

# Goldthorn Lodge Limited

# Goldthorn Lodge

## Inspection report

10 Needwood Close  
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West Midlands  
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Tel: 01902621010

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 26 May 2016. Goldthorn Lodge is registered to provide accommodation for up to 12 people who require personal care and support. On the day of the inspection there were 10 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 (CQC) 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. Staff knew how to identify signs of potential abuse and were aware of how to report any concerns. People's risks were assessed and regularly reviewed. Incidents were recorded and reviewed to reduce the likelihood of further occurrences. People received their medicines as prescribed.

People and their relatives told us staff knew them and understood how to meet their needs. Staff received training relevant to their role and felt supported by the nursing team and the registered manager. People's capacity had been assessed and staff were aware of how to support people in a way that was in their best interests. Staff asked for people's consent before provided them with care or support. People told us they enjoyed the food and drink provided and were supported to access relevant healthcare professionals when they needed them.

People told us they liked the way staff supported them. Staff understood people's needs as well as their likes and dislikes. People were supported in a way that maintain their privacy and upheld their dignity.

People were encouraged to participate in activities they enjoyed. Where people's needs changed staff knew how to report it and action was taken to ensure people's needs were met. People and their relatives were confident in raising concerns or complaints and there was a system in place to ensure these were managed appropriately.

People, their relatives and staff felt the home was well managed and felt able to give feedback when needed. Staff felt supported by the management team and expressed confidence in the registered manager. There were systems in place that effectively monitored the quality of care provided and the registered manager had notified us of things they were required to do by law.

## 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 were trained and knew how to protect them from potential harm and abuse. Risks to people were assessed and regularly reviewed. People received supported from sufficient numbers of staff. People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had the skills and knowledge required to meet their needs. People were asked for their consent before support was provided. People enjoyed the food and drink and were supported to access healthcare services when required.

### Is the service caring?

Good ●

The service was caring

People were happy with the way staff supported them. Staff were aware of people's individual support needs and supported people in a way that was dignified and caring.

### Is the service responsive?

Good ●

The service was responsive

People and their relatives were involving in the planning and review of their care. There was a system in place to manage complaints and people and their relative knew how to complain if they were unhappy about any aspect of their care and support.

### Is the service well-led?

Good ●

The service was well led

People, relatives and staff felt their feedback was welcomed and their ideas were listened to. The registered manager was aware of their responsibilities as a 'registered person' and had notified

us of event s as required by law. The provider has systems in place to monitor the quality of care provided and had taken appropriate action where improvements were needed.

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# Goldthorn Lodge

## **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 inspection took place on 26 May 2016 and was unannounced.

The inspection team consisted of one 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. Their area of expertise was learning disability. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We spoke with three people who lived at the home, three relatives, four staff members and the registered manager. We looked at three records about people's care and support, medicine records for three people and systems used for monitoring the quality of care provided.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel safe here. I have a key to my room which I keep locked. I like it here." Another person told us, "My things are safe here, the staff look after me." A relative told us, "I feel they are safe here and all their possessions. I think it helps because it's a small home staff have more time to spend with them." Where people were not able to share their views we saw they seemed relaxed and comfortable in the presence of staff and were confident to approach staff or the registered manager when they required assistance or support.

People were protected from the risk of harm or abuse by staff who understood their responsibilities in keeping people safe. Staff were able to recognise signs of potential abuse and knew procedures for reporting any concerns. One staff member said, "If someone couldn't tell me I'd look out for signs and their body language. I'd report concerns to the nurse in charge, or the registered manager. If they weren't available I'd contact CQC." We saw that posters were displayed in the reception area of the home giving people details of who to contact if they had concerns about abuse. During the inspection visit an allegation was made and the registered manager took appropriate action to support the person and also to report the allegation to the relevant agencies.

We saw that measures were in place to reduce risks around the home and when people went out in to their local community. Staff were able to explain the risks for people and what they did to ensure people were kept safe. Where people may present a risk to other people living at the home, staff were able to tell us what action they would take to support people. For example, staff described using de-escalation techniques to try and diffuse a potential conflict. We saw that when incidents occurred these had been recorded by staff, which included details of the incident and what actions had been taken. This ensured staff were able to identify and monitor any trends in the person's behaviours. The registered manager told us and we saw risk management plans were in place for each person living at the home. These were reviewed on a monthly basis to ensure they were up to date. The registered manager also advised that risk assessment were reviewed when there was a change to a person's needs.

People and their relatives told us they felt there were sufficient staff available to support them. One person said, "Staff are always around." Another person told us, "If I need anything staff are happy to help, you just ask." The registered manager told us they used a dependency tool to calculate the staffing requirements for the home which was regularly reviewed. We saw there were enough staff to support people during the inspection and staff responded to people in a calm, unrushed manner. Staff were visible in the communal areas of the home and took time to sit and talk with people.

