

# Chippenham Limited

# Goldenley Care Home

## Inspection report

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Date of inspection visit:  
15 November 2016  
17 November 2016

Date of publication:  
01 March 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out this inspection over two days on the 15 and 17 November 2016. The first day of the inspection was unannounced. Our last inspection to the service was on 18 and 22 June 2015. At the inspection in June 2015, we identified the service was not meeting a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because potential risks were not always identified and properly addressed and the planning of care was not always done in such a way to meet people's individual needs. In addition, decision making was not always undertaken in line with the Mental Capacity Act 2015 and quality auditing processes were not operating effectively. We asked the provider to make improvements. Following the inspection, the provider sent us an action plan, which detailed how improvements would be made. However, improvements were not made in all areas identified.

Goldenley Care Home provides accommodation to people who require personal care. The home is registered to accommodate up to 19 people. During the inspection, there were 18 people living at the home and the service was considered full. This was because one double room was being used for sole occupancy.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is responsible for the day to day management of the home and was available throughout the inspection.

Following the last inspection, the registered manager had agreed with the provider to develop a new care planning format. This was in the process of being implemented and demonstrated greater order and organisation. However, other care plans were limited in their detail and not fully up to date. Information did not clearly state what support people required and how potential risks were being addressed. People were not sufficiently supported to change their position at regular intervals to minimise their risk of pressure ulceration. Continence care and people's end of life wishes were not clearly stated in their care plans.

Staff did not support people to move safely. We saw out of date, unsafe techniques being used on three separate occasions. Staff had received training on moving people safely but did not apply what they had learnt in practice. There were other risks to people's safety within the environment including uncovered radiators, unsecured storage of cleaning materials and hazards such as a set of ladders behind a bathroom door.

Not all areas of the home were clean. For example, there was debris on surfaces in the small lounge, underneath the bath hoist and between the seat cushions of armchairs. This meant people were not always safe from poor hygiene practices. The registered manager told us they had recognised the cleanliness of some areas "had slipped" as there had been difficulties with recruiting housekeeping staff. They said this had been resolved and they were now expecting improvements to be made.

People were given their medicines in a person centred way but not all aspects of medicine management were undertaken safely. Staff had not documented the dates when some medicines with short expiry dates, should be disposed of. This did not ensure all medicines were safe to use. Hand handwritten instructions had not been countersigned to minimise the risk of error. Protocols to support staff when administering "as required" medicines did not always correspond to the prescriber's instructions. Staff's competency had been assessed when they first received training to administer people's medicines but this was not regularly repeated.

There was a quality auditing system in place but this was not fully effective. The system had not identified shortfalls which had been noted at this inspection. The audits were not comprehensive and any non-conformity identified did not show a clear action plan. This did not ensure identified shortfalls would be properly addressed

There had been many improvements to the environment. The conservatory had been replaced, the home had been decorated internally throughout and a bathroom had been changed into a shower room. In addition, a new kitchen had been installed following an Environmental Health inspection. However, other areas required attention. There was a hole in a person's carpet, the armchair seat cushions had lost their spring and a radiator cover in a bathroom was broken.

The provider's website was not an accurate portrayal of the home. Information stated the home was able to accommodate 21 people but a condition of registration meant only 19 people could be accommodated. There was also an error with the provider's details and some of the information related to another of the organisation's services.

Records did not demonstrate a robust staff recruitment process. Gaps in employment history had not been explored and the capacity, in which references were given, was not clear. Interview forms showed newly appointed staff had the appropriate skills and experience to undertake their role but this was not always evidenced within documentation. The registered manager told us they had spoken with each applicant in detail and had explored information such as gaps in employment. They said they had this information but had not written it down.

Staff had received a range of training and felt well supported. Following a recommendation made at the last inspection, all staff had received regular meetings with their manager. Appraisals to discuss staff's performance and future development had been implemented. Staff were knowledgeable about people's needs, said they worked well as a team and promoted the homely feel of the home.

There were enough staff to support people effectively and people gave us positive comments about staff availability. However, after the inspection we received a concern about insufficient staffing numbers at night. We asked the registered manager to investigate this and inform us of their findings.

People were supported to receive various services to meet their healthcare needs. This included consistency of visits from GPs and district nurses. People said they had enough to eat and drink and were able to ask for specific preferences, which were added to the home's shopping list. The home's menus were in the process of review and it was intended further "home cooking" would be developed.

During our inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Three of these breaches were repeated from the last inspection as sufficient action had not been taken to address the shortfalls. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Staff used out dated techniques and did not move people safely.

Potential risks to people's safety had not been sufficiently identified and addressed.

Less visible areas of the home were not clean.

Documentation did not demonstrate a robust recruitment procedure.

People were given their medicines in a person centred way but not all medicine administration was safely managed.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff had received a range of training but did not always put what they had learnt into practice.

