Wishmoor Limited

Gold Hill Residential Home

Inspection report

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Malvern
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Date of inspection visit:
26 November 2018
28 November 2018
30 November 2018

Date of publication:
25 February 2019

Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

This inspection was undertaken on 26, 28 and 30 November 2018. The first two dates were unannounced which means the provider did not know we were coming. The final visit was announced. At our last inspection in October 2017 we rated the service as Requires Improvement overall.

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

Gold Hill accommodates up 40 people in an adapted property. There were 25 people living at the home at the time of the inspection.

The provider did not have a registered manager in place. A new manager had commenced working at the home seven weeks prior to our inspection. The manager had made an application to the Care Quality Commission (CQC) to become registered. 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 of the service on 25 and 26 October 2017 the service was rated as 'Requires Improvement' overall. The key questions Safe and Well led were rated as Requires Improvement. On this inspection we found improvements had taken place in the areas identified on the previous inspection. However, we identified other areas requiring improvement. Therefore, the rating remains as 'Requires Improvement.'

Since our previous inspection improvements have taken place regarding infection control procedures and the cleanliness of the home.

The provider had not ensured all statutory notifications were sent to the Care Quality Commission in a timely way. The provider had failed to notify us of Deprivation of Liberty Safeguarding authorisations as they are required to do by law.

People were cared for by the staff who had knowledge of how to keep people safe and what to do if they believed people to be at risk. People's wishes were taken into account to ensure people's preferred life styles were met.

People were supported to have their medicines and checks were undertaken to ensure these were administered as prescribed. Healthcare professionals were consulted and involved in people's care as needed to maintain their wellbeing.

People's needs were assessed before they moved into the home and these were reviewed as to ensure they could be met. Staff ensured people had enough to eat and encouraged people to drink. Most people were complimentary about the food provided.

Staff received the training they needed to provide the care and support people required to keep them safe and maintain their wellbeing.

People were supported to have maximum choice about their lives and were supported in the least restrictive way possible. Staff spent time with people talking about important things in their life and had developed a caring relationship. People were encouraged to make decisions about their day to day life. People's privacy and dignity was respected.

People were encouraged to take part in fun and interesting things while at the home. People were confident their views would be acted upon.

The provider and manager were working to make improvements in the home in areas such as refurbishment and decoration of the home environment and the heating facilities.

People who lived at the home as well as relatives felt able to approach the manager at any time. The manager was responsive during our inspection and gave assurances of their determination to make improvements including those needed to remedy shortfalls identified as part of the inspection. They had an ambition to achieve an outstanding rating to benefit people who lived at the home.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who knew about safeguarding procedures and risks to people.

Risks to people were taken into account.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People had their needs assessed to ensure they could be met.

People were supported in the least restrictive way possible.

Most people enjoyed the food available to them

People had access to healthcare professionals to maintain their wellbeing.

Is the service caring?

Good

The service was caring.

People were cared for by kind and compassionate staff

People had a choice in their day to day lives.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People had their needs responded to by the staff on duty.

People had fun and interesting thinks to do during the day.

People and their relatives were aware they could complain about the service provided.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had not always submitted statutory notifications in a timely way as required by law.

Quality checks had not always identified shortfalls in documents held.

Customer surveys were not analysed and evidenced action would be taken.

People and relatives were confident in the new manager and the improvements made since appointment.

Gold Hill Residential 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 comprehensive inspection took place on 26, 28 and 30 November 2018. The inspection was unannounced on the first two visits and announced on the final visit. The inspection team consisted of one inspector.

Before the inspection we reviewed information available about this service. The previous manager, who was not registered, had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications sent to us. A notification is information about important events which the provider is required to send us by law.

We requested information about the home from Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who use the service and monitoring its safety and quality.

During the inspection we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who lived at the home. We also spoke with six relatives of people who lived at the home.

In addition, we spoke with the newly appointed manager who has applied for registration with the Care Quality Commission [CQC]. They were present at the home throughout our inspection. We also spoke with the registered provider.

We spoke with two lead care members of staff, four care members of staff the activities coordinator and a maintenance member of staff. We sought the views of a visiting healthcare professional and a professional from the fire and rescue service.

We viewed the care records of three people, three staff recruitment files and checked how people's medicines were managed. We looked at information which showed us how the manager and the registered provider monitored the quality of the service provided and how they were planning to make improvements. We also looked at accident records as well as complaints and compliments received.

Good

Is the service safe?

