

# Priory Court Developments Limited

# Old Gates Care Home

## Inspection report

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Old Gates Care Home is a residential care home providing accommodation for persons who require nursing or personal care to up to 90 people. The service provides support to older people and those living with a physical disability or dementia. At the time of our inspection there were 52 people using the service who resided in two separate units, each with separate facilities. There was a third unit which had recently been closed and was not in use.

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

We have made recommendations about the management of some medicines and staffing levels and deployment. Staff were employed following a safe and robust recruitment process.

Safeguarding training was mandatory, and staff were aware of the processes to follow to ensure they could keep people safe. Risks relating to people that used the service and the premises were assessed and effective infection prevention and control was embedded in the home.

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. Staff received training that was relevant to their role as well as regular supervision and appraisal. People were supported to maintain a healthy and balanced diet and their needs had been assessed in detail. There was involvement from external agencies in the delivery of care at the home.

Staff supported people in a caring and considerate way which respected their privacy, dignity and independence. People were able to express their wishes and relatives praised the staff approach. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for.

People's support plans were detailed and reviewed regularly. Their communication needs were met, and the staff understood their needs well. People were involved in activities in the home and the local community and they were supported to maintain relationships that are important to them. Complaints and concerns were investigated fully, and lessons learned where appropriate.

A range of audits and quality assurance checks were being completed and improvements had been made. The medicines audit did not always identify the monitoring of equipment for those with long term health conditions. We made a recommendation about this. Staff and relatives spoke positively of the registered manager who was described as, "Approachable", "Helpful" and "Flexible." Staff told us that they were supported by the management who had implemented a culture of continuous learning and development.

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

This service was registered with us on 8 April 2022 and this is the first inspection. The last rating for the service under the previous provider was requires improvement, (published 7 December 2019.) 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.

At our last inspection we made a recommendation about training. At this inspection we found that improvements had been made and staff training records were up to date.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### Recommendations

We have made recommendations in relation to medicines records, medicines audits and staffing levels.

#### 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 safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Old Gates 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 an inspector, a medicines inspector and an Expert by Experience on day 1 of the inspection, and 2 inspectors on day 2 of the inspection. 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

Old Gates Care Home 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. Old Gates Care Home 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 information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 7 people who used the service and 5 relatives about their experience of the care provided. We spoke with 13 members of staff including the regional manager, registered manager, clinical service manager, unit manager, nursing assistants, senior carer, care workers, chef, domestic and activities coordinator.

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.

We looked at records relating to people's care and support including care plans, risk assessments and medicine administration records. We looked at 4 staff recruitment files. A variety of records relating to the management of the service were reviewed including health and safety checks, meeting notes, training records, policies and procedures and audits.

# 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.

### Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were managed safely. This was a continued 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.

- People received topical medicines such as creams as prescribed, but records to direct staff on where to apply these were not always in place. Records relating to 'as required' medicines were not always in place or complete. The provider took immediate action during the inspection to rectify this.

We recommend the provider reviews systems in place relating to 'as required' and topical medicines administration to ensure they meet best practise guidance. We have made a recommendation about auditing of medicine in well-led

- Information to guide staff to safely administer medicines covertly, hidden in food or drink, was available and reviewed regularly. We found no evidence that people's behaviour was controlled by excessive or inappropriate use of medicines.
- Systems were in place to report incidents and near misses. Medicines audits were carried out and actions seen to make improvements.
- People told us they received their medication at the right time and this was reflected in the medication administration records seen during the inspection.

### Staffing and recruitment

- During the inspection we observed that there were enough staff to support people, however people told us that they needed more staff.
- Staff told us, "You feel that there's not enough staff. Sometimes I feel that it's impossible to get everything done" and "Mornings are more difficult; you're assisting people to get up and they like to get up at the same time. So, you're having to ask people to wait." People told us, "Some of us need a lot of care and that takes time, but they don't have a lot of time" and "I need hoisting into bed so I often have to wait until the staff have the time." Relatives told us, "There needs to be more staff and they need to understand things a bit better" and "They need more staff, they are always so busy and never stop."

We recommend that the provider review their staffing arrangements.

- Staff were recruited safely. All pre-employment checks were completed before staff started working at the home and staff received an induction.
- Relatives spoke positively about the staff approach which was described as, "Brilliant", "Very kind" and "Superb." People told us that they thought staff knew them well.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people and keep them safe from abuse. Staff had received safeguarding training and were able to identify the potential signs and indicators of abuse.
- Staff were confident in raising concerns and knew how to escalate them outside of the home if required. They told us how they would access the safeguarding and whistleblowing policies. One staff member said, "If you witness anything, no matter what it is, you have a duty of care to report it."
- Safeguarding concerns were reported and investigated by managers and appropriate action was taken to minimise any future risk of abuse.
- People told us, "I feel safe, there is always someone here" and "I feel very safe." Relatives spoken to confirmed that they felt that their loved one is safe in the home.

