

Croftwood Care UK Limited

Golborne House Residential Care Home

Inspection report

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Date of inspection visit:

13 December 2023

14 December 2023

Date of publication:

04 January 2024

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

About the service

Goldborne House Residential Care Home is a care home providing personal care to older people and people living with dementia. The service accommodates 45 people in one adapted building, over 2 floors. At the time of the inspection 35 people were using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The building was designed to meet the needs of the people receiving care. However, at the time of the inspection the provider was in the process of having the building redecorated. This meant we were unable to fully assess how dementia-friendly the environment was.

Risks to people's safety and wellbeing were assessed and reviewed by the registered manager. We saw evidence of actions being implemented to reduce identified risks to people's safety.

Staff were trained to recognise potential risks and signs of abuse. Staffing levels were safe. The provider managed medicines safely. Staff used personal protective equipment (PPE) appropriately when supporting people.

Staff had the skills and knowledge to deliver care effectively. People's needs were assessed and reviewed regularly. Healthy lifestyles were promoted, and systems were in place to make sure people's health needs were met. Menu planning met people's dietary needs and considered individual and cultural preferences.

Staff knew how to communicate effectively with residents and were trained to meet people's needs at the end of their lives. Activities were meaningful and supported social inclusion. Relatives were encouraged to visit and had access to care plans (known as life plans by the service) where appropriate.

People told us staff were polite and always asked before providing care and support. Life plans were personalised and showed the care and support people wanted and needed. People and relatives knew how to raise concerns and were confident these would be dealt with appropriately.

The provider ensured systems were in place to monitor the running of the service. Staff worked well in partnership with other agencies to deliver effective care. The registered manager audited care and support records, to assure themselves of quality. Lessons were learned when concerns were raised, and these

outcomes were communicated to staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was good (published 5 September 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and due to the length of time since the service was last inspected.

Recommendations

We have made recommendations about dementia-friendly environments.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Golborne House Residential 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an inspector, a medicines inspector, and 2 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Goldborne House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Goldborne House Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 December 2023 and ended on 14 December 2023. We visited the location on 13 December 2023.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy manager, regional manager, and 5 staff. We received feedback from 4 healthcare professionals and spoke to a relative who was visiting the location at the time of the inspection.

We spoke with 5 people receiving care and spoke to 5 relatives after the onsite inspection. We reviewed 5 people's care records and 5 people's records for the administration of medicines. We reviewed records and audits relating to staff recruitment, and the management of the service, including infection control, life plans, and risk assessments.

We asked the registered manager to send us documents after the onsite inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- The registered manager acted in a timely manner to address concerns and allegations of abuse and took action to make sure people were safe.
- Staff had completed safeguarding training and were confident about raising concerns.

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

- The provider had systems and processes in place to identify risks associated with people's care and support needs and actions were in place to reduce risks occurring.
- Life plans included person-centred risk assessments in relation to people's specific care needs and covered areas such as, moving and handling, falls, nutrition and hydration.
- The registered manager regularly carried out audits to monitor the safety and quality of the care people received. For example, observations had identified an increased risk of falls due to the location and accessibility of the lift. The provider had made arrangements to address these risks whilst maintaining people's independence.
- Fire risk assessments were in place. People had personal emergency evacuation plans to help ensure staff knew how to safely support them if emergency evacuation was necessary. Premises' risk assessments and health and safety assessments were in place.
- Lessons learned were shared with staff by the provider to reduce the risk of issues reoccurring and to improve the quality of care provided.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. The registered manager looked at people's individual needs to determine how many staff were needed on shift per day to keep people safe.
- The provider had robust recruitment processes in place. Recent recruitment records showed staff had been recruited safely with appropriate checks and a formal induction process.
- Staff told us the provider had a strong culture of supporting career progression. Several staff told us of their journey through the staffing structure and how supportive the registered manager was.