Our findings

When we inspected the service in October 2017 this key question was rated as Requires Improvement. This was because we found areas of the home which were not effectively cleaned. At this inspection we found improvement in this area. The rating is now Good.

Relatives told us they believed the communal areas of the home to be clean. At our last inspection we found improvements were required to ensure staff practices consistently reduced the risk of the spread of infection. Relatives told us they had seen improvement, including one who told us the cleanliness of their family member's bedroom had improved, recently. A further relative told us they had witnessed staff cleaning their family member's mattress in line with infection control procedures. A record showing when communal facilities were cleaned was displayed within each toilet and bathroom. Facilities for hand washing were available for people who lived at the home as well as members of staff and others.

Risks to people's safety were accounted for. For example, in relation to individual's fluid intake, people's skin condition and falls. We saw documents were completed to record the amount of fluid people had drunk during each shift. Staff were required to report to a senior member of staff if people did not receive sufficient drinks. However, the desired amount of fluid required was not always recorded and staff could not always tell us what this would be. The manager was aware of this shortfall and had introduced new systems to make improvement.

People felt safe at the home. One person told us, "I think everyone is safe here. I feel very secure as staff are never rude to you." They continued, "Treating people nice goes a long way. Nobody tells you what you have to do." Another person told us, "Nobody has been unkind or nasty to me."

Relatives were confident their family member was safe living at the home. One relative described the care their family member had received as, "A satisfactory experience" and believed their family member to be safe. Another relative told us they felt comfortable leaving their family member in the care of the staff team. When we spoke with staff they also believed people to be safe living at the home.

Staff we spoke with had an awareness of their responsibility regarding the reporting of abuse. The manager had previously contacted the safeguarding team at the local authority and was also aware of their responsibility.

Some people required walking aids to assist them in their mobility either independently or with assistance of staff members. We saw staff ensured these pieces of equipment were available and always close to hand including when people were sat in the dining room. This meant people were not restricted from their right to leave an area when they wanted to. A personal emergency evacuation plan (PEEP) was seen to be in place regarding each person. Equipment was available to assist evacuate people down a stair case if needed in the event of an emergency.

Systems were in place to ensure people were safe living at the home. For example, checks regarding water

temperatures were undertaken and wardrobes were secured to walls to prevent accidental toppling over. Equipment such as hoists over baths were regularly serviced to ensure they were safe to use.

The manager put into place systems to ensure people were not placed at risk while the repairs were carried out. On the first day of our inspection we found some corridor areas had no radiators and no other heating or where heating was in place they were not warm. On the second day of our inspection we were informed a boiler had broken down effecting one floor of the home. Portable heaters were in place and the manager had asked for records to be maintained to monitor air temperatures to make sure people were not at risk of a cold environment. We were given a date for when work would be completed and were given updates following the inspection up until the writing of our report.

People told us they received their medicines when they needed them. Lead care staff had received training in medicine administration and were seen explaining to people about their medicines as well as checking people's records. In cases where medicines needed special arrangements regarding their safe keeping we saw two members of staff were involved in their administration. Records held were generally completed accurately and showed when changes had taken place. For example, a doctor had changed the time when a medicine was to be administered. Where a short course of a medicine was prescribed we saw the correct number of signatures to evidence the course was administered in full and balances held of medicines were seen to be correct. We did see some errors in relation to dates and the amount of a liquid medicine remaining due to a mistake in subtraction. These errors were brought to the attention of the manager.

Staff changes had taken place since the new manager had commenced. Some staff had left while others were working in different roles to cover the rota. For example, lead care roles, and staff assisting with cooking and cleaning. We received mixed comments from staff regarding the levels of staffing and the roles people were undertaking during the current changes. During the inspection staff from another home managed by the provider were brought in to cover shortfalls in areas of the home. Staff told us they were allocated certain areas within the home to care for those people as part of the daily handovers. The manager assured us staffing levels were in line with a dependency tool they had available to them and assured us they would continue to monitor number of staff on duty to ensure people's needs were able to be met as well as continue with recruiting new staff.

Systems in place to ensure safe recruitment for new staff members were not consistently in place. Checks had taken place with the Disclosure and Baring Service (DBS) before staff commenced work. The DBS is a national agency who keep records of criminal convictions.

Accidents and incidents involving people were recorded and reviewed by the manager. We saw procedures were introduced and reviewed for effectiveness in the event of an accident. For example, the use of crash mats in the event of a person falling from their bed to reduce the risk of injury in the future.

