



## **ENTER AND VIEW REPORT**

### **Goldenhill Nursing Home**

**Date of Monitoring visit 26<sup>th</sup> March 2019**

#### **Care Home Visited**

Goldenhill Nursing Home  
Heathside Lane,  
Goldenhill,  
Stoke-on-Trent,  
ST6 5QS

#### **Registered Care Manager**

Katie Evans

#### **Authorised Representatives**

Paul Harper & Ruby Barrow Greene - Stoke on Trent Healthwatch Volunteers.  
Representatives have undertaken Enter and View Training and are enhanced CRB checked.

#### **Purpose of the visit**

It follows the inspection by the CQC in November 2017 which concluded that overall the Home Requires Improvement.

#### **Methodology**

The Healthwatch representatives were able to speak at length with the home manager, several staff, a volunteer and visitors. We were able to visit different areas of the home.

#### **General overview**

Goldenhill Nursing Home is registered for 44 residents who experience physical disabilities, have nursing needs and/or mental health needs such as dementia. The home has 44 beds and currently has 39 residents with a gender mix of 70% female and 30% male. Ten of the beds are commissioned by the local CCG.

In November 2017 the CQC inspection rated the home as requiring improvement in all five areas, the following were highlighted in the inspection.

**Is the service safe?** *“Some improvements were needed to ensure that people received their topical medicines as prescribed”.*

**Is the service effective?** *“The service was not consistently effective. Some improvements were needed to ensure the environment promoted people's needs and independence”.*

**Is the service caring?** *“The service was not consistently caring. Most people were supported to make choices in the way their care was provided. However, some improvements were needed to ensure information was accessible to all people that used the service”.*

**Is the service responsive?** *“The service was not consistently effective. Some improvements were needed to ensure the environment promoted people's needs and independence”.*

**Is the service well-led?** *“The service was not consistently well led. The provider had implemented an improvement plan and had made some improvements to the care people received. The registered manager had taken immediate action to ensure that they were meeting the regulations as required. However, further improvements were required to ensure that all actions were implemented and systems were imbedded into the service”.*

In our discussion with Mrs Evans the manager we were informed that the CQC had revisited the previous week and that the initial verbal and written feedback reports were positive and the home is hopeful of gaining Good ratings in all five areas and overall. However they have to wait for the full report for the final ratings.

### **Accommodation**

There is a bright and welcoming reception area with its own comfortable seating. All visitors have to sign in and out of the building in the visitors book provided. The home was once a local authority care home so isn't a new building. The interior throughout is bright and well lit with lots of natural light, wide corridors with hand rails and they were not cluttered and had enough space for walking and those less mobile or in wheelchairs. There are plans to redecorate areas. Very close to the reception area was another small lounge. There is access to a garden/patio area and there are plans to upgrade this area.

The main lounge downstairs is large and bright with plenty of space for residents to walk about and for staff to attend to those less mobile without being hampered by lack of space. There is an adjoining dining room again with good space and lots of natural light.

Also on the ground floor there are staff offices, and a kitchen and toilets for residents.

**Bedroom areas.** There are bedrooms both on the ground floor and first floor. Door frames to bedrooms now were coloured to brighten the corridors. One corridor has been decorated in a beach theme.

The bedrooms are of a good size with room for mobility aids and rooms are personalised where the residents request them to be. The team noticed mobility lifting equipment. The (CCG) commissioned bedrooms are identified by blue dots on the doors.

There is a lift to the upper floor and a staircase giving access. Near to the lift was an evacuation slide sheet.

There is a lounge upstairs which had a lot of activity going on at the time of the visit.

### **Food**

The home has its own kitchen and two kitchen staff where fresh food is prepared daily. We spoke to the head chef who told us that there is a wide choice of food on the menu and residents can choose what they want. There are also a range of snacks freely available for all the residents.

### **Staffing**

Staffing levels were reported as being good. The home uses a dependence tool to determine the staffing levels required.

*Please see further note regarding staffing via comment received from Ms. Katie Evans, Manager at end of report*

### **Shifts**

AM shift - there are ten care staff and two nurses one per floor

PM shift - eight care staff

Nights shifts - one nurse and four carers.

One twilight shift extra.

The day staff levels can change but the night staff levels do not change.

There are thirty hours per week that are classed as supernumerary for the manager and deputy.

The home uses agency and bank staff and they are regular staff so they know the home the residents and operational policies and so providing consistency in the care. One of the nurses is an agency nurse.

### **Supervision and training**

All staff receive supervision and the nurses identify their continuing training needs for their CPD and registration with the NMC. They are allowed time off to ensure they attend training to meet their CPD requirements.

