

Mrs P Saltmer







Goodwins Residential Care Home

Inspection report

31 Bromley Mount
Wakefield
WF1 5LB
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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

The inspection took place on 17 September 2015 and was Unannounced.

The home was previously inspected in May 2014 and was compliant in all areas.

The home provides support to one person and there was a registered manager in place. 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.

Goodwins provides accommodation and personal care for one person. The registered manager is the sole member of staff in the home.

The home is situated near Wakefield town centre with easy access to public transport and local amenities.

Summary of findings

The person had their own bedroom with access to a bathroom, lounge, kitchen and garden.

Relatives we spoke with told us they felt their relative was safe living at Goodwins.

The registered manager was able to identify risk and had a good knowledge of what may constitute abuse or neglect.

Although the registered manager had received training in the Mental Capacity Act 2005, they did not carry out capacity assessments. They told us they had requested an assessment from the local authority

The person was supported by a registered manager who knew them well and had the appropriate skills and knowledge to carry out their role.

Interaction between the person who lived in the home and the registered manager was warm and respectful.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The registered manager had received training in safeguarding.

The service carried out regular safety checks to ensure the safety of the person living in the home.

Relatives told us they felt their relative was safe in the home.

Good



Is the service effective?

The service was effective.

The person was supported by a registered manager who had appropriate skills and knowledge.

The home was compliant with the requirements of the Mental capacity Act 2005 and the Deprivation of Liberty Safeguards 2007 by ensuring peoples capacity to make decisions was assessed by a qualified professional.

The person was supported to have a nutritious diet.

Good



Is the service caring?

The service was caring

We saw the registered manager had a good relationship with the person who used the service.

The registered manager involved the person in everyday decisions.

The person's dignity and right to privacy was respected

Good



Is the service responsive?

The service was responsive

The care records were person centred and focussed on the needs of the individual.

We saw the person was involved in many activities outside of the home.

Good



Is the service well-led?

The service was well led.

The person told us they enjoyed living in the home.

The registered manager provided a positive atmosphere

The registered manager carried out audits and safety checks

Good



Goodwins Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 18 September 2015 and was unannounced.

The inspection was carried out by one adult social care inspector

We spoke with the registered manager, with the person using the service and with a relative. We observed interactions between the registered manager and the person who used the service.

We looked at the care record for the person using the service, audits including health and safety, compliment and complaints records and training certificates.

Before the inspection providers are asked to complete a 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 did not ask the service to provide us with a PIR prior to this inspection. We also looked at information from the local authority safeguarding and contracts teams.

Is the service safe?

Our findings

The person who used the service had limited verbal communication but they could communicate through facial expressions such as smiling and nodding or shaking their head for yes or no. We asked them if they felt safe living at the home. They smiled and nodded their head. We asked them if they liked living in the home, they smiled and said yes.

We spoke with a relative and they told us they felt the home was the best place for their relative. They told us “I feel (relative) is very safe and well cared for by (registered manager).”

We spoke with the registered manager; they told us they had recently undergone training in safeguarding. They had a good understating of what constituted abuse or neglect and could tell us what they would do if they had any concerns. The training records we looked at confirmed what the registered manager had told us. This meant the person who used the service was protected from the risk of abuse, because the registered manager had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The registered manager was the sole worker in this service. We asked them what would happen if they were unable to carry out their role. They showed us their contingency plan for this. We saw the plans ensured the person would be supported by appropriately trained people in the event the registered manager could not carry out their role.

An assessment for self-directed support, carried out by Wakefield Metropolitan District Council in April 2015, identified the current placement as ‘Absolutely right and there are no concerns for the person’s safety’.

We looked at the fire safety audits and saw the registered manager had carried out monthly evacuations. The service also carried out weekly and monthly fire checks. This showed us the home had plans in place in the event of an emergency situation.

We did not look at the provider’s recruitment processes as no new staff had been employed.

Medicines were not administered by the registered manager. They gave the person medicines in a pod and the person took the medicines themselves. We saw the registered manager had received training in the safe administration of medicines. This meant people received their medicines from people who had the appropriate knowledge and skills.

Is the service effective?

Our findings

The person who used the service had difficulty communicating verbally, and as we were not familiar with the person's way of communicating, we were not always able to gain their views.

The registered manager had a certificate in Health and Social Care level two and had received training in a variety of subjects including the Mental Capacity Act 2005, nutrition and food hygiene, and person centred care and dementia awareness. Additionally, they were completing the Common Induction Standards. This meant the person was cared for and supported by suitably qualified, skilled and experienced staff.

We asked the registered manager whether they had completed a capacity assessment on the person who used the service. They told us they had not but believed they had full capacity. In the care records we looked at we could not see any capacity assessment had taken place. We discussed our concerns about the person not having had a capacity assessment. The registered manager assured us they would arrange for an assessment to be carried out by the local authority. The person had a relative who was their appointee. An appointee is a person who has the right to deal with financial matters such as welfare benefits.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. The Deprivation of Liberty Safeguards is part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. On the day of our inspection, the person had not been subject to DoLS. The registered manager told us the person could come and go as they please, there were no restrictions on their movement.

