

Mr & Mrs D Boulton

# Goodwood Orchard Residential Care Home

## Inspection report

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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

Goodwood Orchard Residential Care Home is a care home that provides residential care for up to 18 people and cares for older people. At the time of our inspection there were 15 people using the service.

At the last comprehensive inspection of this service in 7 and 8 December 2016 we rated the service as 'requires improvements'. We found breaches of the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the premises, lack of person centred care and support provided and lack of good governance. We issued requirements notices and a warning notice in relation to good governance.

An unannounced focused inspection of Goodwood Orchard Residential Care Home took place on 5 April 2017 to check that improvements to meet the legal requirement with regards to good governance were being met. We found some improvements had been made. We were unable to revise the rating because further action was needed to ensure those improvements were fully implemented and sustained.

At this inspection, we found the service had made the required improvements and we revised the overall rating to good.

Goodwood Orchard Residential Care Home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who knew how to keep people safe, recognise abuse and how to respond to concerns. Risks associated to people's physical and mental health had been assessed. Staff understood people's care and support needs and their care plans provided clear guidance to follow. People were involved in the development of care plans to ensure care was personalised, and promoted their wellbeing and independence. Care plans were regularly monitored and reviewed.

People received their medicines safely. People's dietary needs were met. People had access to a range of healthcare services and attended routine health checks.

People lived in a clean and well maintained environment.

People's safety was protected because staff were recruited through safe recruitment practices. We found there were sufficient numbers of staff to provide care and support when people needed it. Staff received an appropriate induction, training and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood their role, and policies and systems in the service supported

this practice.

People's privacy and dignity was respected. Staff's approach was caring and they knew people well. People maintained contact with family and friends. People joined in social activities that were of interest to them and observed their faith.

People's views about the quality of the service were sought individually and through meetings to ensure they were satisfied with the service. People and their relatives felt confident to raise concerns with the registered manager. A complaint process was available and advocacy support was made available to people.

The registered manager and deputy manager collectively provided clear leadership. The provider was meeting their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Risks associated to people's needs were managed. Staff were trained to recognise abuse and respond to allegations or incidents. People received their medicines in a safe way. Staff were recruited safely and there were enough staff to provide care and support to people when they needed it.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and supervision. People's rights were protected under the Mental Capacity Act 2005. People had sufficient to eat and drink. People had access to a range of healthcare support to maintain their health.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and review of their care and received care that was personalised and responsive to their individual needs. People had opportunity to take part in activities that were of interest to them. A complaints process was in place and people were confident that their complaints would be addressed.

### Is the service well-led?

Good ●

The service was well led.

The registered manager provided leadership and was meeting their regulatory responsibilities. People and staff had opportunities to influence and develop the service. There were effective systems in place to support staff, and monitor and improve the quality of the service provided.

# Goodwood Orchard Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was 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 3 August 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. The Expert by Experience for this inspection had personal experience of caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included the previous inspection report, the provider's action plan and notifications we had received. A notification is information about important events which the provider is required to send us by law. We received information from Leicester City Council who fund the care for some people who used the service. This information was used to plan our inspection.

We used a variety of methods to gain people's views about the service. We spoke with eight people who used the service and three relatives. We also used the Short Observational Framework for Inspection (SOFI). A SOFI is where we observe care to help us understand the experience of people who were not able to have conversations with. We observed people being supported in the dining room at lunch time.

We spoke with registered manager, deputy manager, a senior and three members of care staff, the domestic / maintenance staff and the cook. We also looked at four people's care records. We looked at recruitment files for three staff and the staff training matrix. We looked at records relating to all aspects of the service including care, maintenance records for the premises and equipment, complaints and quality audits.

# Is the service safe?

## Our findings

At our previous inspection of 16 December 2016 we found the premises, equipment and the environment were not safe, clean or properly maintained, which put people's health and safety at risk. We issued a requirement notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015. The provider sent us an action plan which outlined the plans to meet the legal requirement.

At this inspection we found improvements had been made and have reviewed and revised the rating for this key question.

All areas of the service such as the lounges and some people's bedrooms we looked at were clean. The shower room had been refurbished. We found a bedroom was in need of decorating as the wall behind the bed and the wash hand basin surround was damaged. Some armchairs in the lounge were stained and food and dirt had not been removed. At lunch time not all staff wore an apron when serving meals. The cook cleaned the dining tables whilst people were still eating. The use of cleaning products in the form of sprays could be hazardous to people's health where used near food and drink.

