Goatacre Manor Care Limited

Goatacre Manor Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Goatacre Manor Care Centre is a family run home and is registered to provide accommodation for up to 48 older people who require nursing and personal care. On the day of our inspection there were 32 people living in the home.

We carried out this inspection over two days on the 29 and 30 April 2016. The first day of the inspection was unannounced. During our last inspection of the service in July 2014, we found the provider satisfied the legal requirements in all of the areas we looked at.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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. We found the service to be well led.

People and their relatives spoke positively about the overall care and support provided. This included positive comments about care staff and the management team.

Interactions between staff and people showed positive relationships had been established and staff knew people well. Staff were consistently caring, respectful and attentive in their approach to people. People looked relaxed in staff's company and did not hesitate to ask for support and help. People were supported to take part in activities and there was involvement with the community with people attending local events and hosting events within the home.

People's medicines were managed safely to ensure they received their medicines as prescribed and at the correct time. People received support to meet their health needs which included being supported to attend appointments. Feedback we received from health professionals stated that people's health needs were met appropriately and concerns were raised in a timely fashion.

People had access to a range of foods and drinks, with their preferences being noted and shared with kitchen staff. Where required specialist diets were available such as pureed or fortified foods. People spoke positively about the food choices explaining alternatives were always available should they not want what was on the menu.

The planning and delivery of people's care and support was developed with them or those acting on their behalf. Risks had been identified and plans developed to say how these would be managed and reviewed. People had comprehensive care plans that informed staff of their needs and how they wished to receive care.

There were enough competent staff on duty who had the right mix of skills and experience to ensure they

could safely meet the needs of people using the service. Staff received regular training in relation to their role and the people they supported. Staff received regular supervisions and appraisals, where they could discuss personal development plans. This meant that staff were properly supported to provide care to people who used the service. Staff told us they felt very well supported and understood the home's ethos and values.

The registered manager and staff acted in accordance with the requirements of the Mental Capacity Act 2005. Where people did not have the capacity to make decisions themselves, mental capacity assessments were in place and records showed that decisions had been made in line with best interests. Where required Deprivation of Liberty Safeguarding applications had been submitted by the registered manager.

Arrangements were in place for keeping the home clean and hygienic and to ensure people were protected from the risk of infections. During our visit we observed that bedrooms, bathrooms and communal areas were clean and tidy and free from odours. Regular maintenance of the home was undertaken to ensure the safety and suitability of the premises. A call bell alarm system was in place to ensure people who use the service could call for help when required.

The registered manager investigated complaints and concerns. People and their relatives were able to share their views on the service and knew how they could make a complaint. People and their relatives told us they could raise any concerns they had with the registered manager or any staff member. The provider had quality monitoring systems in place. Accidents and incidents were investigated and discussed with staff to minimise the risks or reoccurrence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staffing levels were sufficient and organised to ensure people's care needs were met.

Nursing staff managed medicines safely to ensure people received their medicines as prescribed.

People were protected from the risk of harm and abuse by trained staff who knew how to recognise abuse and what actions to take to keep people safe.

Is the service effective?

Good

The service was effective.

People were supported to have sufficient to eat and drink. A variety of food and snacks was on offer with alternatives being provided at people's request.

People were supported by staff who had the skills, knowledge and experience to meet their needs.

People were supported to have their healthcare needs met.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring and treated people with respect.

Staff were genuinely concerned about people's well-being. Staff knew the people they were caring for including their preferences and personal histories. People were supported to follow their preferred routines.

People and their relatives were very positive about the care and support provided by staff.

Is the service responsive?

Good

The service was responsive.

People were supported to join in with activities should they wish and be a part of their local community.

People and/or their relatives said they were able to speak with staff or management if they had any concerns or a complaint. They were confident their concerns would be listened to and appropriate action taken.

People were supported to maintain relationships with people that mattered to them. People told us their relatives and friends could visit anytime. We saw visitors arriving throughout both days of our inspection.

Is the service well-led?

Good

The service was well led.

People and staff benefitted from strong leadership from the registered manager.

A comprehensive range of audits to monitor the quality of the service provision were carried out periodically throughout the year.

People and their relatives were encouraged to share their views about the service. There was a strong commitment by both the management and staff team to provide a high standard of care and support to people using the service.

Goatacre Manor Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out this inspection over two days on the 29 and 30 March 2016. The first day of the inspection was unannounced. Two inspectors and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. During our last inspection in July 2014 we found the provider satisfied the legal requirements in the areas that we looked at.

Before we visited 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. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with seven people who use the service and three visiting relatives about their views on the quality of the care and support being provided. During our inspection we observed how staff interacted with people using the service. We used the Short Observational Framework for Inspection (SOFI). We used this to help us see what people's experiences were. The tool allowed us to spend time watching what was going on in the service and helped us to record whether they had positive experiences.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included seven care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around

the premises and observed care practices for part of the day.

