

HC-One Limited Carr Gate

Inspection report

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Carr Gate
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19 November 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on 14 and 19 November 2018 and was unannounced on both days, so no-one connected to the home knew we were visiting the home. The home was previously inspected in September 2017 when we judged the overall rating of the service to be 'Requires Improvement'. This was because records did not always reflect the changes in needs in people's care or actions taken. At this inspection we found improvements had been made, [and were still ongoing] in the nursing unit and records fully reflected people's care, treatment and any risks associated with that care.

Carr Gate 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. Carr Gate provides personal care and support for up to 65 people in three units, this includes people living with dementia. At the time of our inspection there were 51 people using the service.

The service had a registered manager in post at the time of our inspection. 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.

We saw improvements to the care plans on all three units of the home. We spoke to the registered manager around ongoing improvements in the nursing unit. The registered manager had just recruited a clinical lead to continue with these improvements. Staff supported people in a compassionate, caring, responsive and friendly manner. They encouraged them to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. Most people we spoke with made positive comments about how staff delivered care and said they were mostly happy with the way the home was managed.

Systems were in place to safeguard people from abuse.

Care and support was planned and delivered in a way that ensured people were safe. Where possible, people had been involved in planning their care. Care plans outlined people's needs and risks associated with their care, as well as their abilities and preferences. Since our last inspection the information in care plans about how to support people had improved. However, work was still needed in relation to the care plans around people's capacity and end of life care.

We made a recommendation to the registered manager to ensure all end of life plans were in place for people in the home, if they chose this.

We looked at the medicine management in the home on all three units. We saw charts used to record when staff had applied topical creams were not always in place. We saw some topical creams did not have a used by labels in place. However, these had been picked up in the audits at the end of each month.

We made a recommendation to the registered manager to complete weekly medication audits on all three units instead of completing these monthly to ensure these were picked up and addressed earlier.

Recruitment procedures aimed to make sure staff employed were suitable to work with vulnerable people. Staff were trained and supported to develop their skills, so they could provide people with the standard of care they required. There was enough staff on duty to meet the needs of the people living at the home at the time of our inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Since the last inspection the care plans we looked at we saw decisions made in people's best interest had been followed and the correct procedure were accurately recorded.

People received a varied and healthy diet that offered choice and met their needs. Everyone we spoke with was complementary about the meals provided.

There was a range of social activities and events available for people to take part in, if they wished to.

The service had an open culture that encouraged involvement of people using the service, their families and staff. The registered manager, supported by senior managers in the company, was visible and promoted teamwork. The registered manager had only been in post for a few months prior to the inspection.

People were encouraged to raise concerns or complaints and were asked for feedback about the service they received. We saw complaints were dealt with in accordance to the homes policy. We looked at one ongoing complaint at the time of inspection. Staff spoke positively about the registered manager and had a clear understanding of their roles and responsibilities.

Regular checks were in place to identify areas of service needed to improve and action had, or was being taken to address shortfalls found.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medication was not always managed and administered safely in relation to topical creams.

There were effective systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Recruitment processes checked if potential staff were suitable to work at the home. There were sufficient staff on duty to meet people's needs.

Is the service effective?

Good ●

The service was effective.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation were being met. However the home agreed ongoing work was in place to ensure all units were of equal quality.

Staff had access to a structured induction and a programme of on-going training and support.

Suitable arrangements were in place to ensure people's nutritional and hydration needs were met.

Is the service caring?

Good ●

The service was caring.

People were treated with compassion, kindness and understanding by staff who were caring and considerate.

People's privacy and dignity was respected by staff.

Staff knew the best way to support individual people, while maintaining their independence and respecting their choices.

Is the service responsive?

Good ●

The service was responsive.

We saw improvements to the assessing, planning and review of care plans especially on the dementia unit. However, we saw ongoing work around end of life care records was needed.

People had access to a programme of social activities which provided variety and stimulation.

