

Advinia Care Homes Limited

Gorton Parks Care Home

Inspection report

121 Taylor Street
Manchester
Lancashire
M18 8DF

Tel: 01612209243

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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

Gorton Parks is a nursing home registered to accommodate up to 120 people across four separate bungalows. At the time of our inspection there were 112 people living at the service.

Each bungalow specialises in either nursing or residential care, Sunnybrow, Abbey Hey, Melland and Debdale. Some of the people living at Gorton Park live with dementia. Each of the bungalows has a lounge, dining area, a conservatory, and a kitchenette. All bedrooms are single with no en-suite facilities. Accessible toilets and bathrooms are located near to bedrooms and living rooms.

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

The management team were committed to making improvements across the service. Current priorities focused on staff recruitment and retention, with increased pay incentives, and medication management, working in partnership with the GP and supplying pharmacist.

Additional management appointments had been made, offering better support for the registered manager and across the service. Each had delegated responsibilities including audits and checks providing oversight of the service. A comprehensive action plan was in place to help drive improvement.

Suitable arrangements were in place for the management of people's prescribed medicines. Regular audits were carried out to check a safe system was in place. Recent issues in the ordering and supplies of medication had been addressed with the GP and supplying pharmacist.

Areas of risk, such as behaviours, pressure care or poor nutrition, were identified and planned for. Additional records were completed to help monitor people's changing needs and behaviours. Gaps in some records were noted. These shortfalls had been identified and acted upon following internal audits carried out the management team.

We found areas within the home were tired and needed enhancing, for example, carpets, redecoration and replacement of worn furniture. A comprehensive plan had been drawn up to address the work required. Relevant internal and external safety checks were carried out to help keep the premises and equipment safe.

Sufficient numbers of staff were available to meet the needs of people. Relevant information and checks were carried out to ensure new staff were safely recruited. Opportunities for staff training and development were made available. Following feedback from staff, leadership training was to be introduced helping to further enhance staff skills.

Systems were in place with regards to consent and capacity. 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.

People told us they were happy living at Gorton Park. People were engaged in activities and interaction between people and staff were kind and respectful.

Suitable arrangements were in place with regards to infection control procedures and safeguarding, to help keep people safe.

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 requires improvement (published 15 June 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. At our last inspection we also recommended improvements in medication records, improvements to risk management plans and the introduction of staff supervisions. At this inspection we found action had been taken, further improvements were being made in relation to the frequency of supervision.

Why we inspected

We carried out an unannounced focused inspection of this service in May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance and safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gorton Park Care Home on our website at www.cqc.org.uk.

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.

Gorton Parks 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.

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 three inspectors and an 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

Gorton Park 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. Gorton Park is a care home with 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 27 September 2022 and ended on 11 October 2022. We visited the service on the 27 September and 4 October 2022.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two visitors. We also spoke with twelve members of staff including the regional director, registered manager, head of care, maintenance staff, housekeeper and nursing and care staff.

During the inspection visit we looked at the management of people's medicines and reviewed support plans. We also looked at areas of health and safety, infection control and staff recruitment. Additional evidence, sent to us electronically, was reviewed remotely. These included; policies and procedures as well as information to evidence management and oversight of the service.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place for the reporting and responding to concerns, so people were kept safe.
- Policies and procedures, along with staff training were provided to guide and support staff.
- Staff said they would report any incidents or accidents to the unit manager or nurse on duty. They told us, "I don't have any concerns and if I did observe poor care, I would report it" and "No everything is fine. I would speak to the manager if I witnessed poor care."
- People we spoke with were happy living at Gorton Park. We were told, "I feel totally at ease with the day staff and fully safe as they know what they are doing" and "It's lovely here the staff are so good, without their great care I wouldn't be living today!"
- Accident, incidents and safeguarding concerns, such as medication issues, were monitored and reviewed by the management; any learning was shared with staff to help improve practice.

Assessing risk, safety monitoring and management

- Care plans identified specific areas risk and the support people needed to help keep them safe. Risk assessments were reviewed each month and kept up to date. Additional records were completed to help monitor any changes in people's well-being or behaviours.
- People told us, "When I am hoisted I feel totally safe, they know what they are doing and I have no concerns" and "I receive physio which I find really helpful, the staff organised that for me."
- Repositioning charts were completed for those people at risk of pressure sores. These showed people were to be repositioned every 4 hours, however this was not always reflected on the charts. We found no evidence of impact as there had been no reported pressure sores for some months. Shortfalls in records had been identified within the care plan audits. Action was being taken to address this.
- Staff told us they were aware of people's needs and had access to relevant information to guide them. We were told, "We get information when new people move in. We check on device to see what support they need and check the capabilities of person."
- A maintenance team is employed to carry out all internal checks, including fire safety and water temperature checks.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People told they were able to make decisions for themselves. One person told us, "I like it here especially as you have plenty of freedom. I don't feel restricted I can go into the lounge when I want, I can choose to eat meals in my room if I prefer, I can go everywhere."

Staffing and recruitment

- Safe recruitment procedures were in place. All relevant checks had been carried out prior to new staff commencing their employment including a Disclosure and Barring Service (DBS) check. A DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service was actively recruiting additional staff to help reduce the use of agency staff. We were told there had been a good response following a review of pay scales.
- People told us staff were responsive to the requests for help and support. We were told, "It's good as there are always lots of staff around if you need anything and they are very helpful and kind" and "I am happy very happy the staff are good, I couldn't sleep last night and the staff came and chatted with me I found that very nice of them and it helped me settle."
- We received a mixed response from staff about staffing levels. We were told the service utilised a dependency tools to help determine the staffing levels required. From our observations and a review of staff rota's we found sufficient numbers of staff were available.
- During the afternoon period on Abbey Hey, we saw staff taking breaks together leaving minimal staff in the bungalow. Managers addressed this with the team.