During our inspection we spoke with the registered manager, the deputy managers, the training manager, eleven staff including nurses, care staff, housekeeping staff, the maintenance person and kitchen staff. We also spoke with five professionals who work alongside the service, including health care professionals.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living in the home. Comments included "Yes I feel safe, the staff seem competent", "Oh yes I feel very safe" and "Yes I feel very safe in here. The staff are great". Relatives confirmed they felt their family member was safe living at Goatacre. One relative told us "Yes I feel he's very safe in here".

People's medicines were managed so that they received them safely and as prescribed. Medicines were stored in line with current regulations and guidance and medicines, where required, were disposed of safely. We observed part of a medicines round. The nurse administering the medicines was knowledgeable about what medicines people had been prescribed and the reasons why. They were patient with people and did not rush them, and they provided assistance when needed.

Some people were having their medicines crushed as they were being administered via percutaneous gastrostomy tubes (PEG). A PEG is used when people are unable to swallow or to eat enough. Although there were letters in place from people's GP's informing staff to crush tablets, some of the letters were not recent and some did not specify which tablets should be crushed. For example, one person had letters in their medicine administration record (MAR) chart from their GP which were dated 20/07/2011 and 03/04/2013. There was no procedure in place for how frequently instructions to crush medicines were reviewed. Some of the MAR charts specified that medicines should be crushed prior to administering them, but not all did. Despite this staff were crushing them. In addition, there was nothing in place to indicate that pharmacist advice had been sought in relation to the crushing. Pharmacist input is considered good practice as crushing medicines may affect the way the medicine works because it is not being given in the way it was licensed to be used. We discussed this with the nursing staff, the deputy managers and the registered manager during the inspection. The registered manager said they had spoken to their supplying pharmacist following our discussion. They said they were reviewing how they would document approval and instructions to crush medicines immediately. On the second day of our visit the registered manager had written to people's GPs about this matter and the letters had been hand delivered to the surgeries. The registered manager was awaiting the outcome of these letters.

Protocols were in place for PRN (as required) medicines. These were person centred and detailed for example where people might experience pain and why. Staff had documented when these medicines were administered.

External audits had been undertaken by the local clinical commissioning group, but these had not taken place since January 2015. Recommended actions following the last audit had been completed. The service also undertook monthly medication audits and any identified actions noted had been actioned. The outcome of the audits was reviewed by the deputy manager. Processes had been reviewed when recurring themes were identified. For example, missing signatures on MAR charts had been a previous issue highlighted within the audits. As a result of this the service had implemented a checking process for staff at the end of medication rounds to ensure all items had been signed for. The provider's medication policy had been revised to include this checking process. The deputy manager said this had resolved the issue of

missing signatures. The MAR charts we looked at were all signed and up to date which showed the revised process was effective. Staff said medication errors were shared in order to prevent recurrence. One staff member said "We had an error recently, and that's why we now wear the do not disturb tabards when we do meds. They were brought in to minimise distractions" and "A memo went out to all nurses to read and sign informing us of the change".

However, the revised policy made no reference to the process in relation to crushed medicines or to the administration records for topical medicines. The nurses signed the MAR charts for all creams and lotions but care staff were administering non-prescription items that were listed on the MAR charts. There were no formal records or body maps in place to inform care staff where to apply the cream or the frequency required. Although staff documented in daily records they had provided care to people, they did not always specify they had applied creams.

People told us they received their medicines when required. One person told us "If I'm in pain I speak to the nurse and they get it sorted". Another person said "I take my own medication but I like them to watch me take them in case I forget".

People told us there were enough staff on duty to assist and support them when needed. One person told us "I use my call bell when I'm in my room and they come very quickly". Another person did mention that during handovers it could be "Difficult finding staff". However they said at other times there were enough staff. A member of staff told us "Yes I feel there are enough staff on duty. We can always find some time to chat with people". Another staff member told us "We are not rushed. We get time to sit and chat". The registered manager explained they used a dependency tool to determine the staffing levels required within the home. The registered manager completed a classification form to identify people's care and support needs and to determine how much staff support was required. We saw the forms were completed monthly and that staffing numbers adjusted as required. At all times during the inspection we observed staffing levels meant people received the required care and support. Call bells were answered swiftly and staff took time to speak with people.

The registered manager told us all new staff applicants were subject to a formal recruitment process. They were given a tour of the building and their interaction with people was assessed before they attended a formal interview. We saw safe recruitment and selection processes were in place. We looked at the files for four of the staff employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

People were protected from the risks of potential abuse or harm. There were a range of assessments which identified potential risks and how they were to be managed and reviewed. These included the risk of falling, malnutrition, pressure ulceration and the use of bed rails. Where assessments had identified people's risks had changed, the plans reflected the required changes staff needed to implement in order to support them. For example, one person's falls risk assessment had changed from them being at low risk of falls to medium risk. This was because the person had fallen on two occasions. Staff had analysed the falls and put in place preventative measures such as purchasing a more appropriate bed, changing the person's wheelchair and the use of bed rails when the person was in bed. The person had not fallen since the preventative measures had been put in place.

