

# HC-One Limited

# Carr Gate

## Inspection report

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Website: [www.hc-one.co.uk/homes/carr-gate](http://www.hc-one.co.uk/homes/carr-gate)

Date of inspection visit:  
11 April 2023

Date of publication:  
12 May 2023

## 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

Carr Gate is a nursing home providing accommodation for up to 65 people, who require personal care. The service provides support to people who have physical and mental health needs and conditions such as dementia. At the time of our inspection there were 45 people using the service.

The home is set out across 2 floors, divided in to 3 units. Each unit has a lounge and dining area. One unit specialises in supporting people with dementia and another is dedicated to nursing care. The home is spacious and has a 'homely' environment.

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

Feedback from people, relatives and staff indicated staffing levels impacted people's experience of care. We found no evidence of harm to people and the registered manager gave us assurances. We have made a recommendation about feedback and practices concerning staffing deployment.

People and relatives told us they felt the care provided was safe. Staff were trained and aware of their safeguarding responsibilities. Recruitment was managed safely. Infection, prevention, and control measures were followed to ensure staff protected people from the risk of infection.

We found medicines were managed safely and risks associated with people's care were appropriately assessed. We found records associated with people's care were person-centred. However, at times, historic information or handwritten notes made it difficult to understand the relevant support at the time. The staff had received training in care planning and the provider was monitoring this.

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.

Effective quality and governance processes were in place. Any concerns were investigated, and lessons learnt were shared with staff. The service worked with the other professionals ensure people's care was effective.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 14 December 2018). At our last inspection we recommended the registered manager completed weekly audits of medicines. At this inspection we found the registered manager had actioned this and taken steps to improve their medicines management.

### Why we inspected

We received concerns in relation to staffing levels, poor internal communication and management of incidents and risk. 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 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 requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carr Gate on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation about the provider continuing to review feedback around staffing levels and their staff deployment.

#### 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.

# Carr Gate

## 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 1 inspector 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

Carr Gate 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. Carr Gate 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.

### What we did before the inspection

We reviewed all the information we had received about the service since its last inspection in 2018. We requested feedback from stakeholders, including local safeguarding, infection control and commissioning teams. 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 6 people who used the service and 5 relatives about their experience of care provided. We gathered feedback from 10 staff members including the registered manager, the regional improvement lead, nurses, senior staff, and care staff. We looked around the building and observed people being supported.

We reviewed a range of records including 8 people's care plans and risk assessments. We reviewed a variety of medicines records. We looked at 3 staff files in relation to recruitment. We reviewed records relating to the governance in the service, including audits.

We requested additional evidence, including training and incident records and policies following the site visit. We had a meeting with the registered manager and the regional improvement lead during the inspection to discuss queries in relation to risk management and staff training and support.

# 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.

### Staffing and recruitment

- Feedback from most people, relatives and staff indicated staffing levels were low. Some people we spoke to told us they waited periods of time for staff to support them, varying from 10 minutes to half an hour.
- We found on one unit, 11 people required 2:1 support with moving and handling needs and an additional 3 people whose moving and handling needs sometimes required 2 staff. This unit was staffed with 2 carers, 1 senior and 1 nurse.
- The registered manager said they used a dependency calculator to calculate staffing levels, and this was in line with people's needs. We discussed this with the registered manager who provided assurances staff in other roles could offer support at busier times.

We recommend the provider continues to gather feedback relating to staffing levels and assess current ways of deployment to identify any areas for continued improvement.

### Using medicines safely

At our last inspection we recommended the registered manager audited medicines weekly. The registered manager had implemented this.

- People's medicines were managed safely.
- The provider used an online medicines system, and the registered manager was reviewing this daily to ensure safe medicines management.
- Where reviews highlighted concerns, these were discussed daily with the management team and acted upon promptly.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us support provided was safe. One person said, "Yes, it's nice here, I feel safe."
- Staff received safeguarding training and all staff we spoke to said they would report any concerns to the management team. The management team also completed safeguarding competencies with care staff.
- The provider had a robust safeguarding policy which was accessible to staff.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care were assessed upon arriving at the service. People's risk assessments were detailed and updated as and when people's needs changed.
- Accidents and incidents were reviewed by the registered manager and a root cause analysis was

completed for more complex incidents.

- Lessons learnt were shared with staff in varied ways including through 1:1 supervision and staff meetings. This learning was also shared company wide, if applicable.

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 the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The providers approach to visitors in the care home was in line with government guidance.



# 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 remained 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; Continuous learning and improving care

- The service had a clear staffing structure in place and staff at all levels were able to demonstrate their responsibilities and showed commitment to providing good care.
- The provider and registered manager had effective governance processes in place to review the quality and performance of the service and staff.
- The registered manager was using a home improvement plan to monitor and act on any concerns identified in audits to improve practice.

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

- Not all people and relatives knew who the registered manager was. However, people said if they had concerns, they felt comfortable raising these with staff. One person said, "I can talk to any of the staff here, they are very helpful, and they have the knowledge."
- Feedback about the culture of the service was varied. The registered manager was in the process of completing an action plan to address feedback following recent people, relative and staff surveys.
- We observed some positive interactions between people and staff. One person said, "I am highly satisfied with the service. I have been treated and looked after very well. They are nice and friendly."
- The registered manager understood their responsibilities in relation to duty of candour and notified families when things went wrong. The registered manager also updated the appropriate bodies where necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's care plans were person-centred but did not always contain evidence of the person and/or relatives' involvement where appropriate. The senior staff were reviewing care plans frequently to include this.
- The registered manager held a daily 'flash' meeting, which allowed heads of department to discuss any concerns. We observed a flash meeting and found meaningful and supportive discussions held to promote effective care.
- We found the service was working in partnership with other health and social care professionals. Staff acted promptly or sought advice if they were concerned about people's health or well-being.

