

All Saints Care Limited

# The Gateway Care Home

## 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

The Gateway Care Home is a residential care home providing personal and nursing care to older people, people living with dementia and people with physical disabilities. The service accommodates up to 92 people across three separate floors, each of which have separate adapted facilities. At the time of the inspection, two floors were being decorated and refurbished and not in use. Thirty four people were using the service and all were living on the first-floor unit.

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

Improvements had been made since the last inspection which had resulted in better outcomes for people using the service.

Systems for managing medicines had improved although we found some improvements were still needed and made a recommendation to support this.

People told us they received safe care. One person said, "The staff are very good and know how to use the equipment to get me in the bath and such. I am comfortable with them." A relative said, "I feel (relative) is safe there and has always been cared for." Risk assessments were in place to support staff in knowing how to manage any identified risks to people. Staff knew the processes to follow to manage any allegations of abuse.

Systems were in place to manage the risk of spread of infection within the home.

Care records reflected people's needs and what staff needed to do to meet them, although records did not always reflect people's involvement in making decisions about their care. People's health care and nutritional needs were well managed.

People were complimentary of the care and support they, or their relatives received. One person said, "I have found the staff kind and caring they never raise a voice or anything." A relative told us, "Without a doubt we are extremely happy with (person's) care. The carers are very caring and are like friends to us. We are delighted. We observe a lot whilst we are there, and we think they support (person) really well".

Recruitment processes ensured staff were suitable to work in the care service. Staff were trained and said they felt supported in their roles. They had the required skills to meet people's needs. People told us they thought there were enough staff and they didn't have to wait for support.

There was a new registered manager in post. They were following action plans to continue to improve the service. People had confidence in the new manager.

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 and update

The last rating for this service was inadequate (published 6 August 2021).

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 November 2020. During this inspection the provider demonstrated that 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 inspection of this service on 11 May 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. The breaches were in relation to assessing and managing risks to individuals, managing medicines safely and governance.

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 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 Inadequate to Requires Improvement. 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 Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### 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?**

The service was not always safe.

Details are in our safe findings below

**Requires Improvement** ●

### **Is the service well-led?**

The service had not consistently been well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Gateway 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 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 pharmacy specialist 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 service.

#### Service and service type

The Gateway 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, along with the provider, were legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 14 Feb 2022 and ended on 3 March 2022. We visited the service on 23 February 2022. The other dates were spent reviewing information off site.

#### 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, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We observed care and support in communal areas. We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the Registered manager, care staff and the activities organiser. We reviewed a range of records. This included four people's care records and multiple medication records. We reviewed a variety of records relating to staff recruitment, supervision and training and management of the service, including policies and procedures.

#### After the inspection

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

# 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

At the last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- At the last inspection there were issues found around covert administration (disguising medicine in food or drink) of medication. We found some improvements during this inspection.

We recommend that the service records advice from the pharmacist for instructions on how to administer the medicines safely.

- At the last inspection there were issues found around recording of thickening powder. We found some improvements had been made although systems needed to be put in place to make sure recordings were always accurate.
- Plans in place for 'when required' medicines, would benefit from review to make sure that they are person centred.
- At the last inspection there were issues found around medicines storage. During this inspection we found that access to the medicines room had been restricted to appropriate staff, and that medicines inside the room were stored safely and securely.
- Staff administering medicines were trained and competent to do so.
- Staff recorded where medicine patches were positioned when applied and checked daily to ensure they were in place.

At the last inspection the provider had failed to make sure systems were in place to demonstrate risks to people's health and safety were effectively managed. This contributed to the breach of regulation 12 (Safe Care and Treatment) 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 12.

- Risks to people's health and safety had been assessed. Risk assessments detailed the initial risk level, the

actions needed to reduce the risk and the perceived level of risk when the actions had been followed. Some of the initial risk scores appeared higher than the information in the assessment indicated it needed to be.