Moving and handling plans were detailed and provided clear guidance and instruction for staff on how to

move people safely. Plans included all necessary details in relation to the hoist and slings that were required for each person.

Policies were in place in relation to safeguarding and whistleblowing procedures which guided staff on any action that needed to be taken. Staff had received training in how to keep people safe and were aware of their responsibility to identify and report any suspicion of abuse. One member of staff told us "Staff are very vigilant. We use body maps to record any bruising or marks. If I had any concerns about bruising I would go straight to a nurse or one of the managers". The registered manager was very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

The registered manager regularly reviewed and analysed accidents, incidents or near miss reporting forms to identify and trends or patterns and to look at how they could prevent reoccurrence. Each month they held a 'falls management meeting' between themselves and senior staff to discuss how they could reduce incidents and what further actions could be taken. For example, One person was at high risk of falling but wanted to maintain their independence. To support them to access their bathroom safely a grab rail had been put in place and coloured tape put round the edges of their door to promote visibility. The registered manager said these meetings were also an opportunity to identify if any equipment needed to be order such as walking frames or specialised beds and to review risk assessments for any changes required.

There were measures in place to manage infection control. The home was free from odours and appeared visibly clean with evidence of on-going cleaning during our inspection. There were sufficient supplies of Personal Protective Equipment (PPE) including disposable aprons and gloves. There were different coloured bins for the different types of laundry. Staff were seen to be using PPE when carrying out tasks such as cleaning or supporting people with intimate care. The registered manager and person responsible for maintenance met regularly and inspected the premises to identify any areas requiring attention.

Good

Is the service effective?

Our findings

People were supported by staff who had received training to support them to carry out their role effectively. Records showed all staff had received a range of training related to their role and level of responsibility. These included areas such as the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), fire awareness, food hygiene, moving and handling, infection control, safeguarding adults and health and safety. Nurses said they had access to continuing professional development relevant to their roles. For example, two nurses were tissue viability link nurses and had attended specific training in relation to this. One nurse said "We have no problems accessing training. The company pays for us to attend, and I have never had a training request refused". Other nurses said "We attend specific training for our role; such as male catheterisation" and "We had PEG training a few weeks ago and we've got dementia training coming up". Newly appointed care staff went through an induction period which included shadowing an experienced member of staff. The staff we spoke with were positive about the training and felt it supported them to be able to carry out their duties effectively. Comments from care staff included "The training here is very good. I can ask for additional training if I feel it will help me in my role" and "The training is really good. I've recently completed my level three diploma".

The service was creative in developing their staff to deliver care that met people's individual's needs. A member of the housekeeping staff told us they had requested to attend training in the end of life care. They explained that whilst it was not part of their role they thought it would be useful to have an understanding of this area. They said "We go in people's rooms every day. It would be useful to know what people are going through and how to respond to some of their requests". This had been raised with the registered manager who had authorised the training. This showed the registered manager supported staff to attend training that was not necessarily part of their role but would enhance people's experience of care received. The home had tissue viability link champions whose role it was to advise staff on pressure ulceration care and act as a link between the home and health care professionals involved with the person. They attended any training relating to pressure ulceration care and cascaded information to other staff. The champions were also a point of contact for staff to ask questions to. If they did not know the answer then they would find out.

The service worked with an external organisation to ensure they were training staff to follow best practice and had recently been approached by a nursing university to provide placements to student nurses during their training. The registered manager told us the university had visited the home and were very happy with the standards of care within the home. The university felt the home provided a positive learning environment for student nurses.

When we spoke with staff, they told us they received regular supervision meetings with their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meeting would also be an opportunity to discuss any difficulties or concerns staff had. The nurses said they received supervision sessions every three months and an annual appraisal. One member of staff told us "The support I get from management is very good. We can always meet up in-between my formal supervision".

People spoke very highly about the meals provided. Comments included "The food is excellent. We get a choice of two menus and if you don't like what's on the menu you can always get something else", "You get a good choice, my favourite is scrambled eggs and I like all the puddings" and "Yes the food is very satisfactory". A relative said "The food is great. They have a good choice and my mother is on a soft diet and they puree it. They put the food in different coloured containers so it's not in the same bowl". We observed people eating their midday meal and saw they were offered various meal choices. The meal looked appetising and was well presented. If a meal was declined staff offered alternatives and encouraged people to eat. The cook approached one person saying "I know you've not long had your breakfast but would you like your egg sandwich for lunch now". The person accepted this offer and the cook went and made the person's sandwich. Staff asked people if they wanted to wear a clothes protector before assisting them to put it on. One staff member said "X is it ok if I put this protector on as you look so nice to day and we don't I don't want your top to get spoilt". The person happily accepted the protector by smiling and nodding at the staff member.