Using medicines safely

- Medication stocks were stored securely. We found stocks did not always correspond with the electronic records. This issue had also been identified through the internal audits. As a result, the registered manager was working closely with the GP and pharmacy to address concerns around the supplies of medication. Additional training on the system was also being provided to staff.
- Medication audits were completed on a fortnightly basis. Where shortfalls had been identified an action, plan was in place. We reviewed the audits for Debdale, this showed staff had made the improvements needed.
- Staff responsible for the administration of medication confirmed they had completed training. Further observations were completed to check practice was safe.
- Electronic records prompted who needed and when. This enabled time specific medicines, for example for Parkinson's disease, to be clearly identified. Staff were alerted to when medicines were due.
- Other records were maintained with regards to topical creams, use of thickeners and PRN (when required) medication. PRN protocols did not always provide enough information to guide staff when this was needed. Immediate action was taken to address this.
- People we spoke with said staff helped them with their medication. Adding, "I receive my medication. If I need pain relief, I am not frightened of asking I also get it when I ask sometimes" and "I always receive my medication."

Preventing and controlling infection`

- We were assured that the provider was supporting people living at the service to minimise the spread of

infection. Housekeeping arrangements had been increased providing better oversight and support for the team.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. One person told us, "The staff are good they all wear PPE, I love my room it's always kept clean and tidy."
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Action had been taken with relevant agencies to address a recent mice infestation.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- Appropriate visiting arrangements were in place. This was confirmed by those visitors we spoke with. They told us, "Each time I visit, which is weekly I am always made to feel welcome by the staff they usually make me a coffee when I arrive" and "There is always plenty of staff around they always wear masks and aprons."

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to establish quality assurance systems which identified and addressed the shortfalls in records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Following a restructure, intermediate care services were no longer being provided by Gorton Park. Staff had been redeployed to work across the service helping to reduce staffing vacancies.
- The service benefitted from consistent management. Further appointments had been made within the management team providing more structured support for the registered manager.
- The registered manager was clearly aware of her legal responsibilities. Notifiable events were reported to the CQC, as legally required.
- We found robust systems were in place to demonstrate monitoring and oversight of the service. This included areas identified during the inspection. The management team had a comprehensive action plan in place to address all areas of improvement, this was shared with the local authority. We were told current work priorities were in relation to staff recruitment and medication.

Continuous learning and improving care

- Following discussion with nursing and care staff additional training and development opportunities were being created to help enhance their knowledge and skills in managing teams.
- Feedback had been received from people about meal choices and the provision of specialist diets, such as vegetarian dishes and Halal dishes. Hospitality and catering staff had spent time reviewing menus and meal options. People we spoke with told us, "The food is good, and you get a lots of choice" and "I get well fed and always plenty of food and drinks."
- Action had been taken to improve the recruitment and retention of staff. New appointments and enhanced rates of pay had made a positive impact. This was contributing to the reduction in agency staff.
- The management team were working with the local authority, GP and pharmacy to address medication issues. More personalised support plans were to be implemented for those people living with dementia.
- A detailed redecoration and refurbishment plan was in place to enhance each of the bungalows.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- On-going training and development opportunities were provided. Staff spoken with said they had training relevant to their roles, including assessments of clinical competencies for nursing staff.
- We received a mixed response from staff about individual supervision meetings and communication within teams. Staff told us; "I get information from other members of staff; I think the nurses, seniors or unit manager should do a handover, but they don't always happen." Whilst other staff said, "I feel it's well run as there are not many problems on here, there are plenty of staff if you need them" and "I can't think of any I would want to change."
- We raised this with the registered manager. It was acknowledged due to changes in unit managers formal meetings and supervision had not been as frequent as they should be. Action had been taken to address this, providing better support arrangements.
- Other methods of communication were in place including daily 'huddles' and handovers, so staff were kept informed. Updates on people's care were easily accessible on the handsets used by staff.

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;

- Meetings were held providing people and their visitors the opportunity to discuss the service and share information and ideas. Records showed discussions had included COVID, staffing and the environment.
- Feedback was also sought through the annual surveys. Information gathered in 2021 identified visitors concerns due to COVID and visiting arrangements. Other information included a number of compliments about the care and support their relatives received.
- Positive feedback was received from people about their experiences. People told us, "Everything is good and I'm happy. I feel I am treated really well" and "I couldn't live anywhere better. I am so well looked after I cannot think of any faults."
- During 2021 the service achieved 95% pass mark for the Dementia Assessment carried out by Manchester Local Authority. This means the service is recognised as a Dementia Specialist Service. As part of the assessment there is an expectation the service explores activities and engagement achieving positive for people living with dementia.
- From our observations we saw good interactions between people and staff. Other comments from people included, "There's lots and lots of staff. Entertainment is good always something to do" and "Its good here I wouldn't change anything the activities are great."

Working in partnership with others

- The registered manager and staff teams worked in partnership with relevant health and social care agencies; such as dentist, chiropodists, speech and language therapist and social workers. Where necessary relevant referrals were made to ensure people received safe and effective care and support.
- Regular meetings were held with the local authority and CQC, providing openness and transparency about events within the service and the actions being taken.