We raised these issues with the deputy manager they told us they would address it. The deputy manager told us that the bedroom was due to be re-decorated. They assured us that the use of cleaning sprays at meal times and the soiled armchairs would be addressed. Following our inspection visit the deputy manager confirmed that all the repairs, stains removed from the armchairs and the decoration of the bedroom was completed.

Records showed external contractors carried out routine maintenance and servicing on the electrics, gas and fire systems and equipment such as the hoist to ensure those were safe to use. Regular checks were carried out on the premises by the deputy manager to ensure all areas were clean and safe to use. That meant a system was in place to ensure people lived in a safe place.

People's safety was promoted because all staff had undergone the required recruitment checks. Staff files mostly contained all relevant information and confirmation of checks carried out before staff started work. Two staff files did not contain a proof of identity. When we raised this with the deputy manager they contacted both staff to provide the evidence to confirm their identity. Following our inspection visit the deputy manager confirmed that staff records now contained all necessary information.

People told us they felt safe using the service. A person said, "I do feel safe but I would prefer to be back in my own home." Another person said, "Yes I do feel safe. I never think about it, it must be the staff [that keep me safe]." When we asked a person with limited verbal speech whether they felt safe, they nodded to confirm they did. A relative said, "Absolutely safe; good as gold here they are to [my relative]."

Staff were trained in safeguarding and described the signs of abuse and their role in preventing this. A staff member said, "I am 100% whistle blower. I don't agree with abuse of any form, including self-neglect. I would report it to [deputy manager] and try to do the best to protect people. I can report abuse to the

police, CQC and safeguarding [local authority]. I've got no reason to believe that [deputy manager] would not act but if [they] didn't I would report it to CQC."

There were other policies and procedures for the promotion of people's safety in place. All personal transactions were documented along with receipts to ensure people were protected from financial abuse. Individual risk assessments for evacuation of the service in an emergency, also known as PEEP's (personal emergency evacuation plan) were in place. Staff were able to describe the level of support people needed which was consistent with their PEEP.

We saw people moved around independently and walked with various mobility aids. There was a balance between protection and freedom as staff encouraged people to move around independently but also walked alongside offering guidance and reassurance, giving people confidence. We saw a staff member support a person to be seated. They checked the person was comfortable and placed the walking frame within reach but without causing a further hazard.

Risks associated to people's physical and mental health had been assessed. These included risks to people's nutrition, choking, falls and risk of developing a pressure ulcer. Care plans provided staff with clear guidance as to how to minimise risks whilst meeting people's care needs. Staff were able to tell us about people's individual needs, and the support they required to stay safe. Our observations confirmed staff supported people safely. That meant people were supported by staff that understood how to support people and to keep them safe.

All accidents and incidents were documented including the action taken such as risk assessments and care plans being reviewed or the involvement of external professionals. These were analysed by the deputy manager to identify any trends so that actions could be taken to prevent further risk.

During our inspection visit we saw a staff member remained in the lounge and attended to people's needs and requests promptly. People and their relatives we spoke with felt there were enough staff to meet their needs and support them when they needed it.

Staff we spoke with said there were enough staff on duty, as the deputy manager provided support when people needed it. A system was in place to determine the number of staff required to meet people's needs. Staff rotas showed the number of staff required remained at the correct level and any unplanned staff absences had been covered by the existing staff.

Medicines were stored securely. The medicines administration records (MAR) all contained photographs of the person to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies. This reduced the chance of someone receiving a medicine they were allergic to. Documentation was available to support staff to give people their medicines according to their preferences.

Staff were trained in the safe administration of medicines and had their competency to administer medicines assessed. We saw the deputy manager supported people to take their medicines in a safe way. They followed the written guidance and signed the MAR to confirm the medicines were taken. This meant people were supported to take their medicines in a safe way.

# Is the service effective?

## Our findings

At our previous inspection we found the system to ensure staff were trained and supported was not effective. Staff skills and training and the training records were not kept up to date. The deputy manager assured us that they would improve the system to train and support staff to ensure they had the skills needed to provide effective care.

At this inspection we found improvements had been made and have reviewed and revised the rating for this key question.