People were supported by a consistent staff team who knew them well. Staff felt valued and said they had benefitted from the formal systems of staff support, which had been implemented.

Improvements had been made to the decision making processes. Appropriate applications had been made to authorise restrictions for some people subject to continuous supervision from the staff

People were supported by a range of services to meet their health care needs. People had enough to eat and drink and were able to add individual preferences to the home's shopping list.

### Is the service caring?

**Good** ●

The service was caring.

Staff spoke to people in a friendly and respectful manner.

There were positive interactions although most were related to tasks such as serving drinks or food.

People liked the staff and said their privacy and dignity was promoted.

### **Is the service responsive?**

The service was not always responsive.

Whilst care planning was in the process of being developed, there remained shortfalls in existing information. Documentation was limited in its detail and not fully up to date. Care plans did not clearly state the support people required.

People were not sufficiently supported to minimise their risk of pressure ulceration.

People and their relatives were happy with the care provided.

Complaints were responded to and satisfactorily resolved.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Not all breaches in regulation which were identified at the last inspection had been addressed.

Whilst monitoring processes were in place, the audits were not comprehensive and not effectively identifying shortfalls.

Improvements had been made to the environment including a new kitchen and conservatory. However, some items of furniture such as armchairs were showing signs of wear.

People and their relatives were encouraged to give their views about the service.

**Requires Improvement** ●

# Goldenley 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 checked 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 was unannounced on the 15 November 2016 and continued on 17 November 2016. The inspection was carried out by 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.

We spoke with six people living at Goldenley Care Home and three relatives about their views on the quality of the care and support being provided. We spoke with the registered manager, six staff and one health/social care professional. We looked at four people's care records and documentation in relation to the management of the home. This included staff supervision, training and recruitment records and quality auditing processes. We looked around the premises and observed interactions between staff and people who use the service.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

# Is the service safe?

## Our findings

At the last comprehensive inspection on 18 and 22 June 2015, we identified the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because potential risks were not always identified and properly addressed. The provider sent us an action plan, detailing how they would address this. During this inspection, there continued to be shortfalls and systems were not sufficiently robust to ensure people's safety.

Staff did not assist people to move safely. On three separate occasions, staff used techniques which were outdated and not safe to use. We saw staff use unsafe, "under arm" manoeuvres to assist one person to the standing position. They were not enabled to stand on their own accord with their walking frame as stated in the care plan. Another person was seated in their wheelchair but needed assistance to change their position. Staff once more used the "under arm" manoeuvre, which increased the risk of injury. One person told us they did not feel all staff were confident when using equipment for safe moving and handling.

The environment did not assure people's safety. The majority of radiators within people's bedrooms and ensuite facilities did not have a cover. This increased the risk that if a person touched or fell against the hot surface, they could suffer burn injuries. Each person had a risk assessment within their care plan about the uncovered radiators. However, the assessments were not always accurate, up to date or specific to the individual.

On the first day of the inspection, the cupboard which housed cleaning materials was unlocked. This increased the risk of people accessing hazardous substances and chemicals inappropriately. Some rooms such as the laundry and airing cupboard, which contained the hot water tank, had been fitted with key pads, to restrict access. Throughout the inspection, the doors were not been properly closed so the locks were not effective. There was a fire door to the small lounge which was held open inappropriately by a magazine rack. This did not enable the door to close automatically if the fire alarm was activated. There was a set of ladders precariously standing behind the door in a bathroom. This presented a risk that the ladders could fall against a person or be used inappropriately by people. The registered manager told us the ladders had been used by an electrical engineer, who was returning to complete their work. We asked for the ladders to be safely stored.

Within people's bedrooms, many of the call bells were not accessible to people. Some call bells were lodged behind the headboard of the bed or tied up, out of reach. The registered manager told us the call bells were generally put out of reach whilst staff made the beds. They said staff gave people their call bell as a matter of routine, when they were assisted to bed. People were able to smoke outside the building. Those people requiring assistance told us they shouted to staff when they had finished and wanted to return inside. There was no formal system for people to alert staff of their wishes. This increased the risk of people not being heard or forgotten. The staff 'sleeping in' room was situated next to the registered manager's office and separate to the rest of the building. Staff told us if additional assistance was required from the 'sleeping in' member of staff, they would need to knock the window of their room. This meant them leaving the building, as there was no formal system to gain assistance, without doing this.

Not all areas of the home were clean and infection control practice was not always followed. There was debris down the sides of the seat cushions of armchairs, underneath the bath hoist seat and around the beading of small tables. The wheels of a shower chair were rusty and a commode pot was heavily stained with an unpleasant odour. There was dust and debris on surfaces in the small lounge and in the laundry. Hoist slings were on the floor in the airing cupboard. Whilst there were paper towel dispensers in the sluice room and a bathroom, these were empty.