The manager was aware of concerns raised in the past as well as more recently and took these into consideration regarding the plans for the development of the home into the future. They reflected on these as well as accidents and incidents to ensure people remained safe.

Good

Is the service effective?

Our findings

When we inspected the service in October 2017 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People's care and support needs were assessed prior to them moving into the home. One relative confirmed they had held discussions about their family member with the manager and felt reassured about their ability to meet their needs. During our inspection we saw family members of potential new people having a look around the home. These people were seen discussing their family members needs and expectations with the manager.

The manager spoke about personalised care and was aware of the importance of this. Care plans contained information about people's preferences as well as their likes and dislikes. These plans were reviewed so changes in people's need could be implemented. The activities coordinator told us they had done personal histories with people where they were willing to share the information. These were to provide information for staff members to enable them to provide personalised care and know what was important to people for example their family and their interests and hobbies.

The manager spoke of their desire to ensure people living at the home were not discriminated for example in relation to sexuality. We saw information was displayed as well as discussed within meetings regarding people's differing sexual preferences and the importance of people been able to take ownership of these.

People believed staff had the necessary skills to care for them. Staff told us they received training which was primarily undertaken through computer packages. A recently appointed member of staff told us they already held the care certificate. The care certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. The manager confirmed newly appointed and future staff members would complete this training as well as have shadowing experiences with members of staff. We saw certificates of training undertaken held on staff files as well as evidence of observed practice such as the administration of medicines.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The manager and staff were aware conditions in people's liberty would be recorded within the care documents to ensure all staff were aware of these. Staff were also aware of when they would need to undertake best interests decisions and the need to involve relevant people in these.

Gold Hill is a converted residence which over the years has had extensions built. People resided over four floors including a lower floor which had access to a rear garden. People told us they liked their bedroom and spoke of having a comfortable bed. The building had communal living areas and facilities. One relative described the environment as, "Tired in appearance" due to the decoration needed in some areas. We saw some communal areas had been decorated and work on redecoration was continuing. There was evidence of consultation with people having taken place regarding the colour scheme to be used. A further relative told us their family member's bedroom was decorated prior to them moving in. The manager was aware of areas needing improvement in décor, some carpeting, potential dampness and signage to assist people's independence. Along with the registered provider they assured us these improvements would take place.

People told us they could see a doctor when needed if they felt unwell for example. One person told us staff were very good at getting a doctor to visit them at the home. Another person told us, "Staff are very kind if you are not well". We heard the manager ask one person for their permission to contact their doctor as the person was displaying signs of a state of ill health. The person agreed to this. A relative confirmed their family member had seen a specialist nurse to assist staff with guidance upon how to best meet a care need their family member had while another relative spoke of a healthcare professional visiting their family member. A further relative told us they were informed of any medical concerns and was confident in the systems in place for staff to seek advice or other intervention as needed.

Most people told us or indicated they liked the food provided. One person described the food as, "Very good up to now. I have not heard anyone complain". Another person described the food as, "Excellent. You are not frightened to ask for more if you want it." Other people told us they liked the food and enjoyed having cake and biscuits with a drink between meals. Other comments were not so positive regarding the quality. We brought the mixed comments to the attention of the manager and registered provider.

Relatives confirmed they were happy with the food provided for their family member. One relative told us their family member ate well. Another relative told us they were pleased with what they had seen. Staff members however were not always as complimentary and believed the standard of food was not as good as it previously was. They told us this was due to changes within the catering staff. The manager was in the process of recruiting catering staff, however they were confident standards had not reduced.

We saw staff helped and offered encouragement to people to eat and drink. This was done by either verbal prompts or by staff sitting next to people and providing the assistance people required.

Staff were aware of people's dietary needs and were aware of the importance to maintain records regarding people's weight and raise concerns in the event of any loss. We saw records showed some people had lost weight while others had gained. The manager was aware of people's weight changes and assured us they would continue to monitor people's weight. One relative told us their family member had recently put on a small amount of weight having lost some. They were not concerned about this and knew staff encouraged their family member to eat. Menus were displayed and tables were set attractively with condiments and water jugs.

Good

Is the service caring?

Our findings

When we inspected the service in October 2017 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People we spoke with were positive and complimentary about the staff who supported them. One person told us, "I love it here". Another person told us, "Everyone is friendly" when we spoke about the staff team. A further person described the staff as, "Superb and super. They are good, kind and caring."