People had access to sufficient food and drink throughout the day during our inspection. Jugs were labelled to say how much they contained and when they had been placed in people's rooms. This enabled staff to see how much fluid people were drinking if they did not require monitoring charts.

People had access to specialist diets when required for example pureed or fortified food. We spoke with the cook; they had information of all people's dietary requirements and allergies. This also included people's likes and dislikes. They explained that people had a choice of meals. People were also able to buy their own food which the cook would happily prepare for them or order in a take away if that's what they fancied. They said if people did not like what was on the menu then they were able to request alternatives. The kitchen was clean and tidy and had appropriate colour coded resources to ensure that food was prepared in line with food handling guidance.

There was a relaxed, sociable and unhurried atmosphere during the lunchtime meal. People were offered hot or cold drinks and were encouraged to eat sufficient amounts to meet their needs. Everyone we spoke with said the meals were very good. Where required people were offered assistance to eat their meals. Staff asked people "Are you still hungry, would you like some more" and "Is it ok if I sit with you. Would you like some help". Staff informed people of their meal choices checking this was still what they wanted. They asked people about portion sizes, asking people if they wanted one or two sausages on their plate. We did observe two people who were brought into the dining area just before 12.30pm but did not receive their lunches until half an hour later at 13.00pm. Both these people had fallen asleep by the time they were offered their lunches. People coming into the dining area after these people were offered their lunch first. We feed this back to the registered manager who said they would speak with staff about people's waiting times.

The service had recently taken part in a nutrition and hydration awareness week. People had the opportunity to experience foods from different cultures or to try different fruits and smoothies they might not normally have. People could take part in different recipe demonstrations. One person told us they had enjoyed being involved in the making of the smoothies. During this week a traditional English tea party had been organised with people's relatives and friends being invited to attend.

People experienced a level of care that promoted their wellbeing. People were supported to maintain good health and had access to appropriate healthcare services. People's nutritional needs were assessed. When required specialist advice and guidance was sought from the speech and language therapist (SALT) or from specialist nutritional support. For example, some people were having PEG feeds. The care plans contained details of the feeding regimes and there was documentation in place that showed people had been regularly reviewed by their nutritional nurse. People at risk of malnutrition and dehydration were assessed

at least monthly. People's weights were recorded and where people had lost weight, staff had noted this and informed the GP. One nurse said "It's easy to get advice and guidance from the SALT team. We can refer ourselves so it means it happens quicker". Care plans showed that people were seen by their GP, physiotherapist, podiatrist, the mental health team, and nutrition nurse. One person had recently had to attend a hospital appointment and the care plan contained details of the appointment and the outcome.

We received positive feedback from healthcare professionals who work alongside the service. They all spoke positively about the links they had with the service and described communication as being "Very good". Comments included "I feel that the staff act well upon my instructions or advice e.g. If asked to check BP daily, or keep a fluid chart, it will be done and fed back to me as requested" and "Written plans are taken and handed over. I will often start a discussion with one team member (Nurse) and it will be completed by others. I feel Goatacre are fairly good at handing on management plans and communicating well". One health professional told us "Staff are good at spotting early changes in people's needs and health. They will identify who needs immediate attention and who can be seen during my next visit". Another said "They liaise well and are very good at sharing information".

We spoke with one healthcare professional who had worked closely with the service regarding a scheme they were involved with, which supported people to move from hospital to Goatacre Manor and then back to their own home. They said the work the home did during this time was "Very good". They said they worked alongside the registered manager and staff to identify the needs of people requiring the service and to make sure the home was able to meet those needs. They told us "Nurses acknowledged that the care and support required by these people was different from the people residing at the home long term. Nurses and staff were clear on assessing what people moving from hospital needed and how this was to be managed. They always followed through any guidance or direction given by the hospital on discharge and kept myself and GPs up to date with any changes to people's needs". They said "They kept us update to date with any changes. Whilst we visited regularly they didn't wait until our visits and contacted us as needed". They gave an example of when they felt the service had gone above and beyond to support one person who had been discharged from hospital and their family had certain expectations regarding the care and support that should be provided. They said "The manager bent over backwards to spend time with this person and their family to try and resolve their issues. I don't think many home managers would do this to try and alleviate people's concerns". They said the communication between the nurses, staff, registered manager and themselves was "Very Good" and they found them to be "Welcoming and approachable".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Consent to care was sought in line with legislation and guidance. Care plans contained consent forms and where possible people had signed these. Mental capacity assessments had been completed and where people had been assessed as not having capacity, best interest decision meetings had taken place. People had access to independent advocacy services and where these had been accessed there was documentation in place to show when and why this had taken place. During the inspection, the registered manager told us were needed they had made applications for DoLS authorisations. Applications had been

submitted by the provider to the local authority. More urgent DoLS had been authorised, whilst others were awaiting a response. Where DoLS applications were in place the registered manager regularly reviewed these to ensure what was in place remained the least restrictive option.