The registered manager was aware of the person's dietary likes and dislikes and told us the person had a good appetite and enjoyed most foods. We saw a nutrition assessment had been carried out. In the care record we saw the registered manager had written down the person's likes and dislikes. During the inspection, we saw the person had breakfast and cups of tea throughout the morning. The registered manager told us they would ask the person what they would like to eat for lunch. The registered manager told us the person would join the registered manager and the registered manager's family for the evening meal and on these occasions the person would be eat the same meal as everyone else. The registered manager told us they would take the person out for dinner once or twice a week. The registered manager told us they did this because the person was seen to be part of their family and would take part in activities organised by the registered manager.

Is the service caring?

Our findings

We asked the person who used the service whether they liked living in the home. They smiled broadly and said yes. We looked in their bedroom and saw it was personalised with lots of pictures of friends and family on the wall. There were also pictures from holidays and day trips out taken with the registered manager and the registered manager's family. Personalising bedrooms helps to create a sense of familiarity and make the person feel more comfortable. Although the person had their own room with a television, they registered manager told us the person would spend their evening in the lounge with registered manager and everyone else

The relative we spoke with told us "I have never seen (relative) look so happy, I wish they had gone there years ago."

The person who used the service was supported by the registered manager; there were no other members of staff. This meant the person was supported and cared for by a registered manager who knew them well.

We observed the interactions between the registered manager and the person who used the service. We saw it was warm and respectful. The registered manager told us "(name) is part of our family." The registered manager told us they encouraged the person to be independent as possible. They focussed on helping the person to do everyday tasks for themselves rather than doing tasks for them.

The person's dignity was respected, we saw the registered manager knocked on bedroom and bathroom doors before they entered. The person chose what they wanted to wear, what activities they wanted to do and when they wanted to go to bed and get up in the morning.

The person looked well dressed and cared for and this indicated the registered manager had taken the time to support the person with their personal care in a way which would promote their dignity.

The person was supported to express their views and were actively involved in making decisions about their care, treatment and support. Although the person had not signed their care plan, the registered manager told us they sat with the person each month and went through the care plan with them. They told us they felt the reviews were useful and helped them understand the person's changing needs.

We could not see any future wishes or goals had been identified in the care record and we asked the registered manager about this. They told us they did ask the person what they wanted to do but had not recorded their response. For example, the person said they wanted to ride a bicycle. The registered manager was in the process of looking for a bicycle that would be appropriate for the person to ride.

The registered manager told us they would start to record the person's future wishes. The registered manager wrote in a daily record. We looked at a week of records and saw they had written down what the person had done each day and their dietary intake.

This meant the person was receiving care and support that was meeting their needs in an empowering and respectful manner.

Is the service responsive?

Our findings

We reviewed the care record for the person who used the service. The plan was brief but person centred. It looked at areas such as their support needs, their likes and dislikes, mobility assessment and nutritional screening. The care plan was kept in the person's bedroom and was available for them to look at. However, it was not available in an easy to read format for them.

The person had a keen interest in art and craft. We saw the registered manager supported them in their hobby. We saw pictures where the person had taken part in activities outside the home. The registered manager told us they included the person in all family activities including an upcoming wedding. The relative we spoke with told us they felt their relative was treated as part of the family and was included. They did not feel the person was being isolated.

We saw the service had a complaints procedure in place and information how to make a complaint was available for the person who used the service and their visitors. The relative we spoke with told us the registered manager was very good at communicating with them. They told us "They always let me know if (relative) needs anything."

We saw the service had carried out an annual evaluation of the service. The result was very positive. The service also had a compliments book in place. We saw the registered manager had put thank you cards in the compliments book. The thank you cards were also very positive.

We saw the person was not wearing dentures and we asked the registered manager about this. They told us they had asked the person whether they wanted false teeth but they had refused. The registered manager told us the person did not have any difficulties eating a variety of foods. We saw the person eating their breakfast in spite of not having any dentures in place.

The registered manager told us they would contact the GP or take the person to hospital if they showed signs of illness. The relative we spoke with confirmed the registered manager would always let them know if the person required any medical attention. They felt the service was very responsive in meeting their relative's health needs.

The service had been visited by the contracts team from Wakefield Council in April 2015. They had identified areas requiring improvement such as updating training for the registered manager and the use of a complaints file to monitor the quality of the service. The contracts team visited again in July 2015 and the service had carried out the improvements noted by the contracts team.

Is the service well-led?

Our findings

The relative we spoke with valued the support offered by the service and said the registered manager was very caring and treated their relative very well. They felt able to contact the registered manager with any concerns. They told us they had been asked for their views about the care and treatment of their relative and they felt they had been listened to.

The registered manager told us they loved their role and enjoyed supporting the person. They were aware of their responsibilities toward the care and support of the person who used the service and took their responsibilities seriously.

The registered manager ensured the quality of the service was maintained through regular audits of the service such as health and safety and evaluation questionnaires. This demonstrated the home had effective quality assurance and governance systems in place to drive continuous improvement. In one of the audits we looked at we saw the service had identified the persons room required

re-decorating and the carpets replacing. However, the person had refused to have their room changed because they liked the room the way it was. The registered manager told us they had respected their wish.

The home had policies in place and were reviewed and updated when necessary. Reviewing policies enables registered providers to determine if a policy is still effective and relevant or if changes are required to ensure the policy is reflective of current legislation and good practice.

The person's care record including medical records were accurate and fit for purpose. The care records were updated monthly and reflected the needs of the person who used the service.

The registered manager told us they encouraged the person who used the service to express their views and were involved in making decisions about their care and treatment.

The registered manager told us they were adaptable and felt the training they had undertaken had enabled them to develop their knowledge and skills which ensured the best possible outcomes for the person living within the home.