People were aware of how to make a complaint and were confident any concerns would be taken seriously and addressed promptly.

Is the service well-led?

Good ●

The service was well led.

The provider had improved systems for assessing the quality of the service. However, the registered manager was aware of improvements still to be made in relation to the home moving forward.

People told us the service was mostly well managed. Staff we spoke with told us they enjoyed working at Carr Gate and felt supported by the registered manager.

Everyone was given opportunity to share their views about the service.

Carr Gate

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 checked whether the registered provider is 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.

The unannounced inspection took place on the 14 and 19 November 2018. The inspection team consisted of three social care 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.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. We also contacted commissioners, and Healthwatch, to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted health professionals and the local authority.

During the inspection we looked round the home and spoke with 10 people who used the service and four relatives. We also spoke with the registered manager, nursing assistant, chef, both activities co-ordinators, five members of staff, quality manager and the regional director.

We looked at the care plans belonging to 10 people who used the service, as well as other records relating to people's care. We also looked at records about the management of the home. This included minutes of meetings, medication records, five staff recruitment files and training records. We also reviewed quality and monitoring checks carried out by the home's management team, including how any complaints had been managed.

Is the service safe?

Our findings

People told us they felt safe living at Carr Gate. One person said, "I feel very safe and the staff here all look after me." Other people commented, "This is a safe place, I don't have as many falls" and "The 'girls' [care staff] are lovely, most of them anyway. If they help me from my wheelchair [to an armchair or bed] they make sure I'm safe and talk to me, so I don't get frightened."

People told us they received their medication on time. One person said, "Yes I have my tablets on a morning and night. Never missed one yet." One person said, "I run out of cream once but they got it for me the next day."

Medication was stored, received and administered correctly and securely and the system to monitor medication going in and out of the home was robust. Medication administration records [MAR] checked, in the main, had been completed, however, there had been several missed signatures throughout the records. We saw topical applications had not always been labelled after opening. We spoke to the registered manager who told us, "We look for these during the audits and where there has been issues we follow this up with staff."

We made a recommendation to the registered manager to complete weekly medication audits on all three units instead of completing these monthly to ensure these were picked up and addressed in a timely way. The registered manager told us they would action this straight away.

People had been assessed to make sure any potential risks were minimised. Assessments covered topics such as falls, moving people safely and risk of pressure damage. Records sampled provided clear guidance to staff to help them manage situations in a consistent and positive way, and had been regularly reviewed to reflect any changes. Staff we spoke with, and our observations, showed staff understood people's individual needs. We saw them assisting people to move around the home safely.

The registered manager was monitoring and analysing information collated about people at risk of areas such as falls, incidents and accidents. They had analysed this information and used it to look for themes, trends and patterns, so they could learn lessons and try to minimise the risk of reoccurrences.

People could be safely evacuated from the building because a general evacuation risk assessment was in place, backed up by individual evacuation plans for each person. These highlighted any support or equipment needed to safely move the person, should they need to evacuate the premises in an emergency. Fire training and drills had taken place and were ongoing to ensure all staff had taken part.

People were safeguarded from abuse and harm. Systems were in place to report and record any safeguarding concerns. Staff had received training in this topic and said they would act on any areas of concerns promptly. One care worker told us, "I would have no hesitation at all [in reporting any safeguarding concerns]."

We saw recruitment checks were in place and robust.

There was enough staff on duty to meet the needs of people living at the home at the time of our visit. We saw on previous rotas there had not always been enough staff at all times. The registered manager told us staffing levels had been increased to make sure people's needs could be met. We saw call bells were answered promptly and staff were available when people needed assistance. We spoke to the registered manager about ensuring people wore their pendants around the home. Staff were always present in communal areas, which meant any needs from people were quickly responded to.