People and their relatives told us they were satisfied with the care and support provided by the staff. A person said, "I feel well cared for [by staff]." We saw staff moved people in a safe way. Staff wore protective aprons and gloves when preparing to assist someone with personal care needs. That showed staff had put the training into practice.

Staff we spoke with including the deputy manager and the registered manager told us their training had been updated. A staff member told us that their training was face to face and practical training so that staff knew how to use manual handling equipment correctly and their competency to move people safely had been assessed.

Records showed staff had completed induction training and ongoing training that covered safeguarding and health and safety. Courses such as mental health, pressure care management and dementia care provided staff with additional skills and knowledge to support people with specific health conditions. Staff had attained a qualification in health and social care, whilst others had completed the care certificate. This is a nationally recognised introductory course in care. The deputy manager showed us the system that was in place to ensure staff's ongoing training could be planned in advance such as infection control and prevention training planned at the end of the month.

Staff were regular supervised and were given feedback on their performance. A staff member who had finished the night shift said, "The meetings take place in the evening so we [night staff] can come. The meetings are good because we get to know what's happening like any changes to our residents' care and any improvements in the home." The deputy manager told us that the staff meetings were used to share information about changes to the service. The meeting minutes we viewed confirmed this, which were also available to staff that were unable to attend the meetings. This showed that staff were supported in their role.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. All records containing information about people's care and support were reflective of the principles of the Mental Capacity Act 2005.

We found a person had an authorised Deprivation of Liberty Safeguard (DoLS) in place with a condition to



restrict their liberty in their best interest. The care plan provided clear guidance for staff to follow to meet the person's personal hygiene needs and a staff member we spoke with demonstrated that they followed the care plan. The related assessments and decisions had been properly recorded and kept under review. That meant the principles of the MCA were followed.

People had the opportunity to give their consent about their care and make decisions about their care needs, which staff respected. A staff member said, "[Person's name] would you like to go to the toilet before dinner?" When the person gave consent the staff member assisted them.

People told us they had enough to eat and drink. The menu choices were on the board in the dining room. Although there was only one main course people told us that staff would make an alternative. People said, "No worries with the food here, I get enough to eat that I like" and "I do enjoy the food." A relative told us although they were not aware of the menu choices they had no concerns as their family member was satisfied with the food and had maintained a healthy weight.

Information about people's dietary needs was given to the cook and was used to plan the menus. Picture menus were available and used to support people living with dementia to choose their meals. The cook described the types of meals prepared to meet people's dietary requirements. These included a fortified diet using full fat cream, a fork mashable meal. This ensured people's dietary needs were met.

People's specific dietary preferences, needs and the support required were detailed within care plans. For example, one person's care plan detailed their cultural preferences. Another person's care plans included the guidance on the texture of their food and drink which was provided by the speech and language therapist (SALT) team. We saw a person's meal had been cut into small pieces and a staff member supported them to eat, which was consistent with the information in their care plan. A food and drink chart was completed where people were identified at risk of weight loss or poor appetite. People were weighed regularly and records showed the action taken when staff had concerns about people's weight. This helped to ensure people's health was maintained.

We looked at how staff supported people with their health. Records confirmed this and showed that people had access to a wide range of health care professionals including GPs, district nurses, mental health specialists, and chiropodists. A relative said, "They [staff] are very good with that, they will soon get the doctor out if [staff] are unhappy with [people's health]. They let us know straight away. They are very good at looking after her health. Generally [they] is in good health."

# Is the service caring?

## Our findings

People and relatives spoke positively about the caring attitude of staff. People told us that staff treated them with dignity and respect. They said, "They [staff] are kind and good generally. No worries" and "Carers have always been good to me, never far away from me. I can't fault them, been lovely to me they [staff] have." A relative said, "The carers are very helpful, any questions we have, then they go out of their way to find out for you. No worries with the care here at all." This showed that staff knew people well and had built positive trusting relationships with staff.

We saw that staff interacted with people in a caring manner and respected their wishes. A staff member said, "We gave a good staff team and we all care about residents. We're here to help and look after them as if they were our own family. We're one big family here." The deputy manager said, "We know our residents, what makes them happy and sad. We want them to feel this is their home and we [staff team] we're here to help them."

We saw staff encouraging people to be independent. At lunch a staff member said, "Would you like me to do it [add salt and vinegar] for you or would you like to do it yourself?" The staff member did this at the person's request. This approach showed that people were empowered.