The registered manager told us new staff were not able to start in their role until employment checks had been carried out. Staff told us the provider had requested references from previous employers and carried out background and identity checks, including Disclosure and Barring (DBS) checks. This helped the provider to ensure that staff were suitable to work with vulnerable people.

People told us they were happy with the way they received their medicines. One person's relative said,

"[Person's name] gets their medication on time, in fact their medication has been reduced and they are far calmer." People received their medicines as prescribed. We looked at the medicines for three people and found that they were stored safely, in accordance with national guidance and administered and recorded in a safe way. We saw that there were regular audits carried out in relation to medicines and staff had received training in this area. Where people had been prescribed medicines to be used 'as required', the clinical lead had developed protocols which were individual to each person and gave staff clear guidance about when to administer these medicines. This ensured people received consistent support with their medicines and were not given 'as required' medicines when they were not needed.

## Is the service effective?

### Our findings

People told us they felt staff knew them and how they would like to be supported. One person told us, "The staff are brilliant." A relative said, "The staff are very good." A second relative shared with us how staff were supporting their family member with their healthcare needs and told us they felt staff were knowledgeable about their needs. Staff told us they received training which helped them keep their working practices up to date and equipped them with the skills required to support people.

New staff received an induction when they first started working at the home, which gave them time to get to know people. One staff member told us, "I had a four week induction. I received training and worked alongside experienced members of staff, they explained how the home worked and how best to support people." Another staff member said, "I had an induction led by senior members of staff, this gave me time to establish trust with the people living here." Staff we spoke with were aware of their roles and responsibilities. They told us they felt supported by the nursing team and registered manager. One staff member said, "I get feedback from [name of registered manager], they listen and sort out any problems."

People were asked for their consent before care and support was provided. Some people who lived at the home were able to verbally tell staff how to support them, for others we saw staff took time to ensure they were happy before providing support. For example, by giving them time to respond to questions and reading facial expressions. 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. Staff told us they had received training in MCA and were aware of how to protect people's rights. People's capacity had been assessed and staff knew how to support them in a way that was in their best interests. One person's relative shared with us how staff allowed their family member to make their own choices about their health care, because they recognised they had capacity to decide for themselves.

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). We checked whether the service was working within the principles of the MCA and found that it was. The registered manager understood their responsibilities in relation to DoLS and there were two DoLS authorisations in place. They told us they had submitted a further eight applications as they recognised that people's rights and freedom may be restricted. Staff had received training in DoLS and all of the staff we spoke with were aware that applications to lawfully restrict people's freedom had been submitted to the local authority.

People told us they were happy with the food. One person said, "I can eat healthy food, I can choose. If I don't like the menu I can have something else." Another person told us, "It's good food here." Staff were aware of people's specific dietary needs and ensured the food available was appropriate for their requirements. For example where people were living with diabetes, the staff member responsible for



preparing food was aware and adjusted their diet accordingly. A written menu was displayed in the dining room and staff explained that people were asked to choose their meals each morning. Some people living at the home were not able to read the menu, however the cook told us a pictorial menu was being planned. Some people living at the home had expressed a preference for a culturally appropriate diet and we saw that meals of this nature were, on occasion, being provided. We discussed this with the registered manager who told us consideration would be given to enhancing the menu so culturally appropriate meals were offered more regularly in order to meet people's individual needs.

People and their relatives were happy with the support they received to access healthcare services. One person's relative told us, "[Person's name] can see the doctor. I am kept informed." Another relative shared with us how staff responded quickly to a change in their family member's health and contacted emergency services when required. People were supported to attend a range of medical appointments according to their needs. Staff recorded health appointments to ensure people received the right frequency of support. Where healthcare professional had given advice about a person's health or dietary needs we saw staff had followed their guidance to ensure people's needs were being met.

## Is the service caring?

### Our findings

People were happy with the way staff supported them. One person told us, "The staff are brilliant; you can have a laugh with them." We saw that staff talked to people in a kind and friendly way. People were confident to approach staff if they needed anything and interactions between people and staff were relaxed. One staff member told us, "I think people know I care because I always try and give one hundred per cent. If I see anything is wrong I try and put it right."

Staff were able to tell us about people's likes and dislikes and they demonstrated a good understanding of people's routines and preferences. We saw that staff were responsive to people's needs and wanted people to understand decisions that had been made. For example, we observed one staff member taking time to explain to people about the agreed smoking arrangements for the home.

People and their relatives were involved in decisions about their care and support. We observed people asking for the support they needed, when they wanted it. One relative told us, "I attend meetings with [name of person] and I see the manager around when I visit. [Person's name] has capacity so can make their own decisions." Staff told us they encouraged people to be as independent as possible and supported them to take responsibility in areas where this was appropriate. For example one staff member shared examples with us of how they prompted people to take part in household tasks such as doing laundry and tidying their bedrooms.