The registered manager told us they were aware some areas of cleanliness had slipped, as they had not been able to recruit sufficient housekeeping staff. They said this had been resolved and they were now planning to delegate the responsibility of cleanliness, to a newly appointed member of staff. The registered manager told us they were expecting this change, would lead to improvements. The registered manager confirmed there was now a housekeeper on duty each day. On some days there were additional housekeepers to allow for "deep cleaning" of people's rooms. One member of staff told us they had identified improvements were needed regarding the cleanliness of the home. They said they were in the process of implementing new cleaning schedules and were planning to organise training courses for housekeeping staff to ensure effective deep cleaning took place. They told us "given time, this place will be spotless".

There were a number of assessments which identified potential risks to people. However, not all were up to date and action plans did not minimise the risks identified. For example, each person had an individual assessment which identified the risks of fire. The assessments had been undertaken in September 2013 and had not been updated, as people's needs changed. Some assessments in response to the risk of malnutrition had been undertaken in 2015 or the beginning of 2016. The assessments had not been regularly reviewed. Staff told us people ate well and there were no specialised diets but records stated two people required high calorie diets to maintain or increase their weight. There was a record of the food people had chosen but not how much they had eaten. This did not enable accurate monitoring of people's intake.

People's medicines were not safely managed. Medicines with short expiry dates such as eye drops had not been dated when opened and there were some medicines, which were loose in the trolley. Staff had not signed or countersigned handwritten medicine administration instructions. This increased the risk of medicines being repeatedly administered in error. There were protocols to assist staff in administering "as required" medicines. However, one protocol gave instructions which were different than those stated on the box of medicines. Another record showed a person was to be given two tablets of a medicine but the prescription stated "one or two to be given daily". This did not ensure the person was administered their medicines as prescribed.

Staff told us they received training and their competency was assessed before they administered people's medicines for the first time. However, their competency was not reassessed to ensure staff were following procedures effectively. Prior to the inspection a prescription had not been delivered from the pharmacy. This had not been identified, which meant the person did not have their medicines, consistently as prescribed. The registered manager told us a communication book for medicines had been implemented, to minimise the risk of this happening again.

This was a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All medicines were orderly and safely stored. Only those staff who had been trained to administer medicines had access to the cupboards, where the medicines were stored. Daily monitoring took place to ensure all



medicines were stored at the correct temperature. Staff did not rush people to take their medicines. Staff were patient and supported people to take their medicines at their pace. They placed the medicines into a small pot, gave them to the person and waited for them to be taken. Staff consistently signed the medicine administration records to show they had administered people's medicines or applied topical creams. One member of staff told us all medicines administered were always prescribed by a GP. They said people were not encouraged to use homely remedies due to the risks involved.

Records did not show a robust recruitment process was being consistently followed. This did not ensure staff had the right skills, knowledge and experience to work with people effectively. Within one staff personnel file, there was a curriculum vitae (CV) which showed gaps in the applicant's employment history and no explanation to explain these. Within the job interview form, it was documented "X's past experience and employment pattern is ideally suited to the job". However, the experience was limited and not specifically related to a care home setting. There were two written references but the capacity of the people providing this information was not clear. The references were not from the applicant's present employer.

This was a breach of Regulation 19 Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed the interview had been undertaken by the deputy manager and the administrator. Neither staff member had received training in interviewing skills and techniques. Another personnel file did not contain an application form or a CV. The registered manager told us this had been received but had probably been taken from the file for training purposes. In another application, an applicant had raised a health condition. There was no evidence this had been taken into account, to ensure the staff member's wellbeing. The registered manager told us they were always involved in all staff appointments and spoke to candidates about aspects such as gaps in employment history. They told us they had not documented such discussions but would do so in the future.

Following the inspection visit, we received feedback where a concern about inadequate staffing levels was raised. The information alleged that staffing numbers were insufficient to support people's complex and increasing care needs at night. We asked the registered manager to investigate this concern and inform us of their findings. We did not receive any other concerns about insufficient staffing. The registered manager told us they used a dependency tool to ensure they had adequate numbers of staff on duty at all times. They told us staffing levels were always good, as they often deployed more staff than needed. This was because they wanted staff to have sufficient time with people, without rushing.

The registered manager confirmed that during the day, there were four care staff, two housekeepers and a cook on duty. They said in addition, they or the deputy manager were available to help as required. At night, there was one waking night staff and a member of staff who undertook "sleeping in" responsibilities. This staff member could be called upon for advice or assistance if needed. The registered manager told us there were currently three members of staff living on the premises. They said all could be called upon at any time and utilised in an emergency.

