Woodberry

Swift & Lasting Improvements in Care

INSPECTION REPORT

THE DURHAMGATE

CQC RATING GUIDE: '**GOOD**'

Privately Commissioned Inspection for

The DurhamGate

Conducted by:

Simon Cavadino

Date of Inspection:

24th July 2024

Contents

Executive Summary

As part of the **Adore Care Homes'** quality assurance programme, additional quality monitoring visits have been commissioned from outside care professionals. This is to ensure the organisation makes use of an external eye, acting as a 'critical friend', to further improve and enhance the quality of leadership and the quality of care at their care homes. An introduction to the author is available at the end of the report.

This is the report from a day spent at **The DurhamGate.** This was a privately commissioned inspection visit. The DurhamGate is a new purpose built residential care home for older people including people living with dementia, located in Spennymoor, County Durham. The facilities are 'state of the art' and the environment is amongst the most impressive in the residential care market. The home opened in November 2023 and there were 27 people in residence.

The atmosphere at the home was warm, happy and cheerful and there was an obviously kind and caring culture amongst the whole staff group. Staff spoke appreciatively of their colleagues and the management team and there was an excellent team spirit already, considering the home was only newly opened. Residents and relatives were exclusively complimentary about the care, with their comments indicating they held the whole team in high esteem. Staff were attentive and helpful when interacting with residents and there was gentle banter and fun. Personal care was of a high standard. There was plenty of evidence of meaningful activities having taken place and the manager was focused upon further community participation. It was good to see people enjoying the garden on a hot summer's day.

Regulatory compliance and governance systems were also strong and becoming embedded. Care planning was of a high standard. Medication systems were safely managed. Training and supervision were up to date. There were plenty of staff on duty, with staff properly recruited. The lunchtime experience was well managed. The environment was clean and well presented. A small number of minor points were picked up for consideration and improvement. The home was a pleasant and reassuring place to visit and the whole team deserves credit for an excellent start.

CQC Rating Guide

This is a ratings guide for this service on the basis of what was seen, heard, witnessed and experienced on the day of inspection. It is for guide purposes only. The methodology used for conducting the inspection and preparing the rating is discussed in more detail in a separate section at the end of the report:

	Inadequate	Requires Improvement	Good	Outstanding
Safe			**X**	
Effective			**X**	
Caring			**X**	
Responsive			**X**	
Well-Led			**X**	

Overall: Good

This was a very solid 'Good' rating, with no significant concerns of any note. As the home was only half way through its commissioning process it would be unwise and potentially counter-productive to consider a rating any higher.

CQC Key Question - Safe

The following CQC quality statements apply to this key question:

- Learning culture
- Safe systems, pathways and transitions
- Safeguarding
- Involving people to manage risks
- Safe environments
- Safe and effective staffing
- Infection prevention and control
- Medicines optimisation

Staffing Levels

The home is registered for a maximum of 66 older people, including some people living with dementia. There were 27 people in residence on the day of my visit. The home was laid out over three floors, with the ground and first floors being open. Staffing levels across the home were as follows:

Ground Floor – (Residential care for up to 19 older people. 18 people in residence.)
(am) 1 deputy manager, 1 senior care assistant and 3 care assistants
(pm) 1 deputy manager, 1 senior care assistant and 3 care assistants

First Floor – (Residential care for up to 24 older people. 9 people in residence.)
(am) 1 senior care assistant and 1 care assistant
(pm) 1 senior care assistant and 1 care assistant

At night there were 2 senior care assistants 2 care assistants on duty.

Ancillary Staff

In addition to the care staff there was a lifestyle manager, kitchen staff (chef and kitchen assistant each day), maintenance manager, front of house manager, head housekeeper and domestic team (including dedicated laundry staff). Hairdressing and chiropody services were contracted externally. The team was managed by a general manager (supernumerary) and a care manager (also supernumerary). This was a good level of ancillary staff for a home of this size and worked well.