People were complimentary about the staff responses. One person told us, "I might have to wait a bit longer if there's somebody who needs two people [to help them], but they usually pop in to make sure there's nothing urgent and then they come back as soon as they can. As long as I know they are coming I don't mind." Other people commented, "I'm never kept waiting. They come straight away if I need them" and "Mostly there's enough around to help." Staff we spoke with agreed there had been improvements to staffing and were enough staff on duty to meet people's needs.

The home was clean and tidy throughout, with no unpleasant odours. The décor and furnishings were light and airy and we saw many improvements to the environment had started in the dementia unit. We saw disposable aprons and gloves, as well as paper towel dispensers and hand gel were readily available and used appropriately. Regular checks had taken place to make sure a good standard of infection control was maintained.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found these to be met at the time of inspection.

Staff were seen explaining what they planned to do for people and asking for their consent before doing anything. For example, we saw them ask people if they wanted clothes protection at mealtimes, before putting them on, this was done kindly and with respect. One person told us, "They are always asking me [if they can do things]. I'd tell them if I didn't like anything." Another person said, "They ask us most things, sometimes they might forget so I remind them. They take nothing for granted."

Assessments had been completed before people moved into the service and this information had been used to form their care plan. Care records contained clear information about people's assessed needs and the actions staff needed to take to support them. We did not always see evidence in all the care plans to support people or their relatives been involved in discussions about their care needs. This was something the registered manager was working on throughout the units. However, we did see some care records that had been completed with involvement from people and their relatives.

People were encouraged to maintain a healthy diet and their dietary requirements were being met. Everyone we spoke with gave extremely positive feedback about the variety and quality of the food provided. Comments included, "I like the food it is really nice. It's alright" and "I look forward to my meals. The meals here are lovely."

People care records detailed their dietary needs and health care professionals such as dietitians and the Speech and Language Team [SALT] had been involved as and when required.

We observed lunch being served in all three units. All the food looked appetising and in appropriate portion sizes. People were asked if they had enough, if they wanted more and what vegetables they would like. There was a nice sociable atmosphere, with staff chatting to people and assisting them if needed. People were offered hot and cold drinks with biscuits between meals, and fruit and snacks were also available. However, we spoke to the registered manager about using show plates in the dementia unit. This is where staff could show two plates of food to people living with dementia and this would help them make an easier

choice as to the meal they would like.

People's day to day health needs were being met. Records demonstrated people had access to healthcare services such as GPs, dieticians and district nurses. Everyone we spoke with said they could see a doctor whenever they need to.

People continued to receive care and support from staff who had the training, skills and knowledge to meet their needs. People spoke very positively about the skills and knowledge of the staff. Comments included, "They [staff] are very good, well most of them. They help me to get dressed and they are gentle" and "They [staff] know what they are doing and how to support me. They have got better in recent months."

New staff had undertaken an induction to the company which included completing essential training and shadowing an experienced member of staff for their first week of employment. Where applicable staff had completed the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Ongoing training was provided through e-learning, distance learning and some face to face sessions, such as moving people safely and fire awareness. Other topics included dementia awareness, person centred care and nutrition and hydration. Staff had also been supported to undertake nationally recognised awards at different levels.

Staff had received periodic supervision meetings with their line manager and an annual appraisal of their work performance. These meetings gave staff the opportunity to discuss their own personal and professional development, as well as any concerns they may have. There was only one staff member who told us they had not received a supervision since starting a few months ago. We spoke to the registered manager about this. We saw this was then booked and planned in.

We saw the dementia unit was on the first floor. We saw the unit was well lit and work had been improved in all areas of the unit. The registered manager described their plans to further develop. The home had received support and direction from [name of person] head of memory care. We spoke to the registered manager about rummage boxes and signage improvement to support the ongoing work of the home and head of memory care moving forward.

Is the service caring?

Our findings

People living at Carr Gate and their relatives were positive about the staff. Comments included, "The staff [are] lovely; really kind to be honest" and "They make an effort now to talk to you when they come past." We observed staff to be kind and respectful throughout this inspection.