People were not fully aware of the contents of their care plans. Despite this people and their relatives felt involved in the care planning process. Care records contained information regarding people's needs, decisions made about their care and how staff should support them. Additional information had been documented with regards to people's cultural diets and things that were important to them such as family. We saw staff knew people well and recognised when they were unhappy. For instance, when a person became low in mood after their visitor had left, a member of staff sat with them. The staff member asked about the cultural meals that they use to prepare for their young family and the person's mood visibly changed. That showed staff provided the level of support people required, which had had a positive impact on their wellbeing.

We spoke to the registered manager about the use of advocacy services for people, an advocate is a trained professional who supports, enables and empowers people to speak up. The deputy manager assured they would address this. Following our inspection visit the deputy manager confirmed the contact details for the local advocacy service was available within the service.

People told us that staff respected their privacy and dignity. A person said, "I get myself washed and dressed but they do give me a shower. They [staff] are good about that [privacy and dignity] the curtains are closed and they knock on the door." Another person said "When I have a bath or shower they use towels to keep your privacy." A relative said, "[My relative] always looks clean and well cared for when I come. I feel I trust this place to look after [them]."

A staff member told us they had read people's care records which contained information as to promoting people's privacy. For example, we saw people were offered tissues to wipe their face and aprons were

carefully removed before people left the dining area. We saw staff knocked on the door before entering people's room and were polite when they were supported. That showed staff took care and maintained people's privacy and dignity.

## Is the service responsive?

### Our findings

At our previous inspection in December 2016 we found that people did not receive responsive and consistent care that met their needs. Their needs and care plans were not regularly reviewed. We issued a requirement notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015. The provider sent us an action plan which outlined the plans to meet the legal requirement.

At this inspection we found improvements had been made and have reviewed and revised the rating for this key question.

People told us that staff were responsive to their needs. A person said, "They [staff] are good at helping me to eat. My hands won't do it." A relative said, "We have been kept informed about [my relative's] health and what they [staff] are doing to meet [their] needs." During our inspection visit we saw a staff member regularly checked on a person who remained in bed. Records kept in the person's room showed that they had been re-positioned to prevent the risk of developing pressure sores. This was consistent with the person's care plan and showed staff provided personalised care and support to meet people's needs.

A relative said, "My [relatives] were involved in the planning of her care before [person's name] came in" and told us that they continued to be involved in the review of their family member's care. Records showed that people's needs were assessed before they started to use the service. People's preferences as to how they wished to be supported, family history and interests had been documented. Care plans were personalised and reflected people's wishes and their choice of lifestyle such as how they preferred to spend their time.

Since our last inspection, the deputy manager had completed a full review of each person's care and support to ensure that the care plans were personalised and provided staff with clear guidance to follow. Records showed people's wishes and decisions made about their care had been documented. A staff member told us that they received updates about any changes to people's care needs through daily staff handover meetings. Staff were able to explain and gave examples of how they supported people. Our observations confirmed that staff understood people's care needs and met those as set out in their care plans.

Records showed care plans were reviewed regularly and care plans were amended to ensure staff provided the care people needed. The reviews included all aspects of the person's care and support and what had happened in relation to the person's physical and mental health during the previous month. That meant people could be assured staff were responsive to their needs.

A person said, "I prefer the quiet although I do like the [armchair] exercise classes." Another person who remained in their bedroom had the radio playing. They told us they enjoyed listening to the radio and that they chatted to staff when they regularly checked on them. Several people had visitors throughout the day.

The deputy manager told us there was a weekly armchair exercise session and a religious service was held every month for those who wished participate. Records showed that people had enjoyed the visits by the

external entertainer in the recent months. A list of songs reminiscent of a range of eras that were sung had been documented. The deputy manager told us they found the list had been useful as they could play the songs that people liked. This showed information was used in a meaningful way to promote people's social wellbeing.

We saw a staff member remained in the lounge. They spent time talking to people individually and did activities that were of interest to people. In the morning most people sat in the lounge with the television playing an Elvis film, although some people were asleep. A staff member saw this and suggested another musical film. People woke up and started to watch the film. We saw staff started conversations on topics which were of interest to people when they were being assisted and later in the afternoon when staff sat with people in the lounge. This showed that staff recognised the importance of social contact and meaningful conversations promoted people's wellbeing.

