

All Saints Care Limited

The Gateway Respite

Inspection report

580 Sticker Lane
Bradford
West Yorkshire
BD4 8RD

Tel: 01274737258
Website: www.allsaintscare.co.uk

Date of inspection visit:
24 August 2022
25 August 2022
01 September 2022

Date of publication:
23 September 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

The Gateway Respite is a residential care home providing personal care to older people, people living with dementia and people with physical disabilities. The service provides short term and long-term care and accommodates up to 28 people in one adapted building. At the time of the inspection 12 people were using the service.

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

We have made recommendations about the safe administration of medicines and the effective recording of risk within care plans. We have made a recommendation about reviewing care plans to remove historical information.

There were enough staff to meet people's needs and keep them safe. Staff had a good understanding of safeguarding processes. Infection control practice was robust, and staff wore appropriate personal protective equipment (PPE).

Care 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 registered manager had a clear focus on quality and worked alongside staff. Staff worked well with other services and appropriate referrals were made in a timely manner. Quality assurance systems were in place to enable robust governance of responsibilities and regulatory requirements; this supported the continuous improvement of the service through the sharing of lessons learned.

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 13 August 2021) and there were breaches of regulation. 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.

This service has been in Special Measures since 8 December 2020. During this inspection the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 15 June 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 safe care and treatment, person-centred care, good governance,

and staffing.

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, responsive 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 The Gateway Respite on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about the safe management of some medicines and about improvements in care plan records.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Gateway Respite

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 two inspectors, a medicines inspector and two Experts 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

The Gateway Respite 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. The Gateway Respite 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced. Inspection activity started on 24 August 2022 and ended on 1 September

2022. We visited the location on 24 August, 25 August, and 1 September 2022.

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 and five support staff. We spoke with four people receiving support and nine relatives. We reviewed four people's care records. We reviewed records and audits relating to the management of the service. We asked the registered manager to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 inadequate. 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.

Using medicines safely

- Peoples medicines were managed safely. However, handwritten MARs were not always signed by two members of staff to confirm dosage instructions had been transcribed accurately. There were no records of people's preferences to indicate how they wanted their medicines to be administered.
- When people were prescribed medicines on an 'as required' basis, protocols were in place to inform staff how and when to administer them; however, these did not always reference the process for administration of multiple pain management medicines to reduce the risk of overdose.
- We determined no harm had occurred regarding these issues and staff responded immediately to rectify the concerns we identified.

We recommended the provider reviews all people's medication records to ensure all relevant information is captured and considers current guidance on 'as required' medicine administration protocols for pain management medicines and take action to update their practice accordingly.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 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 this section of regulation 12.

- Managers identified, assessed and recorded risks. However, these risks were not always recorded clearly and consistently in care plans to enable staff to have a clear understanding of people's individual risk.
- Care 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.
- 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.
- The manager completed a range of audits, which helped identify any issues, gaps and risks. Provider audits by an external company were also in place.

We recommended the provider seeks advice from a reputable source on effective recording of risk within

care plans.

Staffing and recruitment

At our last inspection the provider had failed to make sure there were sufficient numbers of competent staff available to make sure people were supported safely. This was a breach of Regulation 18 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 this section of regulation 18.

- The registered manager ensured there were enough staff to meet people's needs and keep them safe.
- The provider had robust recruitment processes in place. Recent recruitment records showed staff being recruited safely with appropriate checks and a formal induction process.
- Relatives said staffing levels were appropriate to people's needs. One relative said, "There's always enough staff; they are always making sure people have drinks and are alert to what people are asking for and need."

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from abuse.
- The registered manager ensured staff were aware of the different types of abuse. Staff had been trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed or suspected abuse.
- Actions were taken by the provider to keep people safe and to share any lessons learned to help prevent recurrences.
- Relatives told us staff knew how to keep people safe. One relative said, "The home is safe. People are not left alone unattended. [My relative] is free to wander around the home. The building is secure. The dining room is well monitored, and they are discreet in watching how residents are with each other and distracting people if necessary, to avoid misunderstandings."

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.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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.
- 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.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- 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.

Learning lessons when things go wrong

- The registered manager recorded and investigated concerns in a timely manner to keep people safe.
- Lessons learned were shared with staff to reduce the risk of issues reoccurring and to improve the quality of care provided.
- Relatives said staff knew how to keep people safe and responded well to concerns. One relative told us, "I feel staff are very open to suggestions; [my relative] is safe. Staff know her well as an individual and know how to work with people with her needs."