Staff were in the vicinity of people throughout the inspection. People, their relatives and staff gave us positive comments about staff availability. Specific comments were "I never usually have to wait for too long but then I'm only just down the corridor from where most of the staff are" and "there's enough of them. I should say so". A relative told us "we never have to wait for them to let us in when we come and there's always staff around. I would say they have enough staff, definitely". A healthcare professional told us "when I visit, I always see a number of staff. I have never had any concerns about staffing. There's always enough of them to take people to their rooms and I never have to wait for them to do this".

People told us they felt safe. One person told us "I think this place is probably as safe as anywhere else for me". Another person said "I'm alright here. I don't worry about anything". Relatives had no concerns about their family member's safety. One relative told us "we never need to worry, as we know they take good care of her. We haven't got any concerns". Staff told us if they suspected or witnessed an act of abuse, they would immediately inform the registered manager. They said in the unusual event of the registered manager not being available, they would contact other managers within the organization. Records showed staff had undertaken training in safeguarding people. The registered manager told us they and the deputy manager had enrolled for a safeguarding course for manager's, which was to take place in January 2017.

## Is the service effective?

### Our findings

At the last comprehensive inspection on 18 and 22 June 2015, we identified the service was not meeting Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the requirements of the Mental Capacity Act 2005 (MCA) were not always followed when best interest decisions were reached on behalf of people, who lacked capacity to make their own decisions. The provider sent us an action plan, detailing how they would address this.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

Applications had been appropriately submitted to the local authority to authorise restrictions for some people subject to continuous supervision by staff. Authority was granted for one person to have their medicines disguised in food or drink, as they lacked capacity to understand the importance of taking their medicines. A management plan and regular review were stipulated as a condition of the authorisation. This had been undertaken and clearly described by the registered manager. Documentation showed a best interest decision had been made in relation to a person not having the capacity of assessing the risks associated with sleeping in a chair at night. The information was well written but did not detail the people the registered manager had consulted with when making the decision. The registered manager was knowledgeable about the MCA. They told us information about decision making and consent was being developed in the new care planning format. Documentation demonstrated those relatives who were legally able to make decisions on people's behalf.

Records showed staff had undertaken a range of training to enable them to effectively undertake their role. This included topics such as safeguarding people from harm, person centred care, food hygiene and effective communication. The majority of staff were undertaking formal vocational qualifications. The registered manager told us they were positive about training and felt it was essential in ensuring a good team. However, it was evident that staff did not always apply what they had learnt in practice. For example, unsafe manual handling practices were taking place but the registered manager told us and records confirmed that all staff had received recent training in moving people safely. A lack of monitoring of staff's performance had not identified unsafe manual handling was taking place.

One person told us they had confidence in the staff. However, they felt the very young and newly appointed staff would benefit from more training when using the hoist. In addition, they told us "I don't think their skills are too bad. They [the staff] perhaps need a little more training in things like catheter care, as I often have to tell them what to do". The person continued to tell us sometimes staff were not very good at keeping the catheter area clean and were not confident when dealing with the catheter bags. Two relatives told us they

were unable to comment about the training staff undertook but said staff appeared competent in their role.

Staff told us the training available to them was "very good". One member of staff told us "I have enough training certificates to decorate my front room. We do loads of training here. It's so much I sometimes forget what we've done". Another member of staff told us "I've learnt so much since working here. I've benefitted a lot from the training we've done". Staff confirmed they were encouraged to undertake more formal training. They said they were able to ask the registered manager for any training they felt they required. Staff told us the majority of their training was undertaken "on line" or within work books. Two members of staff told us whilst they undertook this training, they felt they would benefit from more face to face or discussion type sessions. The registered manager told us they recognised this but explained some of the training was 'class room' based and undertaken by external trainers. They said such courses included moving people safely and first aid.

At the last inspection, we recommended that all staff had access to appropriate supervision and appraisal. This had been addressed. Staff told us they had a good team and worked together well. They said many staff had worked at the home for many years, which enabled consistency in people's care. Staff told us they received good support from each other and the registered manager. They said they felt valued and were given help, both professionally and on a personal basis, when required. In addition to day-to-day support, staff told us they had regular, formal meetings with their manager. They said within these meetings they discussed their work, people they supported, their training needs and any concerns they had. Staff said these meetings were helpful and productive. Records were maintained and showed the topics discussed. Whilst the meetings were held on a regular basis, all were similar in content and repetitive. The records did not clearly evidence the on-going development of staff. The registered manager told us they were looking to develop staff supervision and would take this view into account. Records showed those staff who had worked at the home for over a year, received an annual appraisal. The appraisals we saw, particularly focused on what staff did well.

People told us they had enough to eat and drink. Specific comments were "the food is very nice", "it's good, very good" and "I can't complain. I have enough". One person told us "they will always make me a hot drink if I want one". Two relatives told us whilst they had never tasted the food, they said it always "looks good and is well presented".