Staff had received training in the Mental Capacity Act and demonstrated a good understanding of supporting people to make choices and decisions about their daily living. There were support plans in place which detailed people's preferences and how they could be involved in decision making. Staff said people were always offered the choice of when they wanted to get up or go to bed, what they wanted to eat and drink and how they wanted to spend their day. Staff were able to discuss how they supported people to make choices that may be seen as unwise or as putting the person at risk. For example, they explained where people may be overweight; they had the right to eat what they wanted. They explained they would always try and support the person by discussing healthy options but ultimately they respected the person's decision. Staff regularly offered people choice. This included asking people what they wanted to watch on the television, where they wanted to sit and what meal they would like at lunchtime.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the care and support they or their relative received. One relative told us "I wouldn't change the way she is treated. The staff are very good with my mother". One person told us "The staff are excellent, will always do that bit extra for everyone. Sometimes I might have to wait a bit but they will always come and let you know". Another person told us "I trust the staff, they are perfect with me". Another person told us "The staff are lovely, very nice. Whatever I want I get. They are always making sure I'm alright".

Comment left by relatives and friends on an independent website for care homes included "My father seems like a different man since becoming a resident at Goatacre, His quality of life has changed completely, he has a twinkle in his eyes which I thought we would never see again. The care and support he has been given by the nursing and care staff is exceptional", "It is rare to find such a caring environment to place my trust in. Each time I come and go, I do so safe in the knowledge that he is in safe and capable hands" and "mum has been at the home a year and we can't praise the management and wonderful staff enough for all the care and dedication they give, not only to mum but to all the residents".

Throughout our inspection we observed people being treated with kindness and compassion. Examples of this included one staff member walking beside one person and saying "You look lovely today" and another staff member who walked up to one person and said "Hello (person's name). How are you today, it's so lovely to see you". There was a calm and friendly atmosphere throughout the home. Staff were smiling and talking with people. There was laughter and joking and people were smiling and appeared relaxed. We heard one person joking with a staff member about not putting their Easter eggs near the radiator as they would melt.

We observed one of the kitchen staff sat with one gentleman telling him about a training course he had attended. The gentleman was in turn discussing his own experience of training. The staff member was genuinely interested and listened to what the person had to say.

Staff had positive relationships with the people they were supporting. Staff were respectful and caring in their approach to supporting people. Where people needed assistance staff sought their permission before assisting them, explained what they were doing and offered reassurance throughout the task. For example, we saw staff transferring one person from their wheelchair in to an armchair using a hoist. Staff explained what was happening at all times and frequently checked the person was alright saying "I'm going to move you back now, is that ok. Are you alright?". They ensured the person's dignity was maintained by covering them with a blanket during the transfer. One person told us "There is always two staff to hoist me. They let me know what they are doing, explaining all the way through".

Staff frequently referred to Goatacre as people's "home". One deputy manager said "It's their home. I observe the care that staff provide, and see how staff speak to residents and the way the residents respond to people. I know we provide good care here".

All staff were able to talk about how they promoted people's rights and choices. One member of staff talked about the importance of people being able to live their lives as they choose. They told us about one person who they said didn't like to join in activities, which was their choice as they were "Living their life at Goatacre as they did in their previous home". Another member of staff said "It's important to support people to make their own choices and to know how they communicate". When asked about equality one staff member said "People should all be treated as equal but as individuals at the same time. It's about getting to know people. Each person might need a different approach to how you support them".

Where people experienced difficulties with communication, aids had been resourced to support this. Picture card prompts and menus where used to aid people with making choices and decisions. One person who was not able to communicate verbally had a communication board to support them to express their wants and wishes. Although the person was assessed as not having capacity to make decisions relating to their care, support plans still noted decisions the person should be involved with. A member of staff told us that to support people who had difficulty in raising their head to recognise it was them approaching, they would always wear red shoes. They said "Hopefully they will see my red shoes and know it is me". Some people had ''What matters to me' boards in their room. These were an information board placed in a prominent position in people's rooms to ensure that staff could easily see essential information regarding the person's preferences regarding such things as pain relief, nutrition and hydration, tissue viability and safety.

We saw staff promoted people's privacy and dignity. Staff knocked on people's doors and waited to be asked in before entering. Any care and support was conducted behind closed doors. Staff told us when supporting people with any personal care they would always ensure this was done with the person's door closed. They said they would encourage the person to do as much for themselves as they could. They said they would always ensure that people were covered when supporting with intimate tasks. One staff member said "It's important for people to be able to tell us how they want care to be". Another staff member said "I wouldn't like to be exposed. I chat with people to try and make them feel comfortable". People told us staff respected their dignity and right to privacy. Comments included "They always knock first and ask if they can come in all the time", "Yes I get treated with dignity and respect. They really look after me and my well-being. Staff are very good" and "Staff are all respectful. They always knock on my door before entering the room".