Using medicines safely

- Medicines were stored in a clean and safe environment. A new medicines fridge had been requested due to a changeover in the pharmacy provider.
- Audits were completed and issues that had been identified were addressed in a timely manner.
- Medicines used for mental health were reviewed regularly. People were supported with their mental

health needs so that the use of medicines to manage their behaviours was minimised.

- The service was liaising with the supplying pharmacy to implement a new system for medicines that require specific administration. For example, medicines that need to be taken before food.
- Risk assessments for the use of creams that are flammable and for people self-administering medicines were in place and were being followed.

Preventing and controlling infection

- The provider implemented effective infection, prevention, and control measures to keep people safe, and staff supported people to follow them.
- The registered manager made sure infection outbreaks could be effectively prevented or managed. The service had plans to alert other agencies to concerns affecting people's health and wellbeing.

Visiting in care homes

- No restrictions were in place regarding visiting. We observed safe visiting arrangements were in place which helped to minimise the risk of the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The building was designed and adapted appropriately, to enable people to have as much independence and personal freedom as possible.
- Due to ongoing redecorating and refurbishment the service was not fully providing an environment which helped people living with dementia. For example, bedrooms did not always display pictures or objects relevant to the person, to help people living with dementia identify their own room, and dementia-friendly signage had been taken down in preparation for new décor.
- During the inspection the registered manager assured us upon completion of the planned decoration of the building the environment would promote people's independence. We noted there was no impact of harm on people at the time of the inspection.

We recommended the provider consider current guidance on dementia-friendly environments and take action to update the accommodation accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager ensured assessments had been completed prior to people moving into the service; life plans reflected a good understanding of how to care for people and meet their current needs.
- The provider included people, and where appropriate, their relatives when assessments were completed.
- Staff asked people who used the service for important information about their likes, dislikes, and life history so these could be included in life plans.
- Golborne House Residential Care Home supports a number of people from the local community when they need short-term respite. Relatives told us this was effective in supporting people's needs and meant people were more comfortable making the decision to move in on a more permanent basis if they needed to later in life.

Staff support: induction, training, skills, and experience

- The service made sure staff had the skills, knowledge, and experience to deliver effective care and support.
- Staff completed an induction period, shadowing other staff and getting to know people before starting to work more independently.
- Staff training and competencies were refreshed at regular intervals. Staff told us they received training to help support people living with specific conditions.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- The registered manager recognised people's cultural and religious needs and ensured staff respected people's needs and wishes when supporting them at mealtimes.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support, and treatment.
- Care records showed advice given by health professionals was acted upon, and staff were prompt in raising concerns or issues.
- People were supported to live healthier lives and to access healthcare services for support.
- Staff provided support to people to maintain their oral health needs where this was identified as a need; this was recorded in life plans.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act. Where people lacked capacity to make decisions, best interest processes were followed.
- Appropriate DoLS applications had been made by the registered manager where the service suspected people were being deprived of their liberty. These were reviewed and re-applied for within required time frames.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and cared for.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- The registered manager was confident in supporting equality and diversity. Staff received equality training and were able to support people's religious and cultural beliefs.
- People told us Golborne House Residential Care Home was a good place to live. We observed people interacting well with staff and each other; they appear happy and told us they were treated well by staff.
- Relatives told us staff were caring. One relative said, "[my relative] was struggling before coming to the service. Now they are more alert, happy to see us, interacting with everyone. The staff are very dedicated and treat people well."

Supporting people to express their views and be involved in making decisions about their care

- The provider ensured people, and where appropriate those important to them, took part in making decisions and planning of their care.
- The registered manager took the time to understand people's individual communication styles and develop a rapport with them. Staff gave people the time to listen, process information and respond.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, for example, due to cultural or religious preferences.

