

Cadogan Care Limited

Goldcrest

Inspection report

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Ratings

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

Summary of findings

Overall summary

Golcrest is a residential care home providing personal care for up to 26 older people, some of whom are living with dementia. Nursing care is not provided at the home. This is provided by the community nursing service. At the time of our inspection there were 15 people living in Goldcrest.

At the last inspection in April 2016 the service was rated Good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

The people who lived in Goldcrest were provided with high quality; caring support which was person centred and met their individual needs. Comments from people who lived in Goldcrest included; "They are very helpful and take good care of us" and "It's all so good, I couldn't ask for better."

People spoke highly of the staff who worked at Goldcrest, with comments including; "They are kind and very caring. If you happen to mention you want a cup of tea or something, there it is!" and "Oh yes they are very kind and caring to me. They are great!" Staff treated people with respect and kindness. There was a warm and pleasant atmosphere at the home where people and staff shared jokes and laughter. Staff knew people and their preferences well. People were supported to have enough to eat and drink in ways that met their needs and preferences. Meal times were social events and people spoke highly of the food at the home.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staffing numbers at the home were sufficient to meet people's needs. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put this into practice.

People who lived in Goldcrest had a variety of needs and were protected from risks relating to their health, mobility, medicines, nutrition and possible abuse. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staffs knowledge relating to the administration of medicines was regularly checked. Staff told us they felt comfortable raising concerns.

People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Goldcrest

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 was 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 comprehensive inspection took place on 16 May 2018 and was unannounced. One adult social care inspector carried out this inspection with an expert by experience. An expert by experience is a person who has personal experience of using services or caring for a person who uses services. In this case the expert by experience had experience in caring for a person living with dementia. Prior to the inspection, we reviewed the information we had about the home, including notifications of events the service is required by law to send us.

We conducted a SOFI during this inspection. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us.

We spoke with 10 people who lived in Goldcrest and two relatives. We spoke with three members of care staff, the registered manager and two owners of Goldcrest during our inspection. We requested feedback from 13 external healthcare professionals and but failed to receive feedback from any of them.

We looked around the home, spent time with people in the lounges, the dining room and in their bedrooms. We observed how staff interacted with people throughout the inspection and spent time with people over the lunchtime period.

We looked at the ways in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We reviewed in detail the care provided to three people, looking at their files and other records. We reviewed information about the recruitment and supervision of three staff members and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

Is the service safe?

Our findings

The home continued to provide safe care.

People told us they felt safe. People made comments to us including, "I like it here and I feel safe" and "I am very happy here. I am very safe, they always put my frame in front of me." One relative said "It's safe here, as safe as he can be."

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager and deputy manager were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Staffing numbers were suitable to meet people's needs and recruitment practices at the home helped ensure that as far as possible, only suitable staff were employed. The registered manager confirmed relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories. This helped protect people from the risks associated with employing unsuitable staff. Staff numbers were sufficient to ensure people were safe from risks and their needs were met. People confirmed there were enough staff to meet their needs. Comments included; "They are all helpful and come quickly" and "We get what we want straight away."

People who lived in Goldcrest had a variety of needs relating to their mobility, their skin integrity, health conditions, their nutrition and hydration. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. These were regularly reviewed. The potential risks to each person's health, safety and welfare had been identified. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. Staff understood the support people needed to promote their independence and freedom, yet minimise risks to them.

Accidents and incidents were recorded and where these had taken place the registered manager and staff had discussed these and taken action in order to ensure they did not reoccur.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines, including medicines that needed extra security, were being obtained, stored, administered and disposed of appropriately. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Staff had received training in medicines management and had their competencies checked regularly.

The home was clean, pleasant and met the environmental needs of people living with dementia. Staff were

aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. Training records showed staff had received training in infection control. The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire.

Is the service effective?

Our findings

The home continued to provide people with effective care and support.

People spoke highly of the care they received at Goldcrest. Comments included; "We are very well looked after" and "It is wonderful." People's relatives expressed their confidence in the care provided by the staff and told us people's health had improved since living in the home. Comments included; "She has put on weight since coming here and her panic attacks have stopped in here." One person said; "I have never felt better in my life since coming in here." Comments from a recent quality survey for relatives included; "Mum has always received excellent care" and "Excellent person centred care."

People were supported by staff who knew them well and had the skills to meet their needs. Staff had undertaken training in areas which included the Mental Capacity Act 2005, safeguarding adults, medicine management, health and safety, infection control, food hygiene, dementia, first aid and fire safety. Staff training needs were regularly reviewed. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted. One member of staff said, "I've had a lot of training but they would definitely give me more if I wanted."

Staff received regular supervisions and appraisals. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs. One member of staff said "I've just had both supervision and my appraisal. If I had an issue I wouldn't wait for my supervision though. I just go to (the registered manager) whenever I want."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this.

There was a strong emphasis on the importance of people eating and drinking well. People spoke highly of the food and commented, "The food is very good and we get a choice" and "It's good food here." One relative said, "The food here is beautiful." We observed the lunchtime meal during our inspection and saw people were supported to eat either in their bedrooms, the dining room or the lounges, depending on their choice. Mealtimes were sociable and we saw people chatting together in a relaxed way.

People were supported by staff to see external healthcare professionals such as GPs, specialist nurses, occupational health practitioners, social workers and dentists. People were referred to outside professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care. One healthcare professional had commented in the recent survey: "Staff always comply with

recommendations I make."