People looked clean and tidy in their appearance. Throughout the inspection we observed staff were friendly and attentive. They knew people well and provided personalised responses such as using people's names, talking about people's relatives and things they liked to do. It was clear staff had built good relationships with people.

People were treated as individuals and their choices and preferences were respected. The service did not have, at the time, anyone who chose to practice a religion. For one person their religious and cultural preferences were clearly recorded in their care plan that they did not wish to practice this.

Staff were respectful of people's privacy and dignity. They knocked on doors and called out before they entered bedrooms or toilet areas. The provider also had systems in place to ensure people's personal information remained confidential. Confidential information was securely locked away it could only be accessed by staff who needed to see it.

Relatives and friends were encouraged to visit people living at the home. During the inspection we observed staff welcoming people's relatives into the home in a friendly manner. We could see staff knew the visitors well. People's relatives told us they were made welcome.

All staff we spoke with said they would be happy for a family member or friend to receive care at Carr Gate. Staff told us they enjoyed their jobs and this was clear from our observations during the inspection.

Is the service responsive?

Our findings

At our last inspection in September 2017 we found shortfalls in relation to people's care plans not always reflecting their changing needs. At this inspection we found these had been addressed and more robust care plans had been rolled out and this was continuing to roll out through all three units of the home. At this inspection we found they had sufficiently improved and were no longer in breach of this regulation.

People's care plans accurately reflected their needs and the different levels of support they required from staff. They included information about their family and friends, significant events in their life and their likes and dislikes. This information helped staff to provide person-centred care to each person. One member of staff told us, "The care plans are all being reviewed, they are easier to read now."

People's support plans were reviewed each month or sooner if their needs changed. This helped to make sure people consistently received the correct level of care and support. Care records were sufficiently detailed to guide staff's care practice and were personalised to each individual living at the home. For example, they contained specific details about how a person liked to be cared for, such as if they preferred a shower or bath. This helped staff provide a more personal service to each person living in the home. A staff member commented, "We do try our best, I would recommend the home to my family."

We looked at the support for people at the end of their life to ensure they have a comfortable, dignified and pain-free death. We saw on one unit these were in place and very specific to each person. For example, one person had asked for family to be notified as soon as anything happened. This was clearly recorded in the care plan. However, we did not see this level of detail on the other two units in two care plans we looked at. We spoke to the registered manager who told us, "We are going through all the care plans and considering people's choices around end of life. We have completed all these on one unit already and have plans in place to go through the rest with people and their families. We made a recommendation to the registered manager to ensure all end of life plans were in place for people in the home, if they chose this."

A range of individual and group activities were provided to people living in the home. On the day of our inspection people were supported in hand massages, jigsaws and singing. An activities coordinator arranged various activities such as games, crafts and hand massage and the care staff were encouraged to be actively involved in the activity provision. People told us the activities had improved and they were happy to join in. One person said, "I like my chats with the staff, would like more though." However, one person said, "I get bored there is nothing to do really." We spoke to the registered manager about this who told us the activities for people had improved and they were doing more one to one with people in their rooms. We saw evidence of this on day one of the inspection.

People's communication needs were identified and recorded so staff knew whether people needed to be provided with information in a way. This helped to ensure people were given the information they needed to remain actively involved in making decisions about their care. We saw, where appropriate, care plans referred to specific communication tools which staff could utilise where people needed additional support to communicate, such as pictures.

The provider had an appropriate complaints, suggestions and compliments policy and procedure in place which explained how people and their relatives could complain about the service and how any complaints would be dealt with. The complaints procedure was clearly displayed. The procedure also gave details of other agencies they may wish to raise their complaint with, such as the CQC and the local authority. The service had received 17 complaints in the last 12 months and nine compliments. Compliments included, 'I am impressed with the massive difference the new team has had on the overall quality of the home. The care is outstanding, compassionate and individualised'. And 'Staff are excellent [name of person] has settled in well'.

