimes gets very upset, so I try to distract [name of person] by talking about olden days".

- The provider had systems in place to regularly check staff competencies and carried out spot checks in people's home to assess the quality of work conducted by carers. We saw spot checks had been completed for medication administration and Personal Protective Equipment.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People were supported by a regular staff team who knew them well. We saw good interactions between staff and people. One person told us, "[Staff member] is brilliant. They always go out of their way to help and support me safely."

- The provider told us they had a stable staff team and was hoping to retain people as long as possible to ensure positive relationships were built between staff and people living at the complex.

- People and their relatives told us call times were usually at the time they expected and late calls were rare. One person told us when they have new people in service, call times are sometimes changed to accommodate their needs, but this was always in consultation with them.

- Staff were recruited safely and had appropriate pre-employment checks in place. For example, checks were carried out before staff commenced employment. These included obtaining references, proof of identity and right to work in the UK and completion of a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was using PPE effectively and safely. People told us staff wore PPE at all times.

Learning lessons when things go wrong

- Incidents and accidents were managed effectively and used to support the service develop and improve.

- Records showed the registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence. This was done using an action plan arising from the original issue which used target dates to ensure good levels of compliance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Requires Improvement.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Three people told us they were dissatisfied with the level of choice the provider was giving them regarding ordering medication from their own choice of pharmacy. The registered manager told us that it was corporate policy that all prescriptions only came through the 'preferred partner pharmacy' to minimise medication error risks.. They stated that a single supplier meant it was easier to order and discuss issues with the pharmacist. However, this is not in line with guidance within the provider's policies around providing choice to people receiving care.
- The provider had a system to complete quality audits (spot checks) for staff completing care tasks. The spot checks were on a 3 monthly basis and of a good quality sampling staff knowledge and practical work.
- The registered manager understood their responsibilities to notify us of certain events such as abuse, and serious incidents and we found these notifications had been received.
- The management team and staff had good understanding of their roles and worked well together as a team to provide high quality care.
- Staff received supervision and annual appraisals regarding their performance and to support professional development.
- The registered manager carried out regular audits to check on the quality of the service and to support continuous improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager was not completing end of life discussions or documentation with people. Care staff could not be certain of processes to follow in the event of a person's life ending unexpectedly. However, there were no people receiving end of life support at the time of inspection.
- The provider usually promoted a person-centred service, however, people told us that they were not allowed choose pharmacies. They recognised the links between well trained and supported staff and the provision of truly person-centred care with good outcomes for people.
- Staff were positive and felt supported by management. One staff member told us, "I feel the company I'm working for make me feel really valued. They make me feel that I'm a part of their family."
- The registered manager encouraged an open and honest approach within the service and was continuously looking for ways to improve. They took responsibility if anything went wrong and took action

to put things right.

- During the inspection process the provider was responsive to feedback given and immediately made changes based on this. They showed a commitment to continuous improvement in the service to meet people's needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated awareness and understanding of the Duty of Candour and could demonstrate how they would meet this requirement.

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

- The registered manager was not completing equality and diversity plans for people. They told us that a new system was currently under review for implementation. We saw that Support Care Plans were detailed and held some information about people's equality information. Staff were not able to tell us how they could find information about people's religious or cultural needs within people's care plans.
- There were several ways for people and their relatives to make their views known, including regular quality checks, spot checks and surveys.
- The registered manager ensured, where required, staff had reasonable adjustments to support them in their roles.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check people consistently received the support they needed and expected.