Steps had been taken to make Goldcrest comfortable and decorated in a way that encouraged people's independence and met the needs of people living with dementia. The design and decoration of the premises promoted people's wellbeing and their wishes were taken into account. It had also been carefully thought out so that people with dementia were less likely to get confused or disorientated. There was signage available to help people find their way around and walls were painted contrasting colours. There was also a hallway painted to resemble a seafront with objects for people to pick up and interact with. People had been fully involved in decorating their bedrooms.

Is the service caring?

Our findings

The service continued to be caring.

We received some very positive feedback from everyone we spoke with about the caring nature of staff at Goldcrest. People made comments which included, "They are very kind and caring here. I am a bit off colour at the moment and they are extra caring to me", "They are kind and very caring. If you happen to mention you want a cup of tea or something, there it is!" and "Oh yes they are very kind and caring to me. They are great!" A recent survey completed by healthcare professionals included the comment: "Nice friendly home. Residents well cared for."

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided. People made comments which included; "They are definitely kind and caring and they let me decide what I do", "They certainly know me and what I like! They ask me for consent" and "It's like being looked after by your own family here. It's so kind here, that's what gets you."

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff and sharing jokes with them. We saw people sharing names of endearment and physical affection with staff. All the interactions we observed were positive and encouraged people to feel comfortable and cared for.

During our inspection, staff demonstrated they cared deeply about people's wellbeing and their self-esteem. Staff spoke about people in ways which demonstrated their respect and care. For example, staff made the following comments about people: "She's so witty", "She's brilliant" "He's amazing" and "She is a lovely lady." Staff told us activities at the home were mainly one to one due to people's needs. They told us about activities they chose with each person in order to choose something the person was good at to improve their self-worth and encourage their independence.

People were involved in all aspects of their care and support. Staff encouraged people to make choices in as many areas as possible. People confirmed they were given choices. Staff received equality and diversity training to help them provide for people's individual needs.

People were encouraged to remain as independent as possible with regards to everyday skills. People's care plans highlighted what they were able to do for themselves and how staff should support and encourage them to maintain these for as long as possible. For example, where people were able to take part in their own personal care, staff were instructed on how to support this.

The registered manager felt people's privacy and respect was paramount and these views were shared by staff. During our inspection we observed staff ensuring they were out of earshot of others before talking about people's individual needs. This demonstrated respect for their privacy.

Is the service responsive?

Our findings

The service continued to be responsive.

People and staff told us they were confident people living at Goldcrest were receiving the best possible care. Comments included; "They are very helpful and take good care of us" and "It's all so good, I couldn't ask for better." People who lived in the home had a variety of needs and required varying levels of care and support. Staff knew people well and could tell us about people's specific needs, their histories, interests and the support they required.

People's needs had been assessed and from these, care plans had been created for each person. People and their relatives had been involved in the creation and the reviews of these. Each person's care plan was regularly reviewed and updated to reflect their changing needs.

People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for the people who had communication difficulties.

People's communication needs were met. The home was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them. Staff demonstrated they knew how best to communicate with people.

The registered manager explained how they listened to people's choices and had regular meetings with people receiving support. These meetings enabled people to voice their wishes and discuss activities they would like to undertake. The registered manager told us that a person had commented at the last residents' meeting that they wanted there to be more cheesecake on the menu and this had been arranged.

People had access to activities which met their social care needs. Staff spent time looking for ways to develop meaningful activities for people and develop and maintain their skills. One relative said, "When they played pass the parcel at a family get together afternoon they ensured the string was loose and the parcels were easy to open, it's all so thoughtful here." We saw people were encouraged to be as active as possible with regards to the general running of the home and their personal needs. One person said "They let me potter in the garden and they know what I like to do. They know about my horticultural background. They encourage me here and I have bulbs growing."

A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. People confirmed they felt comfortable to raise complaints and where they had made some, these had been listened to and responded to. One person said, "If there is anything I am concerned about I ring on my bell and tell them."

Staff had received training in how to provide high quality end of life care to people in a respectful and compassionate way.

Is the service well-led?

Our findings

The service continued to be well led.

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

People, relatives and staff spoke highly of the registered manager. Comments included, "The manager is excellent, she made me feel relaxed straight away" and "(Name of registered manager) is great and (name of senior staff) is amazing. They are amazing."

The leadership of the home consisted of the registered manager and senior care staff. The two owners of Goldcrest were regular faces within the home and staff told us they were approachable and kind. The culture of the service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice. All members of staff we spoke with told us they could approach the management team about any issues and everyone worked openly together. Staff spoke very highly of the management team and their visibility around the home.

All staff we spoke with were proud and happy to work at Goldcrest. They made comments including; "I love it here."

The registered manager and the owners were always looking to improve and regularly sought ideas from forums and other published reports. They told us how they had recently reviewed the CQC report of a home who had received an inadequate rating. They had used this report to encourage discussion and learning during a recent staff meeting. They also ensured they regularly sought ideas and feedback from the staff, people who lived in Goldcrest and their relatives.

The culture of the service was caring and focused on ensuring people received person-centred care. The registered manager and the senior staff team ensured the wider staff team continuously delivered a high standard of care. Staff told us they were supervised and any poor practice was picked up and discussed. The registered manager told us that their ethos and values was demonstrated by the wider staff team. These related to providing people with person centred care which promoted independence.

People benefited from a good standard of care because Goldcrest had systems in place to assess, monitor and improve the quality of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, safeguarding, staffing and accidents and incidents. Regular spot checks were carried out and where these measures identified issues, action plans were created and action was taken to improve. The manager was also working towards completing an improvement plan which included issues identified with records and care plans.

The registered manager and the manager were aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.