There is a training matrix and training goes on within and outside of the home. It includes mandatory training such as safeguarding, DoLs, mental capacity and infection control. We were informed that 90% of staff have used a distance learning course.

There is also now topical cream training for the qualified nurses (identified as an area to improve at the last CQC inspection). Staff have attended nutrition conferences.

The manager feels strongly that staff are developed.

We spoke with nursing staff who said they enjoyed working there and felt supported and confirmed that they are able to meet the requirements of the NMC in relation to their continued professional development.

We also spoke with some care staff who said that they enjoyed working there, felt supported in their work and that the nurses and the manager are very approachable and they feel confident that they can express their concerns about any issues and feel listened to.

### **Care planning**

The care plans are developed and reviewed by the nursing staff with input from all of the care team residents (where possible). Relatives are also encouraged and do provide input to the plans.

Plans are formulated over a few days to ensure detailed and appropriate plans are created with interventions and outcomes being achievable and measurable.

They have a resident of the day in relation to care plans.

We observed numerous interactions between staff and residents for mobility and toileting issues, one resident needed such assistance and staff brought a set of portable curtains to protect the person's dignity as they were attended to.

Also we were able to see and hear staff speaking warmly and caringly and displaying dignity and respect to the residents they were with. There seemed a good atmosphere throughout the home. Staff seemed attentive and responsive where observed.

We spoke at length to a volunteer whose wife had been a resident before passing away there. He said that he had been so impressed with the care his wife had received that he wanted to give something back. He works there two days per week.

His enthusiasm for being there and assisting the staff and residents was admirable and he deserves individual recognition in this report.

The home was a pilot for the local care excellence framework and achieved a gold award.

### **Medical input**

The home has input from five GP practices across the north of the city. GP's will visit where necessary and staff told us they have good relationships with the practices. One GP practice provides nursing visits each week.

The home uses the Raven pharmacy in Cobridge who they described as being "fantastic".

The BNF (British National Formulary) is up to date and they are expecting the latest edition which is updated every six months.

We were told that medication fridge temperatures are monitored and recorded by the nursing staff on a daily basis.

### **Activities**

There is a large activities board in the reception area displaying an activity programme with a wide range of activities advertised ranging from trips out, musical evenings at the home with visiting artists and entertainers. They hold cultural evening and at these staff will cook food with staff and the owner cooking food from their ethnic backgrounds.

There are activity coordinators within the home.

The home uses a specially adapted hotel in Blackpool which caters for older and disabled people.

There is a regular newsletter produced by the home.

Activities also include other trips outside of the home.

There is a residents fund and they raised £1200.

There is a "you said we did " poster

### **Diversity**

This was an area identified for improvement in the CQC report. We were told that there is a church service every third Saturday, a Catholic priest visits on Sundays and residents who are of the Jehovahs Witnesses faith are also catered for. There were no residents who are Muslim or any of BAME at the time of the visit.

### **Relatives**

Relatives do visit and the home encourages and includes relatives in the care plans for residents. We spoke to a couple of visitors who had brought their dog with them. Although not related to the resident they had been neighbours for many years and still visit. They said that they felt that the home seemed really nice and

caring and that the residents husband speaks very highly about the care his wife receives in the home.

Overall, the visit team felt that much effort had gone into ensuring improvements following the earlier CQC inspection and we hope to see these efforts reflected in the findings when the latest report is published.

We feel that a follow up visit in a few months by our visit team will also be useful to check on the sustained progress made by the staff.

The Healthwatch representatives would like to thank Katie Evans and the staff and residents for meeting and speaking openly with us.

Paul Harper & Ruby Barrow Greene.  
Stoke on Trent Healthwatch Volunteers

Feedback comments from Ms. Katie Evans, Manager of the Home:

**From:** Katie Evans <[manager.goldenhill@gmail.com](mailto:manager.goldenhill@gmail.com)>  
**Sent:** 23 April 2019 10:25  
**To:** Info Healthwatch Stoke <[info@healthwatchstoke.co.uk](mailto:info@healthwatchstoke.co.uk)>  
**Subject:** Visit to Goldenhill Nursing Home

Good Morning

You recently visited the home and we have received the report thank you. Could you amend the staffing please the report states that the night shift has one nurse and four care staff and this is not changed however the staffing numbers are calculated on the dependency tool so if the shift requires extra staff the numbers will be increased.

Thank you for the lovely report, that is the only amendment i need to make.

If you can come out to review us again we will appreciate this as we have now had the CQC report and are green in all areas.

Thank you  
Kind Regards

Katie Evans

Registered Manager

Goldenhill Nursing Home