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 requires improvement. At this inspection the rating has changed to 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

- The registered manager ensured care plans explained how people wished to be cared for and supported. Where appropriate, people and relatives had been involved in the initial assessment and care planning process.
- Care files contained a range of person-centred information, including social and life history information with details about people's backgrounds, likes and dislikes. This helped staff understand people better as individuals and supported the provision of personalised care.
- The provider regularly reviewed care plans to ensure all information was accurate and up to date; this allowed any changing needs to be captured so the care provided to the person was meeting their assessed needs.
- Care plans contained a lot of historical information, which made it more difficult for staff to easily identify the latest and most up to date relevant information.

We recommended the provider reviews all people's care plans and removes any historical and unnecessary information.

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

At our last inspection the provider had failed to make sure people received person centred care. This was a breach of Regulation 9 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 9.

- Staff supported and encouraged people to take part in activities and maintain social relationships to promote their wellbeing. At the time of the inspection there were two activities coordinators employed by the service who were on annual leave, but additional staff had been brought in to cover for these.
- We observed good staff interactions with people and activities taking place from late morning through to lunch and in the afternoon. A wide variety of activities were available, including larger events and activities for one person who was supported in their bedroom.
- Activities were detailed in people's notes, however, we found more information could have been provided and outcomes linked to people's needs.
- Improved access to the garden would benefit people with mobility issues and strengthen activities. We

discussed this with the provider and registered manager.

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.

- All information, including policies, was available on request in other forms, such as large print or other languages to ensure it was fully accessible.
- People's care files included information about communication needs and how these were being met.
- Staff told us they supported people from several cultural backgrounds with a variety of communication needs. One staff member said, "We support a lot of people on a short-term basis; we always try to share our information in their preferred language."

Improving care quality in response to complaints or concerns

- The provider had processes in place to seek feedback and respond to concerns when raised.
- Complaints were analysed to identify learning and improve the quality of the service provided to people.
- People said staff listened to their concerns and acted upon them. One person told us, "I spoke to staff about wanting advanced notice of what was happening [each day]; staff took note of my wishes, and it works well now."
- Relatives told us they knew how to complain and felt the service was responsive to people's needs. One relative said, "I've had no complaints; I've never seen anyone not looking well cared for. The food is good and the environment is kept very clean."

End of life care and support

- At the time of the inspection no-one was at the end stages of life. People's care records identified if they had a 'do not resuscitate' order in place. Doctors, nurses and other relevant professionals supported end of life care.
- Where people had been willing to discuss their wishes for this stage of life, their care record reflected this.

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.

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

At our last inspection the provider had failed to make sure systems for auditing the safety and quality of the service were effective. 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.

- Managerial lines of accountability were clear, and staff understood their roles and responsibilities.
- The registered manager had started to implement effective quality assurance systems to monitor and review performance and ensure risks were managed. The registered manager told us they were supported by the provider.
- Health professionals told us the service was welcoming and friendly. One health professional said, "Staff come across as professional and caring; the [registered] manager is confident and informative."

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

- The provider had processes to ensure person-centred care was provided which focused on people's needs, wishes and outcomes.
- Meetings with people who used the service took place regularly and feedback was received from relatives where appropriate. Actions were shared with staff to ensure effective changes to people's support were led by people receiving a service.
- Relatives told us staff were person-centred in their approach to people's support. One relative said, "Staff have a lot of engagement with people, informally and in organised activities, there's a lot going on. We are asked for a lot of information to assist care planning."

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

- 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.

- A range of audits and monitoring systems had been used to assess the quality and performance of the home and care provided. These had been completed both internally and at provider level.

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

- The provider had clear processes in place for monitoring support and highlighting areas of improvement.
- The registered manager worked closely with people, and where appropriate their relatives, to understand their cultural beliefs and backgrounds.
- Staff told us people's religious needs were met. One staff member said, "The priest from the local Catholic church gives religious services and we have a number of people with other religious beliefs who attend local places of worship."
- Relatives told us staff asked people about their likes, dislikes and culture. One relative said, "They asked me about background information; staff look out for us on visits and we exchange information."

Continuous learning and improving care; Working in partnership with others

- The registered manager worked closely with other health and social care professionals to ensure people received consistent and timely care. District nurse and speech and language therapist referrals and input were in place as appropriate.
- The registered manager raised any relevant concerns with the local authority and CQC where appropriate and we saw evidence of audits of resident specific needs such as falls, fluid and nutrition, stoma and catheter care, wound care, repositioning, and behavioural charts.
- The registered manager had clear oversight of trends & patterns, lessons learned, improvements via 'innovation statements' which were communicated to staff.