

All Saints Care Limited

The Gateway Respite

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

This inspection took place on 17 May 2018 and was unannounced.

The Gateway Respite is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 28 older people and older people living with dementia in one purpose built building. Accommodation is provided over three floors.

This was the first inspection of the service since it opened in August 2017. When The Gateway Respite home was open the intention was to provide short or long term respite care, however, some people had decided to make it their long term home. On the day of inspection there were 10 people who were living permanently at the service and three people receiving respite care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a good choice of meals and said the food was very good. There were plenty of drinks and snacks available for people in between meals.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome and could have a meal at the home if they wished.

The home was spacious, well decorated, clean and tidy. All of the bedrooms were single occupancy with en-suite toilets and showers.

The complaints procedure was displayed. Records showed complaints received had been dealt with appropriately.

Everyone spoke highly of the manager who said they were approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified they took action to make improvements.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

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.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were good, offering choice and variety. The meal time experience was a calm and relaxed experience for people.

People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good ●

The service was caring.

People using the services told us they liked the staff and found them attentive and kind. We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

The service was responsive.

People's care records were easy to follow, up to date and being reviewed every month.

There were activities on offer to keep people occupied.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Good ●

Is the service well-led?

The service was well-led.

A registered manager was in place who provided effective leadership and management of the home.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

Good ●

The Gateway Respite

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 May 2018 and was carried out by one adult social care inspector and an expert by experience. The inspection was unannounced.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included two people's care records, two staff recruitment files and records relating to the management of the service.

We spoke with four people who used the service, one relative, four care workers, the chef, the activities co-ordinator, the housekeeper, one district nurse, the registered manager and some visitors who were looking for respite care for a relative.

Is the service safe?

Our findings

People were kept safe from abuse and improper treatment. People who used the service told us, "I feel safe here, staff check on you and you have a buzzer if you need help." "I have nothing to worry about here." A relative told us, "I know [name] will be taken care of here and is safe. Staff check on them all of the time."

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

People were protected from any financial abuse. The manager held some money for safekeeping on behalf of people who used the service. Records of monies held were kept and receipts for any purchases were obtained.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

There were enough staff on duty to care for people safely and keep the home clean. People who used the service and relative told us, they felt there were enough staff on duty.

Staff we spoke with told us there were enough staff on each shift to ensure people's needs were met. The registered manager told us staffing levels could be increased if people's needs changed and this was confirmed by staff.

The care team were supported by a housekeeper, chefs and an activities co-ordinator.

We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked trolleys, cabinets or fridge. The senior care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. They also explained to people what their medicines were for, for example, 'This is your strong pain killer.' We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed. One person told us they were looking after their own medicines and showed us the locked drawer where these were kept. A relative told us, "Staff make sure [Name] had their medicines and concentrate on them whilst they are taking them."

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

Personal emergency evacuation plans (PEEPS) were in place and these were up to date and relevant. We

saw the fire alarm was tested weekly and fire drills were held. This meant staff knew what action to take should an emergency situation arise.

The home was exceptionally clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. The service scored 99.84% following a recent inspection by the infection prevention team.

People we spoke with spoke highly of the housekeeper and one person said the home was always spotless.

The service had been awarded a five star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again. For example, increase monitoring from staff.

Is the service effective?

Our findings

The registered manager completed needs assessments before people moved into the home for respite care. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. One person who used the respite service told us, "[Name of registered manager] came to see me at home and did an assessment." Another person said they had also visited before their respite stay and had chosen the bedroom they wanted, which overlooked the road.

Staff we spoke with told us training opportunities were good and there was plenty of training on offer. One person said, "We are asked at supervision if we need any extra training."

The registered manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

The training matrix showed staff were up to date with training which included infection control, medicines, first aid, food hygiene, moving and handling, palliative care and safeguarding. We saw staff had also received specialist training in topics such as Parkinson's disease, diabetes and dementia care. One person who used the service told us, "Staff are well trained, caring and know what they are doing."

Staff were provided with monthly supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported and said they could go to the registered manager at any time for advice or support. Annual appraisals were not due as the service only opened in August 2017.

People's nutrition and hydration needs were met. People who used the service told us meals were good. Their comments included, "The food is nice and varied. The chef is smashing and will make whatever meals I want." "The food is good. There is always a hot lunch and cups of tea galore!" "Lovely meals and we get plenty to drink."

We spoke with the chef who explained they were given information about people's dietary needs and preferences before they came to stay at The Gateway Respite. At the time of our inspection they were providing fortified diets for some people who had been assessed as being nutritionally at risk.