On the first day of the inspection, the lunch time meal was gammon and parsley sauce with mashed potatoes, mixed vegetables and cabbage. The alternative was a cheese and potato pie. For dessert, people had fruit cocktail. The meal looked colourful and was served according to individual preferences but there were no condiments on the table. People were given water with their meal although were not offered a choice of drinks. People had a hot drink after their dessert. On the second day of the inspection, there was minced meat or faggots, served with mashed potato and carrots. The dessert was angel delight. People ate well on the first day of the inspection but did not do so well on the second day. One person told us "the menu repeats itself every two weeks so things come round again really quickly. The food is alright, but not exactly exciting". The person told us they thought the menu was generally based on the presumed tastes of older people.

People were able to help themselves to fresh fruit which was placed in the dining room and lounge. The fridge was well stocked with a range of fresh vegetables.

There was a new cook, who said they were looking to develop the amount of "home cooking" undertaken. This included making homemade soups, cakes and pies. There was a two week rotating menu which

showed traditional meals and other foods such as pizza. Staff said the menus were being developed to enable greater variety. They told us they aimed to accommodate people's individual preferences. They asked people what they wanted and added this to the weekly shopping list. One member of staff did this during the inspection. Specific suggestions were cockles, mussels, macaroons and strawberries. One relative told us "one day, X fancied chitterling and they got it for her. Anything she wants, she only needs to say". Another person told us "if there is something particular I would like, the staff will usually add this to the weekly shopping list and they don't mind tracking something down. If I'm hungry there is plenty of fruit, biscuits and things like KitKat's that I can eat". People were served different forms of chocolate biscuits with a hot drink, mid-morning and mid-afternoon.

People told us they were able to see their GP when needed. One person told us the GP visited the home regularly. Staff told us people received an excellent service from the local surgery. They said GPs and Community Nurses visited on a regular basis and always came when called. They said the GP's reviewed people's health and their medicines regularly. Staff told us people had a "visiting" chiropodist and attended appointments with other services such as the dentist, optician and specialist outpatient appointments. One person attended appointments with a specialist nurse regarding their health condition. Records showed people received support with their healthcare. A healthcare professional confirmed this. They said someone from the surgery visited the home almost daily. The health care professional told us all requests from staff to visit were timely and appropriate. They said staff were knowledgeable about people's needs and always followed any instructions given.

## Is the service caring?

### Our findings

Interactions between staff and people who used the service were generally related to tasks which were being undertaken. This included the serving of drinks or meals and accompanying people to and from the dining room. Interactions were positive but did not always show further involvement or discussion. For example, one member of staff asked a person what they would like added to the home's shopping list. The person made their suggestions and then said "you are so kind. Thank you". They then looked despondent and said "I'm sorry, I have nothing to give". The member of staff replied by saying "don't worry. You're fine" and walked away. They did not give further reassurance or attempt to find out why the person felt the way they did. Another person was given a drink but said it was cold. The registered manager explained this was not the case, as they had just made it. They felt the cup and said "no, it's not cold". The person continued to be unhappy with their drink. The registered manager then asked if they would like another one and said they would go and make one. They returned and the person said "that's so much better. Thank you". When asking people what they wanted for lunch, the staff member said "faggots or mincemeat". They did not continue with any pleasantries or further conversation.

Other interactions were more positive and staff spoke to people in a friendly and respectful manner. One member of staff served drinks to people and when thanked, they replied "you're very welcome". The member of staff was attentive and ensured the drinks were placed where they could be reached. Another member of staff responded to a person who appeared upset. They knelt on the floor so they were at the person's level and held their hand. They were sensitive in their approach and tried to find out what was wrong. Another member of staff noted a person's trousers had "rucked up" showing their leg. They quietly asked the person if they could adjust their trousers and proceeded to straighten them over their slippers. Another member of staff identified a person had difficulty with closing the bathroom door after them. They offered assistance whilst encouraging the person to take their time.

People told us they liked the staff. One person said "they're all very nice. Very helpful". Another person said "they're good. I like them". Another person told us "I think they all try to do their best in difficult circumstances". Relatives gave us similar views. One relative told us "whenever we come in, the staff are always really friendly and welcoming. They are all very good. Very caring and patient. I've never seen them any different. You see the same faces and they're always the same". Another relative told us "they care about me as well as X [family member]. All of them are very nice, very good. They do all they can for X". This relative told us staff had developed a good relationship with their family member and enabled them to "do their own thing". They told us staff were very good at giving their family member space, responding to different levels of mood and managing any resistance to care.