Is the service well-led?

Our findings

At our last inspection in September 2017 we found shortfalls in relation to effective audits around care planning. At this inspection we found these had been addressed and more robust care plan audits were in place. At this inspection we found there had been sufficient improvements and the service were no longer in breach of this regulation. The registered manager told us this was an ongoing part of the improvement process which we saw on both days of inspection.

The service had a registered manager who was responsible for the day to day running of the service. 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. The registered manager had only been in post for a few months prior to the inspection.

The registered manager monitored the quality of the service and acted when issues were identified. Each month they completed a wide range of checks on the service. For example, they reviewed people's weights to look for any signs of weight loss and enable immediate action to be taken. This meant they could be assured people were receiving the care they needed. They also audited a sample of care plans every month and completed a monthly audit of the medication administration system. We spoke to the registered manager about the shortfalls in completing the medication audit monthly. The registered manager told us this would be completed weekly to improve the medicine management process. We saw on going improvements in the audit processes, however improvements were still needed in some areas which the management team were working on.

The staff team were supported to provide consistent care. A handover meeting took place at each shift so the staff on duty could pass on any relevant information from one shift to the next. Staff told us the staff team worked very well together. Comments included, "I enjoy working here, it's much better now. You can talk to the manager. It is a good team", "You are never afraid to ask the manager for anything she [manager] is approachable, this wasn't the case before." and "I love it here. We have a lovely set of staff that all get on." It was clear from our observations that the staff enjoyed their jobs and their morale had improved since the new manager had started. Staff told us they were positive about moving forward and had already seen improvements, especially in the dementia unit.

The registered manager used various methods to obtain feedback about the home from people who lived there and their relatives. We saw the home had a 'digital tablet' so people, relatives, staff and healthcare professionals could use these as and when they wanted to. Since the last inspection 35 people and their relatives gave feedback on the home, these were mostly positive. The registered manager told us, "We are working on trying to get as much feedback from people so we can improve the service we provide for them." We also saw feedback from 21 professionals who visited the home. All 21 professionals said there was a warm welcome when coming to the service. All said they felt staff were well prepared. All apart from one said there was good support for people. We also saw 9.3 / 10 positive feedback from the home website.

Staff meetings took place where the registered manager raised any issues with staff about the home or the care provided. Staff were also given opportunity to provide feedback about the service in these meetings and via staff surveys which had only just been sent out. The minutes of the last staff meeting showed staff had been consulted in any up to date information about the service. For example, Recruitment, care plans. This type of conversation supported the staff to put forward ideas about improvements that could be made and allowed the management team to ensure staff were effectively supported in their roles. We had seen there had been gaps in staff meetings from the previous manager leaving to a new manager been appointed. The registered manager told us these were now regular and staff confirmed this.

We observed a positive, welcoming and inclusive culture within the home which was driven by the registered manager. The registered manager and staff were keen to deliver a person-centred service to people living in the home and to achieve good outcomes for people. They were confident the new manager could drive the home forward.

The service worked well with other agencies such as the local authority and infection control team. An infection prevention audit was completed by the Wakefield CCG team in May 2018 and scored 81%. Home improvement plan collates actions from the CCG infection control audit and was updated monthly. We saw evidence that steps were in progress. Another internal infection control audit was completed in July 2018 and scored 96%. Issues were identified and actioned. For example, dust on blinds and on tops of wardrobes. We observed the cleaning staff, they were proactively cleaning and wiping the tops of wardrobes – ensuring there was no dust. This meant the service was working together in partnership and lessons learnt.

We saw the provider had an awards system in place, 'kindness care awards'. We saw from this in August 2018 two staff had been nominated from Carr Gate from relatives and colleagues. Comments included, 'always shows the greatest of kindness and takes responsibility, upholding resident privacy and dignity'. This showed the provider cared about the staff which supported people at Carr Gate.