People told us they would tell the staff if they had any 'grumbles' or concerns. A relative said, "All the staff are approachable. You can go and ask them [staff] anything. Never had any complaints about anything." Another said, "I feel confident enough to go to the owner if I had any complaints."

Information about how to raise a complaint and concern was available on the notice board and was clear. The registered manager and deputy manager told us they had an open door policy to people using the service, family members and staff and assured us that they would act on concerns and feedback about the service. Records showed the service had received two complaints since our last inspection visit and were responded to appropriately. For instance, the deputy manager had liaised with the relevant healthcare professional and the outcome was shared with the complainant. That showed the complaint procedure was followed.

## Is the service well-led?

### Our findings

At the last inspection we found some improvements had been made as to how the provider assessed the quality of the service provided. A system of auditing the quality of service had been developed by the deputy manager but it was not fully implemented.

At this inspection we found improvements had been made and have reviewed and revised the rating for this key question.

We saw the current CQC rating was clearly displayed and a copy of the latest inspection report was available in the reception area. This is a legal requirement and informs people and visitors of our judgment of the service. Records showed that statutory notifications were sent to us following a significant event at the service. These included details of the actions taken to ensure people's safety and wellbeing, such as risk assessments completed and where required care plans updated. That meant the provider was meeting their regulatory responsibilities.

The registered manager and deputy manager continued to work together to manage the service and had accessed management training to ensure they continued to maintain their knowledge and skills required to manage the service. The deputy manager told us they worked closely with external agencies such as the healthcare professionals and local authority commissioners where people's health was of concern.

We asked people who used the service and relatives for their views about how well the service was managed. All said the registered manager and the deputy manager were available to speak with. A relative said, They said, "Very approachable lady [registered manager]."

Staff told us that the deputy manager and the registered manager provided leadership and said they were approachable, listened and were supportive. A staff member staff, "I've told them [management] about [personal issue] and they have been really supportive and flexible."

During our visit we saw the deputy manager monitored the service and helped staff to support people when required. We saw the registered manager observed the lunchtime meals being served and ensured people were supported to eat where required. This showed that they monitored the busy times within the service and could direct or support staff to meet people's needs.

People views about the service were sought individually and at the 'residents meetings' which were held regularly. Meeting minutes confirmed that people had been consulted about the changes planned such as the menus choices and décor. People were also given the opportunity to raise concerns if they had any. The deputy manager told us they were updating the satisfaction surveys, which they intended to give to the people in residence to complete and send to their relatives and healthcare professionals. They assured us the results would be collated and shared with people including any improvements planned.

We found the new care plan documentation had been fully implemented. Records showed people and their

relatives, where relevant had been involved in the review of all aspect of their care and support. The senior carer told us that communication between the staff team and management was good with regards to people's care needs. Handover meetings were used effectively to ensure staff had the relevant information about each person including any health concerns and forthcoming medical appointments. That meant people could be assured that their needs were managed and met by informed staff.

Staff understood their responsibilities and the procedure to report concerns about people's health and safety and the role of the external agencies. Another staff member said, "This is a small family home and we work as a family to look after people, who are the family that live here."

Staff told us they felt supported and were confident to approach the deputy manager for support at any time. Meetings gave staff the opportunity to comment on the service. Meeting minutes showed that a range of topics were discussed such as the care plans, staffing, and the provider's expectations about providing a quality service. Training records were kept up to date and a system was in place to plan staff's ongoing training. That meant there was a system to ensure staff were supported and their ongoing training needs was managed.

The deputy manager told us that they had developed a plan that detailed the frequency of audits and checks in a range of areas such as care and medicine records, health and safety and premises checks. The registered manager had lead responsibility on the premises and safety checks. They told us, "I have to do this to make sure that it's a safe here for everyone. I will check to make sure any repairs have been done and if not I want to know why."

We found there was a system to regularly assess and monitor the quality of service that people received was in place. An annual plan was in place that showed when checks were due. Records showed regular audits and checks had been carried out in a range of areas including the management of medicine, care records and premises. We looked at a sample of the audits. These were comprehensive and any shortfalls or issues found were documented in an action plan with timescales. This helped the provider to monitor the improvements. For example, some bedrooms needed decorating and the deputy manager had had some discussions with the person and their relative about the colour choices. That showed a governance system was fully implemented and used to bring about improvements to the service.