People were supported to be independent and were encouraged to do as much for themselves as possible. One person told us "They support me to try and do what I can for myself if and when I can". Some people used equipment, such as walking frames, to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged people to use it.

Staff were knowledgeable about the care and support people required. For example if people preferred a bath or shower or what clothes they liked to wear. Staff were also knowledgeable about people's personal histories and interests. Staff were able to tell us about past hobbies and employment people had been engaged in. For example one staff member explained about one person who did not enjoy the television or radio. They had spoken with this person about their interests and organised for a newspaper to be delivered each day as the person liked to read the sports results.

The home was committed to providing end of life care that met people's needs. The registered manager told us they were proud of the support they provided for, not only residents, but also their loved ones, at the end of people's lives. They said the service was passionate about ensuring residents had a dignified, comfortable and pain-free death. The home had received a high number of referrals for end of life care and we saw positive feedback from relatives. Comments included "My son was there for end of life care. He lapped up all the attention he got from the friendly staff who went out of their way to make his last weeks as happy as possible. Nothing was too much trouble", "My mum only spent a few months at the end of her precious life

in safe, loving and caring hands. They go above and beyond" and "When my father passed away he could not have received any better care. He was treated with great respect and dignity and as a family this was a great comfort". When asked about end of life care one health professional told us "I have always found this to be of a particularly high standard". The home worked alongside other health professionals, the person and family to put plans in place to ensure people received care which met their needs. The service provided free accommodation and food for family during this time and had created a 'comfort pack' which included items that may be required by someone wishing to stay. The pack included items such as toiletries, a dressing gown and towels.

The registered manager had recently allocated a room for the purpose of worship. They said this had previously taken place in the lounge area with services being carried out by the local parish. However the lounge could get quite busy and not all people wanted to take part in the service. They said the initiative had been welcomed by people using the service who enjoyed attending for worship in what was now called 'The faith room". Whilst primarily there were only Christian people living at Goatacre, facilities were available for people of other faiths. For example prayer matts. A visiting lay pastor commented "I find all the staff very caring and thoughtful. I have been called upon on several occasions by staff members to be with a dying resident and his/her family to offer comfort when appropriate. I have also been called to visit residents who are feeling anxious or afraid. The staff are very appreciative of this and I am moved by the kindness shown by them to residents during end of life care".

Good

Is the service responsive?

Our findings

People received care and support which was responsive to their needs. All of the care plans we looked at were person centred. All of the plans contained details of people's life histories called 'This is me', which meant that staff had an opportunity to learn about people's lives before they had moved to Goatacre. One member of staff told us "I really like reading people's, this is me section of their care plan. It's really helpful in supporting me to get to know people. It also helps provide me with topics of conversation".

People's personal preferences had been noted in relation to how they wanted their care provided. For example, in one person's plan it was documented that they preferred not to wear anything on their feet. In another plan for a person with more complex needs, their preferences were documented in exact detail. For example, "Likes leg bag strapped to the right leg usually on the knee, with straps positioned above and below the knee" and "Likes night bag to be emptied at 3am".

Wound care plans were detailed and where necessary showed that external tissue viability advice and support had been sought. There were photographs in place that showed how wounds had improved or deteriorated. All of the plans we looked at contained up to date photographs except one. One person was having wound care for a pressure sore they had been admitted with, but the latest photograph was dated 09/02/2016. One of the deputy managers said that wounds should be photographed at least monthly, which meant this persons wound photograph was overdue. Aside from this, the care plans were very detailed, contained body maps, timescales for healing and guidance for staff on frequency of position changes and actions needed to promote wound healing. Position change charts were completed and up to date and reflected care plan guidance. Pressure relieving mattresses were set correctly. One person who had a pressure sore said "They come every few hours to change my position. I have to stay on the air mattress to help the wound heal. It used to hurt a bit, but they tell me it's looking much better". Where people had catheters in situ, care plans detailed the care required and the frequency of catheter changes. Records showed that catheters had been changed during the timescales specified.

One person had been referred to a physiotherapist because of a chesty cough. The physiotherapist had suggested some exercises for the person and a flow chart of these had been printed out by staff. This had been attached to the foot of the person's bed where they could see them. They said "I do my exercises like I've been told to. I was doing them just now".

Although the nurses wrote the care plans, they said that senior care staff contributed to this. One said "It's good that the senior carers are getting more involved in the care planning process. It ensures that the plans are accurate and reflect people's needs". We were informed that the service was implementing "Resident of the day" on 1st April 2016. As well as using this as an opportunity to review care plans it was also being used to "make a fuss" of people for example by offering them a special meal of their choice.

Care plans had been reviewed regularly. When reviews had taken place, where possible, people had signed or contributed to the review. Where people were unable to contribute due to their condition, people's relatives were invited to attend reviews.