One person told us staff respected their privacy and always knocked on their bedroom door before entering. They said they were able to choose whether they spent time in their room or in any of the communal areas. The person continued to tell us "I can usually decide things like when I want a shower and what I want for breakfast, dinner and tea". A relative told us their family member could use their room as they wished. This included getting up when they wanted to and having a "lie in" or a rest later in the day. They said their family member did not like eating in the dining room so they were served their meals in their room. The relative

said they could meet with their relative in private and were not disturbed unnecessarily. They said they were able to visit at any time although were discouraged from visiting mealtimes if at all possible. The relative confirmed this by saying "well they don't mind if we do visit at a mealtime, but I think they like people to be able to eat in peace without being interrupted".

A health care professional told us when they visited, staff respected people's privacy and dignity. They said staff accompanied people to their bedrooms so they could be seen in private. Whilst doing this, the health care professional told us staff encouraged people to take their time and not rush. Staff told us they promoted people's rights as part of their daily routine. One member of staff told us this included encouraging people to choose what they wanted to wear. The staff member said they always ensured they were sensitive when supporting people with their personal care. They said they made sure doors were closed and people were properly covered. Staff told us people were encouraged to say when they wanted a bath or a shower. Another member of staff told us people's dignity was promoted by having clean, well presented clothes and a clean environment to live in. They said this was also important for relatives when visiting. The member of staff told us they felt making a good impression was essential for relatives to be confident their family member was being well looked after.

## Is the service responsive?

### Our findings

At the last comprehensive inspection on 18 and 22 June 2015, we identified the service was not meeting Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care was not always planned in such a way to meet their individual needs. The provider sent us an action plan, detailing how they would address this.

During this inspection, the registered manager told us they had agreed with the provider to develop a new care planning format. They said they were in the process of implementing this and explained if we had arrived a week later, all care plans would have been rewritten. The registered manager showed us a newly developed care plan they were working on. The format was better organised, easier to follow and would enable all information to be kept in one place rather than different files. In addition, it would reduce duplication of information leading to confusion. However, whilst the registered manager had started work on the new formats, the information for people with existing care plans lacked detail and were not always up to date.

There remained shortfalls in the planning and delivery of some people's care. Not all people were given regular assistance to change their position to minimise their risk of pressure ulceration. One person remained seated in a wheelchair at the dining room table, for the duration of the inspection on both days. Another person remained seated in a recliner chair in the lounge. Their care plan stated they should be encouraged to elevate their legs and "stand and move around throughout the day". This did not happen and they only elevated their legs periodically on the first day of the inspection. Staff did not encourage the person to move around as detailed in their care plan. To minimise the risk of skin damage, staff were to apply a topical cream after providing the person with their personal care. Staff had not recorded they had done this. This did not minimise the risk of skin breakdown or enable accurate monitoring of the cream's effectiveness.

An assessment for another person showed they were at very high risk of pressure ulceration. Their skin was fragile and could tear easily. It was documented that pressure relieving equipment was required at all times but it was not clear what this meant in practice. There was a specialised mattress on the person's bed, which had been placed on a 'medium' setting. Care records did not clarify if this was an accurate setting for the person's weight. The care plan instructed staff to check "all pressure areas daily". This was not expanded upon to fully inform staff of the person's most vulnerable areas. The person had a dressing on their leg. A member of staff told us this was because of a skin tear, which was regularly dressed by the district nurse. There were no details of the wound or its management in the person's care records. The locations of other wounds were identified on a body map but these were not clearly described and did not show the follow up action or treatment given. There was no information in the person's daily care records about the wound's healing process.

There was information about people's continence in their care plans. However, the assistance required was not always clear. One care plan stated "can sometimes be doubly incontinent so wears a pad for security and comfort". The information did not inform staff if the person was able to identify when they needed to



use the bathroom or if they needed any assistance to get there. Another record showed a person needed to be asked at "regular intervals" if they needed assistance with personal care. This was not specific and did not detail the person's general pattern to maintain their continence. One person had a catheter. Other than needing to empty and attach the day bag to the night bag, no further detail about the catheter's management was stated. This increased the risk of error and potential infection. Another person had a chart which recorded the frequency of their bowel movements. The chart was related to 2015 but there was no detail as to why such monitoring was required or why it was not continued in 2016.

One person did not always like receiving assistance with their personal care. In order to manage this, records showed staff were to give the person "lots of reassurance". There was no further detail about how they would do this or other instructions on how to manage the person's resistance. Another person was prescribed patches to be applied to their skin. Records did not show where these were to be applied to ensure effective rotation of the site.

The same person required a thickener to be added to their drinks to minimise the risk of them choking. Whilst it was recorded in the care records that one spoonful of thickener was required, the amount of equivalent fluid was not identified. This did not ensure the person's fluids were of an accurate consistency. Another person had been prescribed a thickener and a soft diet to minimise the risk of choking. Information stated "staff to supervise all meals" but the person ate their lunch and dessert in the lounge without staff supervision. This increased the risk of the person choking and demonstrated staff were not following the person's care plan. The registered manager told us the person did not like to use the thickener and if thickened, they would push their drinks away. Records did not show a formal decision about not using the thickener had been agreed. This did not ensure the person's safety.

