Countrywide Care Homes Limited

Gateford Hill Care Home

Inspection report

Gateford Hill
Gateford
Worksop
Nottinghamshire
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Tel: 01909475402

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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
Gateford Hill Care Home is a care home providing personal and nursing care for 26 people, at the time of the inspection. The service can support up to 66 people in one large adapted building.

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

Risk were assessed and the manager and staff worked to improve the quality of care people received. Medicines were managed safely, and people received their prescribed medicines on time. Infection control measures in place protected people from possible transmission of COVID-19 and other healthcare related infections.

Staff were recruited safely and when issues were found with staff performance the manager and provider took appropriate action. People told us they felt supported safely by kind staff. There were enough staff effectively deployed to meet people's needs. Staff received training in safeguarding and knew what action to take to protect people from abuse.

Lessons had been learnt following several incidents and the provider communicated to people and their loved ones when things went wrong. Quality assurance systems were in place to highlight any shortfalls in the quality of care and issues were addressed when found.

People, relatives and staff told us they felt well supported by the management team. Recent changes to the management team had been communicated well. People and staff felt confident action was taken when they reported concerns. Staff worked well with other health and social care professionals and specialist advice had been sought and followed when needed.

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 comprehensive rating for this service was good (published 13 March 2019).

Why we inspected
We received concerns in relation to the management of pressure care and incidents, we undertook a focused inspection to review these risks. This report only covers our findings in relation to the key questions of safe and well-led only. We have found evidence that the provider had made improvements following a number of serious incidents to protect people from harm. Please see the safe and well-led sections of this full report.
We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service

has remained the same. 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 Gateford Hill Care Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Gateford Hill 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 Care Act 2014.

Inspection team
This Inspection was carried out by one inspector.

Service and service type
Gateford Hill Care Home 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. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had made us aware prior to our inspection the registered manager was absent from the service and a new manager had been appointed who was in the process of registering with us.

Notice of inspection
This inspection was unannounced.

What we did before the 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with five people who used the service about their experience of the care provided. We spoke with eight members of staff including the manager, deputy manager, nurse practitioner, care practitioner, maintenance support, housekeeper and catering staff. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and incident reports were reviewed.

After our inspection site visit, we contacted three relatives to ask about their experience of the service. We reviewed further records this included, staff training information, staff rotas and policies.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● Staff were recruited safely. Appropriate checks were completed to ensure staff were suitable to work at the service.

● We observed there were enough staff deployed to meet people's needs on the day of our inspection. However, we reviewed records which detailed how long people waited for their call bell to be answered and at times people waited extended time for these calls to be answered. This was fed back, and the manager took immediate action to address this with staff.

● Staff had a structured induction programme in place and received training in order to care for people safely.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse.

● Staff received training in safeguarding and knew who to report concerns.

● Following recent safeguarding concerns the provider and management team strengthened safeguarding systems. For example, daily meetings were held were staff had the opportunity to raise any safeguarding concerns, during our inspection we observed concerns being raised by staff and immediate action was taken by the manager to safeguard people from risk of harm.

Assessing risk, safety monitoring and management

● Risk were assessed, monitored and managed safely.

● The manager had discovered there had been several essential safety checks missed in the months prior to them starting their role. Full and detailed risk assessments had been undertaken to address the missing information and action was taken to reduce the risk further.

● Risk associated with people's pressure area care had been fully assessed and monitored. Where a person was at risk detailed records were in place.

● People felt safe living at the home. For example, one relative told us, "When my [relative] is in their room alone, the call bell is always placed in their hand as this makes my [relative] feel safe".

Using medicines safely

● Medicines were managed safely, and people received their medicines as prescribed.

● Medicine records detailed how people liked to take their medicines and how staff should support them. Records evidenced that, medicines were documented, administered, stored and disposed of in line with current guidance and legislation.

● Best practice guidance was followed with the use of a pain assessment tool. This enabled staff to look for

indicators of pain where people may not be able to verbalise their pain.
● Staff received training about managing medicines safely and had their competency assessed.

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 meeting shielding and social distancing rules.
● 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 accessing testing for people using the service and staff.
● 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.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● Lesson were learnt, and action taken following incidents.
● There had been several safeguarding incidents at the service in the months prior to our inspection. The provider took immediate action to protect people upon discovering these issues.
● Specialist support was sought, and actions were in place to prevent further incidents occurring. The service worked with health and social care professionals to learn from the incidents and improve the quality of care people received.
● The new manager took further action when they commenced the role. For example, shortfalls in moving and handling were found following one incident. These shortfalls were addressed and where needed staff were retrained and assessed.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were supported by staff who knew them well and empowered them to make choices. One person told us, "When I moved in staff spent such a long time talking to me about what I liked and what I didn't".
- Staff told us they felt confident in the manager and the provider. For example, staff told us, "The new manager and all management are great, the support with the changes has been great, we just want people to have the best care possible and now I think we have time to do that".

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 provider and manager understood their responsibility to be open and honest with people and acted appropriately when things went wrong.
- There had been several incidents which resulted in significant changes to the management of the home. The provider was transparent and had communicated to people and their relatives why these changes had been made. For example, one relative told us, "I have been made aware of the investigation following an incident involving my [relative] and provided with an honest outcome".

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

- Quality assurance audits were carried out and had identified potential risks. Action had been taken to reduce those risks. For example, a new process had been developed to ensure personal evacuation plans were updated weekly.
- Audits were reviewed by the manager weekly and actions had been clearly documented and taken.
- The manager understood regulatory requirements. They were aware of their responsibility to notify CQC of certain incidents. Our records evidenced that we received notifications appropriately.
- The provider's representative was based at the home several days of the week to support the manager and embed the changes being made.

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

- People and their families were involved in planning the care they received. A relative told us, "I had a long discussion with the team to ensure they could meet my [relatives] needs, I was fully involved as my [relative] is unable to verbalise their wishes".

● People's rooms were decorated according to their wishes and with their personal belongings. For example, one person had a large collection of items and the provider had installed shelving for these to be displayed.
● Staff were encouraged to voice their ideas and concerns through supervisions and daily meetings.
● Feedback was obtained from people living at the service and their relatives through quality assurance questionnaires.

Continuous learning and improving care; Working in partnership with others
● Incidents and complaints were reviewed by both the manager and provider to reduce further incidents and drive service improvements.
● Working in partnership with health and social care professionals had significantly improved. Staff told us, "Staff had been blocked by previous management in making the required referrals, we have worked tirelessly with multiple professionals to improve the care people receive".
● The quality of care people received, and their outcomes had both improved. For example, a person who previously suffered from extensive pressure area damage had healed and been discharged from the specialist nursing team.