People's privacy was respected and staff understood the importance of treating people in a dignified way. A relative said, "The staff speak to [person's name] respectfully." Staff were able to share with us how they maintained people's dignity while supporting them with personal care. For example, covering people with towels and closing a shower curtain until people were ready for support with washing. Staff were also mindful of the need to allow people time on their own, and were keen to offer people time and space when they needed it. We saw that staff knocked on people's doors and waited to be invited in.

In the Provider Information Return (PIR) the registered manager told us, "Family and friends are encouraged and welcomed to encourage people to develop positive links with family." People's relatives told us they visited their family members and felt they were made welcome when they visited the home.

## Is the service responsive?

### Our findings

People and their relatives were involved in the planning and reviewing of people's care and support. Care plans reflected each person's individual needs, focusing on likes and dislikes, support preferences and things the person would like to achieve. Where people had requested to spend time away from the home we found they had been involved in discussions and decision making about how this could be facilitated safely. Agreements had then been made and written clearly so people could read and revisit them if they wanted to. Where possible people had signed their care plans, to indicate they were happy with the content.

Staff were aware of people's preferences and encouraged people to participate in activities that were of interest to them. We observed one person who found it difficult to join in a group activity game, so a staff member asked the person to show them how the game worked. By doing so staff gently encouraged the person to join in and gave them confidence to participate. Where people's needs changed we saw that this was identified by the staff and appropriate action was taken. People's care records reflected any changes that had taken place and staff were informed through communication systems which include handover meetings and daily logs. One staff member told us, "It's important to read people's care plan, then if I notice any changes in people's needs I would pass them on to the nurses or the manager."

Some people were engaged in specific activities on the day of the inspection while others spent time in their rooms. People went out, alone or with staff, depending on their individual needs. There was a limited programme of activities available for people to take part in at the home and other activities that people enjoyed on an individual basis. The registered manager told us that certain staff members took responsibility for the activity programme and that improvements to the range of activities offered were under way.

All of the people and relatives we spoke with told us they would talk to staff or the registered manager if they had any concerns. One person told us, "If I have any worries I talk to the staff. They listen to me." A relative said, "I am not aware of the complaints procedure, but if I have any concerns I would speak to the manager or the clinical lead." Some people living at the home may not have been able to communicate their dissatisfaction or make a complaint due to their communication needs. Staff were able to tell us how people would communicate their dissatisfaction and were aware of people's preferred communication systems. One staff member said, "People can complain if they like, they have the right. If they couldn't tell us I'd be looking for signs through facial expressions." We discussed complaints with the registered manager and found there was a system in place for managing complaints. The registered manager explained how they encouraged staff to empathise with people who were unhappy about any aspect of their care and support and worked to resolve any concerns as soon as they arose.

# Is the service well-led?

## Our findings

People and their relatives gave positive feedback about the home. One relative told us, "I feel things are changing all the time and for the better. It's a developing home. I would probably give it nine out of ten." People told us they had regular meetings with the staff, but could also give any feedback to the staff at any time. One person told us, "It's good here". Another person said, "We have a meeting now and again, to talk about things."

The registered manager shared with us how they tried to encourage people to give their views and felt it was important that people could choose which staff member they approached. They said, "There is an open-door policy, but not everyone will want to speak with me. It's important people have a choice. It's about honesty and transparency." We saw a relative had been invited to give feedback about the home. One comment read, "[Name] has never been so happy, this is a home run like a family." The registered manager welcomed feedback from staff or relatives who advocated on behalf of people living at the home which meant people's views were represented.

Staff told us they were able to give feedback in staff meetings that were held by the registered manager and felt listened to when they did. Staff also had the opportunity to meet regularly with the registered manager or nursing staff on a one to one basis; and told us they were given feedback on their performance. Staff we spoke with expressed confidence in the registered manager and were positive about the leadership of the home. One staff member said, "I am confident to approach [name of registered manager]. They are really friendly, they listen and try and sort out any problems." Another staff member told us, "I trust [name of registered manager], they are brilliant, truthful and respect confidentiality. They encourage people here to keep their independence and remind us that people should have a choice." A third staff member said, "It's the senior team and the registered manager, I can speak with them all. It's one the best management teams I've worked for."

The provider had systems in place to monitor the quality and smooth running of the home. We saw that the registered manager and nursing staff carried out regular audits. These included infection control, medication, health and safety and a review of accidents and incidents. We reviewed these audits and found that where areas for improvement had been identified, appropriate action had been taken. We discussed with the registered manager the on-going improvement plan for the building and they shared with us the changes that were underway.

The registered manager was present in the home on a regular basis and people knew who they were. Relatives told us that they would talk to the registered manager if they were unhappy about something. One relative told us, "I see the manager around when I visit." We saw that people who lived at the home were comfortable to approach the registered manager who understood their needs. We spoke with the registered manager and they demonstrated a good understanding and knowledge of their responsibilities, both of the needs of people living at the home and their responsibilities as a registered manager. We reviewed the information we held about the provider and saw that they had notified us of things they were required to do so by law.