Respecting and promoting people's privacy, dignity and independence

- The registered manager had processes in place to ensure people were treated with dignity and respect.
- The provider ensured they maintained their responsibilities in line with the General Data Protection to maintain peoples' privacy. Regulations (GDPR). GDPR is a legal framework which sets guidelines for the collection and processing of personal information of individuals.
- Staff knew how to support people because the relevant information, including people's ethnicity and religion, was recorded in people's life plans.
- People told us staff were responsive, compassionate, and respectful. For example, people said staff would always knock before entering their bedrooms.
- Healthcare professionals told us staff were caring and responsive. One healthcare professional said, "Staff are accommodating and friendly. The home has a good atmosphere. Staff ensure privacy is provided for conversations with residents and provide support were appropriate. The life plans are detailed, and

information is always to hand. Staff go above and beyond to make sure what is asked for is provided. Overall, I am really impressed with the home and how they conduct themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- People and their relatives felt they had choice around their daily living arrangements, and this was respected by staff.
- The provider regularly reviewed life plans and kept information about people's needs up to date.
- Staff had a good understanding of people's needs and told us they were kept informed of any changes to people's care and support through handovers at each shift change.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood and supported.
- The provider assessed people's communication needs, and these were recorded in their care plans. Life plans were regularly reviewed.
- The registered manager told us information could be provided in alternative formats such as other languages, large print, or spoken format, if required and the service had an Induction Hearing Loop available to support people who are hard of hearing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests, and take part in activities relevant to them.
- People's relatives were made to feel welcome by staff when visiting; they were offered refreshments and spent as much time as they wished with their relative. Relatives were invited to join in seasonal events and celebrations held at the service.
- Staff provided people with person-centred support when helping with everyday living skills, hobbies, and meaningful activities. Staff ensured adjustments were made so people could participate in the activities they wanted to.
- Staff told us of how people's needs and wishes were met in meaningful ways. For example, staff arranged a surprise party for one person and invited the choir from the person's church to attend and sing for them.

- Relatives told us staff supported people in activities meaningful to them. One relative said, "[My relative] loves The Beatles. Staff took them to The Cavern (in Liverpool)."

Improving care quality in response to complaints or concerns

- The provider had processes in place to seek feedback and respond to concerns when raised.
- The registered manager ensured complaints were analysed to try to identify learning and improve the service.
- Relatives said they felt confident the provider would act on their concerns.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- The provider had processes in place to support people with end-of-life decisions.
- Staff knew how to care for and support people, and how to access the appropriate healthcare professionals to ensure end of life needs were met.
- At the time of our inspection there were no people receiving care and support who were at the end of their life.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at the service. Relatives told us the service was "warm and homely" and staff were "approachable and professional."
- Staff interactions whilst supporting people showed compassion, understanding and respect. This reflected the registered manager's approach to meeting people's needs and respecting their life choices.
- The provider had systems to provide person-centred care which achieved good outcomes for people.
- People and staff were involved in the running of the service. For example, staff and people receiving support had been identified to champion safeguarding concerns as part of the local authority's 'What's Up' campaign.

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; Continuous learning and improving care

- Records showed the registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service. Notifications about significant events were completed and sent to CQC as required.
- The provider had clear processes for reviewing concerns and improving support by learning from the issues identified.
- People, relatives, and staff felt comfortable raising concerns with managers and were confident they would be listened to.
- People and others were supported to access the complaints procedure, and details of investigations and outcomes of complaints made, were shared on a need-to-know basis.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Working in partnership with others

- The provider had a clear management structure which monitored the quality of care to drive improvements in service delivery.
- The registered manager and deputy manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. Relatives told us the service was well managed.
- The provider worked in partnership with others. Staff supported people to maintain links which were

important to them such as with family, friends, and church groups.

- Healthcare professionals told us they found managers and staff to be very caring and compassionate. One healthcare professional said, "Staff are prompt at identifying mental health concerns and sending referrals when needed. They are also good at screening physical health to rule out pain/infection prior to referring into our service. On discussing residents, the care team always know the residents well and are able to identify the best way to approach them and support them."