The home had an activity co-ordinator who organised activities throughout the week. They also offered people activities on an individual basis. Activities included music, craft work and pamper sessions. Within the home there was a hydrotherapy pool and spa which people could access if they wished. We observed a music reminiscing group taking place on the first day of our inspection. People were engaged with the activities co-ordinator and were talking about songs and music they remembered and the memories that music triggered. The activities person said "Next time I will bring my iPad and we can listen to some of these songs". We spoke with the activities co-ordinator who told us they were reviewing the activities programme to promote more involvement from people using the service. They were currently looking at bringing in people living locally to support activity sessions and make them more of a social setting. To support someone who was living with dementia they told us they had made them an activity tabard which they found offered the person a distraction during times of anxiety or agitation.

In some plans, staff had documented that people preferred not to participate in activities. In these instances staff had identified the risk of social isolation, but it was not always clear how staff should avoid this happening. For example, in one person's plan it was documented that staff should "Interact with him" and "Motivated when encouraged" but there was no further detail provided about how staff should interact and offer motivation.

Comments from people about activities included "I've not gone outside yet as I've only been here since November but I would like to get out and feel the sun and wind on my face", "I like the smoothies and I like watching movies. I would like to do more activities" and "I enjoyed the pantomime but I think there could be more activities". People told us it was their choice if they wanted to join in with activities.

We reviewed daily records and found they were mainly task focused and did not really record people's emotional well-being. For example the records described what personal care had been undertaken or if the person had eaten but not how the person was feeling. A lack of recording which describes behaviours or actions taken may prevent staff sharing important information about the person's emotional well-being and what was done to support them. For example we spoke with one member of staff who said they felt one person was disengaging and losing interest in activities. However in the person's care plan it noted the person was still engaging in activities and any changes to their behaviour or character should be noted and action taken to find possible causes. In March the person had some visitors who advised staff they felt the person had 'Seemed down'. There were no actions taken noted or any further observations of this nature. We had spoken earlier with this person and had asked if they enjoyed the activities on offer. Their response was "There could be more activities. Craft and ball games don't interest me". We have spoken to the registered manager who has agreed to look into this situation further.

There was a procedure in place which outlined how the provider would respond to complaints. There were notice boards around the home which displayed information for people on how to make a complaint. People told us they knew what to do if they were unhappy with any aspects of care they were receiving. They said they felt comfortable speaking with the registered manager or a member of staff. We looked at the complaints file and saw that all complaints had been dealt with in line with the provider's procedure. Comments from people and their relatives included "I've never made a complaint but yes I would make a complaint to one of the nurses", "I don't like to complain but I don't think I need to as they're all very good", "Yes, no problem complaining. I would do it gently first and if that didn't work I would write it down and give it to the manager" and "They listen to me and take action at the same time".

Good

Is the service well-led?

Our findings

There were many positive comments about the registered manager and overall leadership of the service. Nursing staff told us they felt well supported by the registered manager. They said "He is the best manager we've ever had" and "He really listens to the clinical judgement of the nursing team". Staff told us "I get on well with the manager and management team. I can raise any concerns and it gets acted on", I really enjoy working here. The support from management is very good" and "The manager is very passionate about people receiving good care. His door is always open". Relatives told us they never experienced any problems seeing the manager. Comments included "The manager is always there for us and we can see him any time" and "It's very easy to see the manager". One person told us "The manager is great, I couldn't ask for better. He makes time for you". Comments from professionals included "The manager is so approachable. I feel he goes out of his way to ensure good care is provided and ensure people's wellbeing", "We meet fairly regularly with the Care Homes in our regular Care Home meetings and Steve, Goatacre manager, is always responsive and approachable" and "The present manager is very keen to welcome a 'church' presence. As they appreciate that these visits are extremely important to those residents who have been regular churchgoers".

People and their relatives were encouraged to give their views about the service they received. There was an accessible suggestion box where people could leave comments. Questionnaires were given to people using the service and their relatives periodically throughout the year. We saw a recent food satisfaction survey where it had been identified that one person liked smoked fish, which had now been added to the menu. The registered manager showed us recent feedback left by relatives on an independent website for care homes. They had scored 9.5 out of a possible 10 for comments reviewed. Comments included "Right from the moment you walk through the door you realize this is definitely a care home with a difference, this is a home. I think without a doubt the manager and staff should be very proud of what they have achieved at Goatacre Manor", "After an initial respite trial, my father insisted he wanted to stay. The staff and management went out of their way to look after him" and "It is wonderful to see dad so happy. I was very impressed with the management team". 'Resident's, family and friends' meetings were held were to discuss service developments and offer people the chance to share ideas and thoughts to enhance the care provided. We saw minutes of a meeting held in March 2016 where updates were given on the conservatory café and discussions were held regarding activities and the implantation of 'resident of the day'.