- Where people had been assessed as nutritionally at risk, action had been taken which included referral to appropriate healthcare professionals, provision of fortified meals, and close monitoring of weight. We did not see any evidence of people losing weight and food intake charts had been completed well.
- Risks to people's skin integrity were assessed and appropriate action had been taken to reduce the risk. Some improvement was needed in relation to making sure documentation showed how some assessments were being used to inform the risk assessment and care plan. For example, we could not see how the outcome of the Waterlow assessment had fed into other risk assessments for skin integrity.
- Risk assessments for people whose behaviour challenged others included person centred information in relation to the behaviour, possible triggers and redirection techniques. One person's records showed significant improvements in their behaviours and a staff member told us about the positive changes for this person.
- Risk assessments had not always been updated to reflect positive or negative changes. For example, one person had been referred to the falls team due to increased falls, but this had not been recorded in their risk assessment.
- Environmental risks were identified and addressed through auditing. All staff had taken part in fire drills since this was identified as an issue at the last inspection.

### Learning lessons when things go wrong

At our last inspection the provider did not have effective arrangements in place for learning when things went wrong. This was a breach of regulation 17 (Good governance) 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.

- The registered manager had continued to work through the action plan developed as a result of the last inspection and had developed another action plan following a recent audit. Both action plans were live documents and reflected where improvements were still needed.
- In addition to the action plans, the registered manager had identified issues affecting the quality of the service and had worked with staff to make improvements. This had resulted in effective working with district nurses to improve skin care, changes to activity provision which had resulted in an improvement in people's wellbeing and engaging and empowering staff to improve their understanding, take ownership and effect positive change.
- The registered manager took timely action to address an issue identified during the inspection in relation to organisation of mealtimes.

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

- All of the people we spoke with said they, or their relative, felt safe at the home. People said staff knew how to care for and support them safely. A relative said, "I feel (relative) is safe there and has always been cared for."
- The introduction of robust risk assessments and action plans for people whose behaviour challenged others, had resulted in no recent incidents between people.
- Accidents and incidents were reported appropriately and audited by the registered manager who took action to address any issues. For example, the registered manager had spoken with all staff about the need for accurate and robust documentation when people displayed behaviours that challenged.



### Staffing and recruitment

- A dependency tool was used to assess staffing levels needed in relation to people's needs. The registered manager told us that current staffing levels were above those suggested as needed by the dependency tool.
- Team leaders and senior care staff worked in a supernumerary capacity which enabled them to support the care team.
- Staff told us there had been improvements. One said, 'We have enough staff. You can take your time; I like it that residents feel in control and at ease. It's all part of their dignity.'
- People told us that staffing had improved since they had all moved on to one unit. One person said, "now we are all on the same floor I would say there is enough staff" and another told us, "I don't have to wait for anything."
- Systems for safe recruitment of staff were in place with all required checks completed before staff started work.

### 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.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

# 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 Inadequate. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

At the last inspection the provider had failed to assess, monitor and improve the service. This was a breach of regulation 17 (Good governance) 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.

- Since the last inspection a new manager had been appointed. They had registered with CQC.
- After the last inspection the provider had developed an action plan which the new manager had continued to work through. Only a small number of actions were still required to meet with the action plan. The registered manager told us they did not want to mark these as completed until they could confidently demonstrate this.
- A full-service audit had taken place by an external company on behalf of the provider. The audit was robust, covering areas including care records, medication, complaints, staff support and environment.
- The registered manager had developed action plans to address issues highlighted in the audit and was open and honest about the progress made.
- New systems to assess and manage risks to people and improve the quality of care had been introduced. Risk management was included in the new auditing system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Care records did not include much evidence of people, or where appropriate, their relatives having been involved in care planning or assessment of risk. However, in quality surveys, one person said they had been involved in the care planning process and another said they were due to be involved in a care plan review for their relative.
- Questionnaires were used to gain the views of people living at the home and their relatives about all aspects of care and support. The initial results of a recent survey were positive including comments such as, "Most things have improved since the new manager came" and "Staff do an excellent job in difficult circumstances".

- People and their relatives were appreciative of the 'Newsletters' developed by the registered manager but felt management could do more to communicate with them.
- Staff described management support as good and said they would feel able to approach them. Staff felt listened to and had recently put forward ideas for changes to some documentation which had been implemented.
- People felt the new registered manager was approachable. One person's relative said, "I think it is well run now, (Registered manager) has a very hands on approach and any problems we have taken to her she has sorted and kept us fully informed. There has been a noticeable change in the home."
- People told us they would be happy to speak up if they had any concerns or something was wrong.

Working in partnership with others; 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.

- We received positive feedback about the service from the local authority prior to the inspection.
- The registered manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things went wrong. When, during the inspection, we identified issues in relation to management of mealtimes, and a concern from a person living at the home, action was taken immediately to address both.