People who had been assessed as being nutritionally at risk were being weighed regularly. Records were also being maintained of what they were eating and drinking. We found these records were well completed and showed people were being offered high calorie snacks and drinks in line with their care plans.

Staff were using 'best practice' guidance to calculate how much fluid some people should be drinking on a daily basis, to ensure they were kept well hydrated. The records showed people were meeting or exceeding their individual targets.

There were choices available for every meal and a range of hot and cold meals which could be ordered at any time. Jugs of juice were available in the lounges and in people's bedrooms. Fresh fruit was left out in bowls and we saw one person helping themselves to a variety of fruit during our visit. Other snacks such as biscuits, cake and crisps were also readily available.

People's healthcare needs were being met. In the two care files we looked at we saw people had been seen by a range of healthcare professionals, for example, GPs, nurse practitioner, district nurses, dietician, speech and language therapists and opticians. A district nurse told us staff contacted them appropriately and followed any advice they were given. Staff told us they had a good relationship with the district nurses and they were able to ask them for advice.

The Gateway Respite was purpose built and opened in August 2017. The accommodation was spacious with wide corridors and doorways to facilitate easy access for wheel chair users. The living and dining rooms were on the ground floor with bedrooms on the first and second floors. Toilets and bathrooms were easily identified and people's bedroom doors had a number, their name and a picture which was relevant to the. For example, one person had particularly like shopping in one chain store and this was the picture on their door. The registered manager used The Kings Fund; "Is Your Care Home Dementia Friendly?" assessment tool to make sure the environment was the best it could be for people living with dementia.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were no authorised DoLS in place. A number of applications were awaiting assessment by the local authority.

People were asked consent before care and support was provided. Where people lacked capacity best interest decisions had been made involving families and healthcare professionals. For example, the best interest process had been followed for one person who was being supported to take their medicines covertly (hidden).

The registered manager had written to the office of the Public Guardian to find out if Lasting Power of Attorney (LPA) had been registered for people who used the service. This information was available in people's individual care files. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. This showed us the registered manager understood their responsibilities to act within the legislation.

Is the service caring?

Our findings

People who used the service told us the following about staff and living or staying at The Gateway Respite. "It's lovely here, I get well cared for and the staff are lovely." this is my home now and I am very happy, content and comfortable." "This is the first time I have been here for respite care. I have really enjoyed my stay and can't wait to come back. I have been to other care homes but this one is the best. The staff are really caring and put themselves out. They are really accommodating and will do anything to keep you happy." "Staff are very good, kind and helpful." "I came on Monday and I'm going home on Friday and this is my first experience of respite care. The staff are kind and considerate and I would be quite happy to come again." A relative told us, "The staff are kind and caring and I am happy with the care [name] gets."

People who used the respite service and their relatives were given a survey when they went back home. These were some recent comments people had made; "Lovely, very clean and welcoming and the care was fabulous." "I would like to stay again." "Absolutely amazing place. The staff are excellent, very highly recommended." "All of the staff are so friendly and helpful. [Name] loves them all so much. [Name] always speaks so highly of everyone."

People's care files contained life history information and details of their interests and hobbies. People looked relaxed and comfortable around staff. There was a calm, friendly atmosphere and we saw staff took time to sit and chat with people. We heard some good humoured banter shared between people who used the service and staff which resulted in laughter and further conversation.

Staff uniforms had a logo which stated, 'Compassion, gentleness and kindness.' We saw these values were reflected in the care and support people received.

Staff were sensitive to people's needs. For example, one person was sitting in the main part of the lounge, where music was playing. They became a little agitated and a care worker took them to a quieter area, where they became more settled.

Staff treated people with dignity and respect. We saw people looked clean, well-groomed and comfortably dressed which showed staff took time to assist people with their personal care needs when required.

One person's care plan stated, 'Staff to help me remain smart and to look my best. I rely on staff to shave me and to make sure my shaver is charged.' We went to see this person in their bedroom and saw they were smart, clean shaven and their shaver had been charged. We spoke with their relative who told us they had never visited and found otherwise.

Mealtimes were relaxed and social occasions. People who required assistance received individual attention from staff. Staff took time to describe the individual components of the meal and allowed people plenty of time to eat.

Some visitors told us they had called, completely unannounced, to see if it would be a suitable place for

their relative to have a respite stay. They had been impressed with their welcome and said the registered manager made them feel at ease. They also commented positively about the interaction between people using the service and staff.

One visitor told us they had been fully involved in the formulation of their relatives care plan and subsequent reviews. We saw at the last review they had asked for their relative to be taken out into the garden in fine weather. We asked them if this had happened and they told us it had.