All staff we spoke with were committed to providing high quality services and were clearly aware of the homes values and ethos. Staff carried 'prompt' cards which detailed the homes ethos. Staff talked about the eight key areas of care which include integrity, mobility and dignity. One staff member told us "I refer to the key areas for guidance when I am writing in care plans". Staff told us their role was to support people to maintain their independence and to offer person centred care. A staff member said "Everyone is different and their care is different. For example one person likes their room in a certain way and we respect this". Staff told us concerns or issues could be discussed in their one to one meetings or raised at team meetings. Staff told us team meetings were an opportunity for them to discuss ideas and make suggestions as to how they could improve the service. They said there was an "Open door" culture within the home with management being approachable at any time. One staff member told us "Whilst I have my formal meeting, I

know I can approach the manager or nurses for support at any time". They went on to say "I enjoy working here. There is a really nice atmosphere and the team working is really good". Another staff member told us "I can meet with management in between my supervision if needed. The door is always open". The registered manager sent a monthly newsletter to staff to keep them up to date with what was going on in the home. This included 'star of the month' where staff's achievements were recognised. We saw one person had been named 'star of the month' due to their commitment and person-centred care.

The registered manager was passionate about ensuring people received high quality care and actively sought ways of improving the service. For example, the home was currently in the process of building a café area in the conservatory, where people and their family and friends could sit during their visits. The manager said they hoped this would provide an "Attractive and sociable environment". They hoped this would also encourage young family members to be able to visit relatives as there would be an area allocated for children to play. People and their families had been involved in designing the layout and décor and had fedback that they would like facilities where they could make drinks for themselves. The provision of drinks and snacks would be free. The provider had supported the registered manager by investing in refurbishments to enhance the premises for people using the service. This had included the refurbishment of the lounge, two bathrooms and the installation of flooring. Staff and people using the service had been consulted regarding the colour of the décor and furniture.

The registered manager was seeking to develop the role of champions within the service to include end of life care, nutrition, dignity and dementia. They planned to invest in the appropriate training to support these roles which would be a point of contact for staff to ask questions to. If they did not know the answer then they would find out. With the current tissue viability links they were afforded extra care planning time to ensure wound care was being monitored and dressings where being changed as required. They were responsible for keeping care plans and photographs up to date. They would also liaise with the community tissue viability nurse.

Staff members' training was monitored by the training manager and registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when it was due to be refreshed. Staff said the registered manager was proactive in sourcing training that supported them to carry out their role efficiently. They said they could ask for training and the registered manager would "make every effort" to source the training. This had included supporting housekeeping staff to attend end of life training to promote understanding of people's needs when cleaning their rooms and the attendance on a plumbing course to support the efficiency of the maintenance person. Training attended by staff and nurses was also attended by the registered manager. They said this gave them the opportunity to reflect on the training provided and assess if it could be done better. This had included reflecting on their end of life care and mortality rates within the home to identify any areas for improvement.

There were comprehensive audits to monitor the quality of the service. These included health and safety, infection control, care planning, call bells and audits of the medicine administration systems. The registered manager had an 'Annual development plan" in place which they said was essential in being responsive to ensuring people had access to the necessary equipment and to ensure the premises were suitable to meet the needs of people residing there. The registered manager told us about the importance of ensuring people had the appropriate equipment in place to enhance their quality of life. For example, they had recently purchased 'hypo' kits for people living with diabetes. These could be found in the specific person's room, in the lounge and in the office. Staff and nurses how also received training on how to recognise the signs and when they would need to use the kit. The registered manager told us they reflected on end of life training received. The outcome of this was they purchased an Ambulatory Syringe Pump to support those people who required end of life care with pain management. The registered manager worked closely with the

maintenance person to ensure regular maintenance and more specific audits such as water temperatures, the checking of pressure relieving equipment and bedrails were undertaken. The maintenance included a programme of redecoration throughout the year. Equipment was serviced appropriately.

Observations were undertaken by the registered manager or training manager to monitor working methods to ensure best practice was being followed by staff and nurses. This included observing interactions between staff and residents. Feedback was offered to support staff's personal development. The registered manager was exploring ways to support staff with their personal development by developing roles and responsibilities. This included developing the role of senior care staff with the supervision of other staff.

The registered manager fostered links with the local community. People attended local events. Adjacent to the home was a cricket pitch. People we spoke with who enjoyed watching cricket told us they were supported to attend the cricket matches should they wish. One person who was particularly fond of cricket had been allocated a bedroom overlooking the cricket pitch so he could watch matches when he was not able to attend. Families and the local community where invited to attend events held by the service, such as BBQs. The service took part in the national care home open day which the registered manager told us was attend by local GPs, people from the village, people using the service and their family and friends. A recent nutrition and hydration week held at the service had been supported by the local health watch organisation.

To keep up to date with best practice the registered manager attended the local care home provider forums. This gave them the opportunity to meet with other providers to share best practice and discuss challenges they may be facing with service delivery. They also worked alongside the local hospice. They kept up to date with new legislation or guidance affecting their service by reading a variety of publications. They attended any training required of their role and kept up to date with refresher training for those courses already completed.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of an emergency such as fire.