Each person had a section in their care plan, which related to their wishes for their end of life care. The information generally stated people wanted to remain at the home, be pain free and surrounded by their family. Additional, more person centred information and preferences had not been explored. Similarly, information about eating and drinking detailed a balanced diet rather than people's preferences and the assistance they required.

This was a repeated breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst people's care records were limited in their detail, staff showed an awareness of people's needs. This included people's preferences of when they liked to get up and go to bed, what they liked to eat and information about their family. Staff were knowledgeable about people's personal history such as previous occupations. One member of staff told us about a person's morning routine and how they enabled them to make choices about their care. They said the newly converted shower room had benefitted people, as it had made access much easier and increased their confidence. They told us any concerns about people's care or their health would immediately be raised with the registered manager. Support in the form of advice or equipment would then be sought.

People and their relatives told us they were happy with the care provided. One person told us "they help me with whatever I need". Another person told us staff helped them to get dressed and have a shower if they wanted one. They said staff did this "very well". A relative told us "the care here is very good. It's very relaxed but they do what's needed". They told us their family member was "doing well". Another relative said "I've got no problems with the care. If X refuses help, they'll always try again later or they'll try another member of staff. They always get there in the end. They persevere but in a nice way. I'm very happy with things here".

During the inspection, there was not any organised activity taking place. Some people sat outside under a shelter, to have a cigarette. Other people sat in the lounge or dining room either asleep or looking around. The television with subtitles was on throughout the inspection. The registered manager told us people were often reluctant to take part in any social activity. They said some people enjoyed visiting entertainers and one person liked to "potter" in the garden. Another person liked to draw whilst others liked the television or a manicure. The registered manager and staff told us people liked to go out and would often go into town for a coffee. They said people were supported to go across to the local surgery for an appointment and then go on somewhere else to make it a social occasion. The registered manager said some people enjoyed going out with their relatives. One person told us "I don't really think there is any proper entertainment or activities. They have a country western singer coming in, who isn't too bad, but apart from that and the odd bingo, I tend to make my own entertainment". The registered manager showed us a sensory or "fiddle" cushion, which had been made. This enabled stimulation but the majority of cushions were in a box in the small lounge and not being used.

The registered manager told us all staff and relatives had their home telephone number so they could be contacted at any time, day and night if required. They said they had an "open door" policy and encouraged people to raise any concerns they had. The registered manager told us there had been many compliments but also a number of recent complaints. All had been satisfactorily resolved. The complaints had been documented in a book but the information lacked detail and did not clearly show the concerns, the action taken or lessons learnt. The registered manager told us they would develop this area to incorporate clearer, more detailed documentation.

One person told us they would tell the staff if they were not happy with their care. Another person told us "I haven't really felt it's my place to say anything about anything I'm unhappy with. Most of the time I'm fairly easy going". The person did not expand on why this was so. Two relatives told us they would not hesitate to contact the registered manager if they were unhappy about anything within the home. One relative told us "I feel we can discuss anything and it'll get sorted". Another relative told us "I wouldn't worry about saying anything to X [the registered manager]. We'd talk about it and find a solution. You only need to say. They appreciate knowing if there's something you're not happy about".

## Is the service well-led?

### Our findings

At the last comprehensive inspection on 18 and 22 June 2015, we identified the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because whilst there were arrangements in place to monitor the quality and safety of the service, these were not operated effectively. The provider sent us an action plan, detailing how they would address this.

There were records which showed a variety of audits had taken place. However, the audits were not comprehensive and had not identified shortfalls, as noted in this inspection. For example, an audit of recruitment and staff training took place in November 2015. The record showed new staff had completed their induction but the robustness of the recruitment processes had not been considered. Information stated "some staff are completing X [on line training]" but further detail had not been expanded upon. The audit did not show whether staff had received the training they required or what areas, if any needed updating. A number of non-conformities had been identified and were recorded on separate pages within the file. It was not clear, which audits the non-conformities related to. For example, one record showed the wheelchairs were dirty and needed cleaning. Another record showed care plans required greater detail. There were no action plans to show who would be undertaking the required work or within what timescale.

The registered manager told us they received good support from the provider. They said they were always "on the other end of the phone" if needed and would visit if they asked them to. The registered manager told us they had known the provider for approximately 20 years and were generally "left alone" to manage the home as they thought best. They told us the provider did not regularly visit the service as it was working well and operating at full occupancy. The provider did not undertake regular audits of the home or monitor its operation. This meant the quality of the service was not monitored by the provider.