A relative told us they were always made to feel welcome and were offered refreshments. There was a small kitchen/dining area off the main lounge where people using the service or relatives could make drinks and snacks if they wished.

Staff encouraged people who used the service to be as independent as possible. For example, at breakfast time we heard staff encouraging one person to eat and drink independently. Care plans contained specific information about what people could do for themselves and what they needed support with. One member of staff said, "Being independent is important to people and we don't want to take it away from them."

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

Is the service responsive?

Our findings

People who used the service and relatives told us they had been involved in the care planning process. People's care plans followed a standardised format which made it easy to find relevant information quickly. They contained detailed information about the care and support each individual required from staff. They showed what the person could do for themselves and the level of support they needed from staff and included any particular preferences.

The registered manager made sure the care plans for people who used the respite service were developed before the person came to stay. Staff confirmed this was the case and they were aware of people's needs and preferences before they moved in.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist pressure relieving equipment in place to reduce the risks of them developing pressure sores.

People's end of life care needs were being planned for. The registered manager had written to relatives reminding them these discussions needed to take place. Some had responded and appropriate plans had been agreed and others still needed to be developed.

Complaints were taken seriously and investigated. The complaints process was displayed within the service. People told us they knew how to complain. One person commented, "I would see [Name of registered manager] if I had any problems." A relative identified a senior member of staff they would speak with if they had any issues. The records of complaints showed these had been investigated and dealt with appropriately by the registered manager.

The provider had an accessible information policy in place and told us information could be made available in various formats if this was required. For example, in large print or pictorial form. The registered manager also told us any specific communication needs would be addressed through the care planning process.

People were being offered a range of stimulating activities in the mornings and afternoons. The service employed an activities co-ordinator who worked for two hours, five days a week. Care staff also took responsibility for organising activities. During our visit we saw people involved in armchair exercises, identifying items in 'feely bags,' making cornflake cakes, reading newspapers and talking to staff.

There was an activities timetable on display and the activities co-ordinator explained they were trying different activities to see what people liked. We heard staff consulting with people about listening to music, watching TV or a DVD.

A 'red, white and blue day' had been organised in readiness to celebrate the forthcoming Royal Wedding.

The lounge had been decorated with flags and bunting in readiness. External entertainment also visited the service and staff told us people had enjoyed the singer who had performed earlier in the week.

One person who used the service told us there were activities on offer, but they preferred to watch TV in their bedroom.

Is the service well-led?

Our findings

All of the staff we spoke with told us they would recommend the service as a place to live and a place to work.

There was a registered manager in post who provided leadership and support. One person who used the service told us, "[Name of registered manager] is lovely. She has a wonderful team, everyone is so eager to please."

Staff made the following comments, "[Name] is a good manager and is very helpful." "One of the best managers I've ever had, they are very understanding." "[Name] is great and easy to talk to." "[Name] is very approachable, friendly, firm but fair."

Care workers told us the manager was 'hands on' and regularly undertook care and support tasks. This helped them provide oversight of the home and understand people and their individual needs. The manager demonstrated a good understanding of the people and topics we asked them about, which provided us with assurance they understood how the home was operating.

A district nurse told us they had a good relationship with the manager. We saw a visiting physiotherapist had left the following feedback, "I've been made to feel completely welcome by the manager and all their staff. They are always polite. The home is always clean and tidy. Very nice place to be. I would definitely recommend." A continence specialist stated, "Excellent support from care staff to assist a clinical healthcare visit. Very good documentation, current and relevant. A warm, welcoming atmosphere."

The registered manager told us they received good support from staff and the provider. They told us, "I have a good team; nothing you ask of them is too much trouble. The provider is on site all of the time. They are approachable and if I need anything they will get it. They know all of the residents, relatives and the staff." They went on to explain they had completed their National Vocational Qualification (NVQ) Level 5 in health and social care and had an NVQ4 in business management.

Audits were being completed, which were effective in identifying issues and ensured they were resolved. These included care plans audits, medicine audits, health and safety audits and environmental audits. We saw if any shortfalls in the service were found action had been taken to address any issues.

People's views about the service were sought and acted upon.

Surveys were given to people using the respite service when they went home to get their views about their stay at The Gateway Respite. We looked at the ones which had been returned this year which showed a high level of satisfaction with the service. The registered manager analysed these and a 'You said, we did' notice had been posted on the notice board. For example, more coat hangers and a musical bingo game had been purchased in response.

A residents and relatives meeting had been organised but no one had attended, so the registered manager had written to people in order to get their views and tell them about what was happening in the home. There was a suggestion box and comments book in reception and comments books in the dining room and lounge. Staff meetings were held and staff told us they were able to discuss any issues or ideas they might have.