Relatives told us they liked the staff who cared for their family member. One relative told us, "The staff are friendly and willing to listen". Another relative described the staff as, "Fabulous. They are so caring and do their upmost". The same relative told us they believed their family member to be happy living at the home. Relatives told us they were pleased with their family members appearance as staff had ensured they looked like how they would have chosen to do so.

Throughout the inspection we good rapport and banter take place between people who lived at the home and staff members. We saw people were relaxed with staff members and showed a warmness and a bond between people and with staff. For example, we heard people laughing and waving to each other and to members of staff. In addition, we saw one person give an indication they were alright by using a thumbs up. When people showed a sign of distress or anxiety staff intervened and offered reassurance to the person to help them feel better and less worried.

People were involved in making day to day decisions which affected them. We saw staff give people a choice of where they wanted to sit in the dining room. People were given choices about what they wanted to eat, drink and do during the day. For example, we saw staff showed people an example of a choice of two plated meals. Staff were seen to give time for people to decide what they wanted to eat. When people were unable to make their choice known verbally we saw staff paid attention to body language such as which meal people looked at in greater detail as a means of assisting them select one on their behalf. We saw evidence of consultations having taken place in relation to the décor and menus.

People's right to privacy and dignity was respected. We saw staff assisting people with their eating and drinking. This was done discreetly to afford people respect and without drawing unnecessary attention. In the event of people needing personal care staff approached people with sensitivity to ensure their needs were addressed without causing any embarrassment. We were told about 'Do not disturb' signs for bedroom doors to ensure people's privacy was maintained while personal care was undertaken. Staff told us they liked these and could see the benefits they brought for people.

Relatives felt they were made welcome at the home telling us they were always offered a drink on arriving at the home to see their family member. Information regarding advocacy services was available for people in the event of them requiring this. An advocacy services is where an independent person would speak and assist a person in their best interest.

Good

Is the service responsive?

Our findings

When we inspected the service in October 2017 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People told us staff responded if they needed them. One person told us they were impressed with the way staff responded when needed adding, "Any help I need I just have to ask for it. I am very pleased with the care." During the inspection one person became unwell. We brought this to the attention of the manager who responded immediately to assist the person.

People had fun and interesting things to do during the day. One person described their experience of the home as, "Relaxing" as they felt comfortable at the home and able to make choices and be independent. They told us they now had a greater choice of things to do. We saw people interacting with each other as well as engaged in activities. For example, we saw people involved in knitting and were told of plans to commence a 'knit and natter' group. A member of staff told us people living at the home had shown patience while they had tried to learn how to knit.

One person told us, "We get entertainment here". We heard different types of music played throughout the home. The manager asked people what music they wanted to play in the background while they had lunch. A popular singing group from the 1970's were selected and we saw one person join in a dance with the manager. We also heard of one person's wish to have some classical music and were informed this had taken place. We saw a person play the piano with staff encouraging people to join in with singing along or humming the tune if not sure of the words. People told us they liked listening to the piano and a game of 'Name that Tune'. In addition, a saxophone player attended the home during the inspection. People told us they had enjoyed listening to this. People told us of plans to attend a local pantomime and were looking forward to this.

Relatives also told us of entertainment provided. One relative told us they were pleased their family member taken part in a couple of outings during the summer. Another relative told us their family member was singing all the time. A further relative told us, "I have seen plenty of activity going on in the home".

The manager and the activities coordinator told us of their desire to 'bridge the generations' and had involved local children in the home. We were also told about art and craft initiatives such as, making poppies for Remembrance Day and cards and decorations for Christmas including holding a fayre.

The manager had an awareness of technology and how this could be introduced to improve how people received information and communicated. For example, they had introduced a Skype facility for people to be able to communicate with family and friends via a lap top computer. We saw one person who had a digital clock. They told us they really liked this as they could see it better than a more conventional time piece. A large screen television has subtitles on to assist people with a hearing loss to watch the programme. The manager told us of additional plans to improve methods to communicate with people with a disability and sensory loss such as pictorial menus and activity plans.

At the time of our inspection no one was receiving 'end of life' care. The manager told us he was aware of the need to ensure people's wishes for end of life care were discussed. They confirmed they would have medicines available if needed to relive people of any pain. We saw cards from relatives who had lived at the home in the past thanking staff for the care they had provided to their family member at the end of their life.

People we spoke with told us they could complain to the manager if they felt they needed to do so. One person told us, "I have no complaints at all. I would tell them if I did." Relatives told us they felt able to raise any concerns and believed the manager would listen to them. One relative told us, "I have never had cause to complain."

