

J C Care Limited

Gateholme

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Gateholme is a residential care home providing accommodation and personal care for up to 48 people. The service supports adult with a learning disability, autistic people, people with a mental health need and people living with dementia.

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.

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

Right Support

Risks associated with people's care and support were not always assessed, monitored or managed to ensure people were safe. Most staff were aware of risks associated with people's care; therefore, this minimised the risk. However, more guidance and documentation was required to keep people safe.

We found concerns in relation to infection prevention and control, particularly in the kitchenettes and bathroom areas. The provider took appropriate actions to ensure these concerns were resolved and mitigated in the future.

People's medicines were predominantly managed safely, and medicines were administered as prescribed. However, we found areas which required improvement. The registered manager took immediate actions to address these concerns, however we have made a recommendation that medicine audits are reviewed and updated to ensure issues can be identified and resolved in a timely way.

Accidents and incidents were recorded and analysed to ensure risks were identified and mitigated. However, this process could be improved to include environmental factors.

There were enough staff available to support people in a timely way. The provider ensured staff were recruited safely.

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.

Right Care

People told us they enjoyed living at the service and felt staff supported them well. Relatives told us they

were satisfied with the care and support offered to their relatives.

Right Culture

A person centred culture was not always promoted within the service. For example, staff were not always quick to respond when people required support with personal hygiene. We also saw people's dignity was not always promoted.

Systems in place to monitor the service were not always effective. Audits had not been instrumental in identifying or resolving concerns we identified during the inspection process. Confidential and sensitive information was not always stored in line with the Data Protection Act. Care documentation was often left in communal areas. The registered manager took action to address these concerns, however new systems and processes require embedding into practice to ensure effectiveness.

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

Rating at last inspection

The last rating for this service was good (published 12 June 2018).

Why we inspected

We received concerns in relation to management of risks and staff training. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

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

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified breaches in relation to infection prevention and control, risks associated with people's care and management.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Gateholme

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 2 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

Gateholme 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.

Gateholme 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 26 June 2023 and ended on 12 July 2023. We visited the service on 26 June 2023 and 3 July 2023.

What we did before inspection

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 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 11 people who used the service and 3 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, and care workers. We observed staff interacting with people. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. We reviewed a variety of records relating to the management 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks associated with people's care were not always identified or managed safely.
- One person was at risk of choking but had no risk assessment in place to guide staff. Another person who required the use of a hoist to mobilise, had limited information recorded to ensure staff knew how to manage their care safely.
- Staff were aware of risks associated with people's care; therefore, this minimised the risk. However, more guidance was required to ensure people were kept safe.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks were effectively managed. This placed people at risk of harm. The provider was failing to ensure they were doing all that was reasonably practicable to manage and mitigate risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe living at the home. One person said, "It's nice here, people are friendly."

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found some areas of the home were not effectively cleaned. We also found food storage boxes were unclean and without lids, and therefore not covering food.
- Some bathrooms and shower rooms required attention, and items such as ovens and fridges in kitchen areas were not always kept clean. We also found storerooms cluttered and unorganised which prevented them to be effectively cleaned.
- Following the first day of inspection, the registered manager took action to address these issues. However, new processes require embedding into practice.

We found no evidence that people had been harmed however, systems in place had not previously identified these concerns. The provider was failing to ensure they were doing all that was reasonably practicable to manage risks in relation to infection prevention and control. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

- The provider was facilitating visits for people living in the home. People had visits from their family members and also went to visit them at home.

Using medicines safely

- Medicines were administered as prescribed. However, we found areas which required improvement. For example, there were no dates of opening on bottles, medicine rooms were warm and required cleaning and there were some discrepancies with stock balances. The registered manager took immediate actions to address these concerns.
- People and their relatives felt medicines were safely administered. One relative said, "I have seen his medication being administered safely. I have got to know staff well and the core staff are consistent and seem very experienced care workers."

We recommend medicine audits are reviewed and updated to ensure issues can be identified and resolved in a timely way.

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.
- The registered manager had a system in place to manage DoLS and care documents seen included best interest decisions.

Staffing and recruitment

- The provider had a system in place to safely recruit staff. Pre-employment checks were carried out prior to staff commencing in post. This included Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We looked at 3 recruitment files and found staff had been safely recruited and all appropriate employment checks had been carried out.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had a system in place to ensure people were safeguarded from the risk of abuse.
- Staff received training in safeguarding and understood how to recognise, report and record any concerns. Staff were confident the registered manager would take action to ensure people were safe.

Learning lessons when things go wrong

- The registered manager had a system in place to record accidents and incidents. An analysis was completed to ensure trends and patterns were identified and managed to reduce future risks.

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 has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Systems in place to monitor the service were not always effective. Audits had not been instrumental in identifying or resolving concerns we identified during the inspection process.
- We identified concerns regarding infection prevention and control, risks associated with people's care and governance systems. For example, the infection control audit completed by the registered manager, had not identified all the concerns that we found on inspection so was not effective.
- The registered manager and staff team struggled to find relevant information for one person who was staying at the service short term.
- Confidential and sensitive information was not always stored in line with the Data Protection Act. Care documentation was often left in communal areas.
- The registered manager took action to address these concerns, however new systems and processes require embedding into practice ensuring effectiveness.

Quality monitoring systems needed to be reviewed and embedded in to practice ensuring continuous improvement. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A positive culture was not always promoted within the service. For example, staff were not always quick to respond when people required support with personal hygiene. People's dignity was not always promoted.
- In contrast people were being supported to engage with family members, go out into the community and enjoy an entertainer who visited the home.
- People and their relatives told us they were happy with the support they received. One relative said, "This is a very good provision, one of the best that [relative] has been in. It's got a very homely feel and family type atmosphere."

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

- The registered manager was supported by two deputy managers and a team of senior care workers. Together they were responsible for the day to day running of the service.
- The registered manager was aware of their legal responsibilities and duty of candour.

- Staff felt they could speak with the registered manager. One staff member said, "The manager is alright. She cares about the people; she has made some good changes. If I need her I ring her."
- People and relatives told us they found the staff and registered manager easy to talk to and responsive. One relative said, "If I was unhappy, I would just speak to the staff straight away and they would sort it as quickly as they could. I have raised the odd thing but it's always resolved quickly."

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

- The provider had systems in place to gain feedback about the service and involve people in decisions about the service.
- People were supported to attend 'Our Voice' meetings where they were supported to speak about the home and the care they received. People told us they enjoyed these meetings and felt able to discuss issues. Most people felt comfortable living at the home and had no concerns about their safety. One person said, "This is my home." Another person said, "I like it here, staff are nice."

Working in partnership with others

- The home worked with other agencies such as healthcare professionals.
- Recommendations and advice from healthcare professionals were followed, although not always clearly documented. This helped to make sure the care and support provided was up to date with current practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was failing to ensure they were doing all that was reasonably practicable to manage and mitigate risks.</p> <p>The provider was failing to ensure they were doing all that was reasonably practicable to manage risks in relation to infection prevention and control.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality monitoring systems needed to be reviewed and embedded in to practice ensuring continuous improvement.</p>