There were aspects of furniture which were showing signs of age. This included some of the armchairs in the lounge, which had lost the springs in the seat cushions and over-bed tables which were chipped and difficult to keep clean. One bath panel in an en-suite bathroom was split and ragged and another had been taped as a repair. There was a hole in one person's carpet from the door closure and another person's bedside cabinet only had one drawer, so it looked broken. The registered manager told us the cabinet was in a good state of repair but staff had removed the drawers, as the person "fiddled" with them. They said this was done to ensure the person's safety. The bathroom on the ground floor did not look comfortable and pleasing to the eye. The floor was stained and the radiator cover was broken.

Prior to the inspection, we received a concern about a person who chose to sleep in the lounge at night, in their recliner armchair. Whilst they did this, it was alleged that one member of staff slept in the person's bed and another slept on a mattress on the floor. Both staff allegedly lived in the person's room for a period of approximately two months. The registered manager strongly denied this allegation and said they would never allow such a thing to happen. They showed us the person's room and explained the room was not big enough to have a mattress on the floor. One member of staff told us there were staff living at the home but never within people's rooms. Two staff told us for a period of time, there were two members of staff sleeping

in this person's room. We referred the allegation to the local safeguarding team and a review of the person's needs was being undertaken.

The condition of registration for the number of people to be accommodated at the home was for 19 people. Older people, was the agreed service user band. However, at the time of the inspection, the provider's website stated "Goldenley Care Home is an established elderly dementia care home where up to 21 older people can enjoy a quality lifestyle supported by friendly, experienced and professional staff". This information was inaccurate and therefore misleading to the general public. The website stated the provider was Mulberry Care, which was also not accurate. In addition, the website contained photographs of people no longer at the service and the Statement of Purpose related to another of the organisation's care homes. This was brought to the attention of the registered manager. They told us they would be contacting the website designer to update all information stated.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us their aim was to "make the home as good as it could possibly be". They said their main priority was people's care. They said they were committed to ensuring each person received a good service, as this is what people deserved. The registered manager told us they were "very hands on" and regularly spent time with people to ensure their wellbeing. They said that due to the size of the home, they and the staff team knew people well and established relationships had been built. The registered manager told us one of the things the home did well was to settle people, particularly following challenging placements, which had been experienced before their admission to the home

The registered manager told us they regularly spoke with people and their relatives about the service they received. They said this was undertaken on an informal basis and any issues were immediately addressed but not always documented. The registered manager told us they were aware they needed to get into the routine of better recording. More formally, people were sent questionnaires to give their feedback about the service. These views were coordinated and displayed more visually in formats such as pie charts. The information showed the majority of views were favourable. Record showed meetings were held for people and their relatives to verbally raise their views.

People, their relatives and staff gave us positive feedback about the registered manager. One person told us "she's always around. She's very nice". A relative told us "X [the registered manager] is easy to get hold of and will always return our calls. She's very approachable so we can talk to her about anything. She keeps us informed as well if there's a problem or if X [family member] is not very well". A staff member told us "she is very easy going and wants the best for the residents. She's very supportive and will try and help if you've got a problem". Another member of staff told us "she value's staff and is very supportive. She's flexible as well and will sort anything out. She's very approachable and will give you time".

The registered manager told us since the last inspection, significant improvements had been made to the environment. They said the conservatory had been replaced, an unused bathroom had been turned into a shower room and the inside of the home had been redecorated throughout. A new kitchen had been fitted in response to an Environmental Health inspection. This involved adjusting the design of the kitchen and purchasing a new oven. The registered manager told us they were also beginning to replace other equipment and had recently purchased a new fridge/freezer. They said there were plans to develop the home structurally. This would enable wider corridors for people to move around more easily. The registered manager told us the laundry room would be moved and significantly improved, when this work was undertaken.

Staff told us they enjoyed their work. They said this was generally because of the relaxed nature of the home and the people they supported. One member of staff told us "I love it here and wouldn't want to go anywhere else. We have some lovely residents. It's a nice place to work". A member of staff told us "it's really homely here. It's small and not like a care home really. It's very personal and we get to know the residents well. It's like a big family". Other comments were "I try to do my best for the residents", "we're a good team and that rubs off on the residents. It's a good atmosphere here" and "it's very relaxed and the care is good. We have time for people". A health care professional told us "it's an old fashioned care home which could be someone's own home in the community. It's very homely".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care was not always planned and delivered in a way which met people's individual needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Records did not show a robust recruitment process was being consistently followed.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Staff used unsafe techniques to move people, which placed them at risk of harm. The environment did not ensure people's safety and risk assessments had not been regularly reviewed. Medicines were not safely managed. Not all areas of the home were clean and infection control practice was not always followed.</p>

### The enforcement action we took:

We issued a warning notice to ensure the provider made improvements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality monitoring systems were not effective as shortfalls in service provision were not being properly identified and addressed.</p>

### The enforcement action we took:

We issued a warning notice to ensure the provider made improvements.