Assessing risk, safety monitoring and management

- The provider managed risks associated with people and the environment effectively.
- Regular checks were made on the premises to ensure people's safety. All required health and safety checks had been completed and appropriate certificated were available.
- People had risk assessments for their individual health needs and any equipment used to support them with moving and handling. These had been reviewed and guided staff on how to support people safely.
- Fire safety was managed well. Regular checks of alarms and fire safety equipment were in place. People who used the service had detailed evacuation plans and fire drills were carried out frequently.

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.

Visiting in care homes

- Visitors were allowed into the home and asked to provide assurance that they were free from COVID-19 infection before entering the home. Visitors completed a screening form and had their temperature checked before entering.

Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents and staff knew what to do if someone

had an accident. Records had been completed and were up to date. Professional advice was sought if necessary, for example, from the GP or emergency services.

- Accidents and incidents were analysed, and a root cause analysis was completed to help identify trends and patterns that might reduce the likelihood of future accidents or incidents from occurring.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we made a recommendation about staff training. At this inspection we found that improvements had been made and staff training records were up to date.

- Nurses and care staff received training and had the knowledge and skills they needed to safely provide care. Staff told us they received training and records confirmed this was up to date. Staff described the training as, "Very good" and spoke knowledgeably about what they had learnt.
- Staff were supported to complete the Care Certificate where required. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular supervisions and appraisals that were monitored by the registered manager. Nurses received clinical supervisions which were detailed and comprehensive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider completed an assessment of people's needs and choices before they started using the service. This information was used to develop care plans and risk assessments.
- People's needs were assessed, and clear support plans were in place to guide staff. These were person centred and gave detail about how people liked their support to be provided.
- Records were reviewed regularly, and people and their relatives were involved in these reviews. Relatives told us, "I am involved in the care of my relative" and "We are as a family involved in [person who used the service] care."
- Staff knew people and their individual preferences and choices well. People told us, "They [staff] know what I like" and "The staff have got to know me well."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. Food and fluid charts were completed and monitored so that further support could be provided where necessary.
- People and their relatives spoke positively about the food offered. A relative said, "The food is good, [person who used the service] loves it and has put on weight."
- People had access to menus and told us that they were offered choices. They were invited to complete feedback forms so that the dining experience could be improved.
- Staff knew about the people that required support at mealtimes and told us how they provided this. Food

preferences, allergies and intolerances were documented and respected.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Assessments and care plans included peoples' health care needs and referrals to other professionals were made where necessary. There were details of healthcare professional's visits in individual's records.
- Records evidenced involvement from other professionals in response to peoples changing needs. This included visits and assessments from social workers, the community occupational therapist, the GP, dietitian and speech and language therapy.
- Nurses and care staff had good knowledge of peoples' healthcare needs and knew how to support them to achieve good outcomes.
- People were supported to maintain a healthy weight. Weights were monitored regularly, and the service referred people to relevant healthcare professionals if there were concerns.

Adapting service, design, decoration to meet people's needs

- The service had two separate units which catered for people with different needs. Both units had access to a safe and secure outside area. One outside area had a summer house that had been converted into a pop-up pub, which people spoke positively about.
- There were some dementia friendly orientation aids on one unit, but the decor was worn and would benefit from refurbishment. The development plan outlined a full refurbishment of the home as well as the introduction of more dementia friendly orientation aids.
- Peoples bedrooms were clean, well maintained and personalised.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The home was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- DoLS applications and outcomes were being monitored and mental capacity assessments had been completed for a range of individual needs.
- Staff spoke knowingly about the MCA and DoLS. One staff member told us, "You've got to always remember best interests and what's best for the residents and not yourself."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and their individuality was respected.
- Relatives spoke highly of the staff approach which was described as "Brilliant," "Welcoming" and "Wonderful."
- We observed staff supporting people in a kind, compassionate and respectful manner.
- The provider had equality and diversity policies to help ensure people were treated fairly, regardless of their age, sex, race, disability or religious belief.