Records of complaints were held. We saw evidence of the investigations held and communications with the complainant. The newly appointed manager was aware of one on going complaint and undertook to keep the Care Quality Commission [CQC] informed of the outcome of these concerns.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the service in October 2017 this key question was rated as Requires Improvement. This was due to the improvements required to sustain the monitoring of the quality of the service provided for example around the cleanliness of the home. While we found improvement in the cleaning, other aspects of management and leadership needed improvement. The service continues to be rated as Requires Improvement.

There was a manager in post at the time of our inspection who had applied to the Care Quality Commission (CQC) for registration. A registered manager is a person who has registered with the Care Quality Commission to manage services. 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 Regulation about how the service is run.

Since our last inspection the registered provider has had two managers in post. Both applied for registration but left their employment with the provider before the application was concluded by the CQC. The manager, who had worked for the provider for seven weeks, confirmed they received support from the registered provider regarding their audits and the management of the home. The registered provider told us they felt more optimistic about the future of the home with the new manager in place and the potential for close working with their other location nearby.

We could not be fully assured the registered provider understood their responsibility under the registration regulations. This was because the registered provider had failed to ensure the previous management arrangements had sent us 'statutory notifications' which are required by law for us to review and take any follow up action required. The newly appointed manager had shortly before our inspection submitted notifications to the CQC regarding where people's deprivation of liberty safeguards [DoLS] were approved. These should however have been submitted in a timely way following the approval.

The provider had not notified us of DoLS authorisation which was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

During our inspection we found care plans and risk assessments were not always up to date and at times contained conflicting information. For example, details about people's dietary needs or the level of risk they were assessed as having in relation to skin integrity. We saw transcribing errors or omissions in the medicine records which needed to be addressed and a need to ensure all staff files were up to date and completed when new staff were recruited.

We saw customer satisfaction surveys were undertaken. Comments from more recent surveys were seen to be more complimentary than those completed earlier in the year. The registered provider confirmed no analyse of these surveys were undertaken. The manager undertook to carry out this piece of work and to draw up an action plan where needed.

People spoke positively of the manager. One person describing them as having a "Brilliant personality". Relatives also spoke highly of the manager. One person described them as, "Helpful" and added, "He introduced himself to me. He is always very polite and cheerful and interacts with people. He is always about and knows what is going on." The same person told us the manager had made changes in the home and believed they were, "Bringing it up to speed." Another relative told us they were pleased the registered provider had a new manager, "At the helm". A further person told us they found the new manager to always be available and was pleased their family member was well known to them. A visiting healthcare professional spoke highly of the new manager telling us they saw positive changes at the home within a week of them starting.

Comments from the staff we spoke with were mixed. While the majority acknowledged changes were taking place to practices within the home some were not happy with the changes and with how the home was currently managed. Other staff were more confident in the future management arrangements within the home and felt able to speak with the manager about any concerns they had. The manager acted regarding concerns with the heating to ensure temperatures were recorded within areas of the home where problems with heating were identified or not heating was provided.

We spoke with the manager who showed a commitment and passion to make improvements. They told us they were proud of what they had achieved as manager and the changes they had introduced. For example, around people's dining room experience and of the direction they wished to go in the future. Plans included improvements to the environment as well as making the home more dementia friendly such as improved signage and memory boxes outside people's bedrooms. A relative told us they liked the improvements made in the dining room regarding the tables however another relative told us they were disappointed by the decision to remove the television from the area.

The provider had acted following an inspection from the local fire authority. They had started on the actions required as a result of their visit and had devised an action plan. We spoke with a fire officer who confirmed they were satisfied with the providers action plan and with the progress they had made.

People who lived at the home and relatives had been involved in meetings during which the manager had sought the views of people as well as describe their plans for change. In addition, staff meetings had also taken place. The manager had plans to introduce a meeting involving the head of different sections of the home to discuss any changes in people's care and the management of the home to make sure all involved worked together.

Staff meetings had also taken place during which the manager shared they vision for the home. These had included the actions needed following the previous inspection in October 2017 regarding cleanliness and sustaining improvements. They highlighted the improvements undertaken such as the meal time experience as described within other sections of this report.

The manager worked with other organisations such as social services and healthcare professionals to ensure people were receiving appropriate care and support. The manager had also raised concerns where they believed people needed additional support to meet their care needs.