

Mrs M C Prenger

Golden Years Care Home

Inspection report

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Blackpool
Lancashire
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04 October 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Golden Years care home is a residential care home that provides care and support for up to 21 older people. At the time of the inspection 20 people lived at the home.

People's experience of using this service and what we found

The building was clean and hygienic and staff were seen to wear appropriate personal protective equipment (PPE). There were staff to meet people's care needs. No new staff had been employed recently, however processes were for the safe recruitment of staff. One staff member said, "I know when I started everything was checked previous to me starting work." Safeguarding training was in the process of being updated for staff and they were aware of the procedures to follow to enable people to keep safe. One person said, "Plenty of staff around so no need to worry about safety."

Risks were assessed and carefully monitored to ensure individuals safety. People received their medicines safely.

The provider had auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Informal systems to gather people's views and staff team meetings were in place. The management team acted upon suggestions or ideas that were made by people, to ensure the service continued to be monitored and improve.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 05/02/2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Golden Years Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Golden Years Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 04 October 2022 and ended on 05 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and commissioners who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who lived at Golden Years, two relatives of people and three members of staff. The registered manager was not available at the time of the inspection however we spoke with the deputy manager. We observed staff interaction with people and reviewed a range of records. These included care records of two people, medication records, two staff files in relation to recruitment checks and staff training records. We also reviewed a variety of records relating to the management of the service. We had a walk around the premises and looked at infection control measures.

After the inspection

We continued to seek clarification from the deputy manager to validate evidence found. We looked at their quality assurance systems they had in place.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Good'. At this inspection, this key question remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

Using medicines safely

- Staff maintained records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.
- The deputy manager had systems and procedures to manage medicines safely. However, their auditing systems, although in place required more frequent and additional checks. This was to ensure medicines for people were managed safely and discrepancies would be identified and acted upon. The deputy manager told us, they were in the process of introducing more frequent medication audits. One person said, "I get my medicines on time all the time." A senior member of staff said, "We are doing more auditing now."

Staffing and recruitment

- No staff had been employed for approximately a year, however recruitment processes were in place. Pre-employment checks were completed to help ensure suitable people were employed. The provider was in the process of changing the application form to request a full employment history with any gaps explained so that the process was more thorough.
- There were sufficient staff at the time of the visit to support people's care needs. People we spoke with told us they did not have to wait long if they required help. One person said, "If I call, they come it's a small, lovely, friendly family run home."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and confident with staff that cared for them. One person said, "Plenty of staff around so no need to worry about safety." A relative added, "We are confident [relative] is safe at Golden years it's a really caring environment."
- There were safeguarding processes in place. All staff spoken with had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns.
- Staff told us they had received training in areas of safeguarding adults. Records confirmed this.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had good processes in place to manage people's safety and reduce risks. Risks to people and the service were assessed and managed well. This helped to protect people's safety.
- The deputy manager had introduced a falls analysis so to identify any trends that may occur so that could act on them to reduce risks to people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

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 MCA 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 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- At the time of the inspection there were no applications submitted. The provider was aware of the process to follow should they require to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'Good'. At this inspection, this key question remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person centred care and support. A relative said, "They keep me up to date with all that's going in [relatives] life which is great." Care records were up to date and easy to follow to ensure people received the right care and support. People we spoke with described a positive, caring, friendly environment.
- Staff and people were complimentary about the staff and management at the home. For example, comments included, "Nothing is to much trouble." Also, from one person, "Everyone is so friendly and they all cannot do enough for me."
- Staff told us they contributed to the running of the home by suggesting changes that may improve the service for people. For instance, one staff member said, "We have informal meetings with relatives and residents, and because we are small home, we chat constantly to improve the place."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had auditing systems to maintain ongoing oversight and continued development of Golden Years. However more formal systems were in the process of being developed so that they can continually improve the care and develop a better environment for everyone. For instance, a new 'falls analysis' had been developed to monitor any falls and improve the risk of reoccurrence. The deputy manager told us they were improving their systems and adding to their audits so that they continuously monitored their performance
- The provider encouraged candour through openness. The deputy manager and staff were clear about their roles, and understanding of quality performance, risks and regulatory requirements.
- The provider understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and deputy manager encouraged people to provide their views and about how the service operated through informal meetings, group meetings with staff and relatives and discussions with people.
- The provider and staff involved people in the running of the home and gave consideration to their equality characteristics. This ensured people were treated fairly and as an individual.

Working in partnership with others

- Records highlighted advice and guidance was sought from health and social care professionals when required.
- The provider worked closely with other agencies and relatives to share good practice and enhance care delivery.