Supporting people to express their views and be involved in making decisions about their care

- People were invited to complete feedback forms for different areas of their care and support, including activities. A person who used the service had previously worked in a kitchen and was completing mealtime feedback forms to improve the dining experience for people.
- Staff knew people well and we observed them changing their communication style with different people to help them express their views and wishes. One staff member told us, "On our unit, I feel like I'm quite good at adapting to where the person is with their dementia. Adapting to a person so they feel settled is important."
- People were invited to attend a residents' forum where they could share their views and suggest ideas for improvement. The provider had ensured that any issues were addressed and actions completed.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that respected their privacy, dignity and independence.
- We observed staff members knocking on doors before entering bedrooms and asking for consent before providing care.
- Staff told us how they provide care in a way that promotes dignity. One staff member told us, "When we do personal care, we always close the door, we cover them with a towel and we never do something without asking their permission. Even if they don't respond, it's so important." People's care plans outlined how to maintain privacy and dignity for people.
- Staff told us how they supported people to maintain their independence. A staff member said, "Let people try themselves, let people try and you're not taking away that independence from them."

# 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 good. The rating for this key question has remained 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

- Support plans were detailed and reviewed regularly. They were person-centred, containing people's likes, dislikes and preferences. People's care routines were outlined in detail and were updated as their needs changed.
- Where people's conditions limited their ability to make choices, staff offered support and guidance to people in a way which respected their choices and best interests.
- Staff had a good understanding of people's needs and told us they were kept informed of any changes to people's care and support through handovers and meetings. These were described as, "Very effective."
- Staff spoke knowledgeably about the concept of person-centred care. One staff member told us, "To me, good person-centred care is adapting the care you provide to the person based on their family history, work history, wishes and preferences."

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.

- The home met the accessible information standard and people were supported in a way that promoted their individual communication needs.
- Records indicated how to help people make choices and how staff should involve people.
- There was an accessible information policy in place. The provider was able to supply documentation in alternative formats to people who used the service.
- Staff understood and interpreted people's non-verbal communication, which enabled people to engage more with those around them. Care plans outlined non-verbal communication such as facial expression and body language.

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

- People were supported to receive visits from relatives and loved ones. Relatives told us, "I can take [person] out shopping and they will keep [person] tea if we're late back" and "I visit regularly."
- There was an activities coordinator at the home. People were invited to take part in activities such as armchair exercises, pamper sessions, arts and crafts, gardening and themed events.

- People were supported to attend a lunch club and social club in the community and there were plans to visit markets in the area. People who were cared for in bed received one to one activity sessions.

#### Improving care quality in response to complaints or concerns

- There was a system in place for recording and monitoring complaints and this was supported by a complaints policy.
- The registered manager analysed complaints to identify learning and improve the quality of the service provided to people.
- Where appropriate, investigations were undertaken, and external professionals were involved to resolve complaints.
- People told us, "I would feel very okay complaining to any of the staff if I wasn't happy" and "I would feel okay complaining to the manager if I needed to."

#### End of life care and support

- People's care records outlined if they had a 'do not resuscitate' order in place.
- Where appropriate, people had end of life care plans that were person centred.

# 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; Continuous learning and improving care

- There were systems and processes in place to monitor and improve quality performance. There was an auditing structure in place which included checks of medicines, health and safety, infection prevention and control and care records. Medicines audits did not identify incomplete records regarding the additional monitoring and care of medicines equipment for people who had long-term health conditions.

We recommend that the provider reviews the medicines audit to ensure that it is sufficiently robust.

- Staff knew their responsibilities well and spoke positively about working together as a team. One staff member told us, "[Registered manager] is really good and knows what she's doing, she expects us to know what we're doing too, she explains everything to us. I think she's a very good manager, very approachable."
- There was provider oversight of the registered managers quality assurance processes.

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

- People spoke highly of the management and culture within the home. Staff members felt comfortable raising concerns as did relatives of people who used the service.
- Staff members felt supported by the registered manager. Staff said, "She's very approachable and she's always there for staff. I would never feel that I couldn't talk to her" and "[Registered manager] is lovely. She is so focused on resident experience."
- People told us, "The home is well managed and when I come in the manager always speaks to me" and "I can talk through anything with the staff and manager."
- There was a good governance policy in place which outlined the importance of duty of candour. The registered manager understood the need to be open and honest when things went wrong.

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- People and their relatives were invited to complete an annual satisfaction questionnaire on the care and support that they received. The results were analysed, and any individual comments or ideas were identified

and acted upon.

- Staff were engaged in handovers and meetings. One staff member told us, "It's discussing any negatives, that always follow with a positive. We chat about how we can improve. We've put a list in the office so people can write on the agenda. Everyone is getting involved and everyone is having their say."
- A monthly residents forum was in place where people were invited to give feedback on the care and support they received.

Working in partnership with others

- The home worked in partnership with others to provide good outcomes for people.
- People told us that they had visits from external professionals. Care records evidenced the involvement of social workers, the dietitian, speech and language therapy and the community occupational therapist.