The staffing numbers were growing as the occupancy increased and the home was staffed to ensure the occupancy could increase at a sensible rate. The manager

undertook a regular dependency monitoring exercise as one way of ensuring the staffing was sufficient, as well as input from care staff. From my observations during the day there were more than enough staff to care for the current resident group. There were many examples of staff having the time to speak with people, listen to them and engage with them in addition to completing personal care tasks. Both the management team and the staff team were of the view there were comfortably enough staff to care for people appropriately.

Staff Vacancies

The home was fully staffed for its current number of residents and a few more. Recruitment was ongoing for some more care staff and a lifestyle assistant, as these posts would be necessary in future. The manager said that it had not been difficult to attract staff to apply for jobs, with lots of applications received. This meant the manager was able to choose carefully and employ the best staff. The retention of staff had been particularly high, with only three of the original staff team having left their employment. No agency staff had ever been used at the home.

Staff Recruitment files

I looked at the recruitment information for several staff recently recruited to the home. The files were stored securely, were well put together and contained all of the information required by regulation and other information indicative of good and safe recruitment practice. Information seen included:

- Recent photographs
- Full employment histories
- Medical information to ensure people are fit to work
- Contracts & ID
- References
- Job descriptions
- Interview notes
- Training information
- DBS information

There was one situation where a certificate was missing to evidence a relevant qualification, but the manager was able to produce an audited list of information still to gather and the missing certificate had been identified as necessary.

Open Safeguarding Cases
The manager advised there were no open safeguarding cases at the home.

Medication Management
The medication trolleys were kept in one the secure medical rooms, located on each floor. I audited the medical room on the ground floor. I found the systems to be safe and well-managed. Good practice included:

- Keys were kept by the senior member of staff in charge.
- Storage temperatures were monitored daily for both the medication room and the refrigerator. Records indicated that the storage temperatures were within safe ranges.
- Specified room cleaning schedules were completed daily.
- The trolleys were tidy, well organised and attached to the wall when not in use.
- Medication was delivered regularly in original packaging – a non MDS approach.
- Controlled drugs were stored correctly. A random stock audit tallied.
- PRN protocols were in place and well written.
- Do not disturb tabards were worn by staff administering medication.

The home used an electronic medication system (EMAR). The EMAR system involved scanning the medication boxes prior to administration and the system generated a MAR chart. The system prompted all prescribed medication administration and so it was not possible to 'forget' any medication or not sign for it. The key to demonstrating the system is being used correctly is to ensure the stock present in the boxes and packets matches exactly the amounts recorded on the computer system. I undertook ten random stock audits and all were correct apart from in two cases:

- AS – Laxido Oral Powder – 55 in stock; 56 showing on the system
- TA – Paracetamol – 41 in stock, 43 showing on the system

These were both PRN or 'as required' medicines and staff needed to be especially careful to enter the right amount of medicine given into the computer system.

See Required Action 1.

Premises Safety & Management
The home was new and was spotlessly clean and well presented. No unpleasant odours were noted anywhere. Domestic staff worked safely with their cleaning materials. COSHH products were stored safely throughout the home. Sluice rooms were locked at all times. Call bell ropes extended all of the way to the floor. Maintenance records were kept diligently.

Laundry Room
This room was spacious with both an 'In' and an 'Out' door. It was clear that soiled laundry was stored correctly and washed separately on a sluice wash. Dissolvable red bags were used for safe storage and laundering.

Kitchen
The home had received its first environmental health inspection, scoring 5 – 'Very Good,' which is the highest score available. Kitchen practices were not assessed further at this visit.

CQC Key Question - Effective

The following CQC quality statements apply to this key question:

- Assessing Needs
- Delivering evidence-based care and treatment
- How staff teams and services work together
- Supporting people to live healthier lives
- Monitoring and improving outcomes
- Consent to care and treatment

Supervision & Appraisals

The provider used a system called Coolcare to monitor the frequency of supervision and appraisal meetings. The system showed all supervisions and appraisals to be up to date. Minutes of supervision and appraisal meetings were kept on personnel files and were signed by both parties.

Staff spoken with indicated they were very well supported. One staff member said, *"I love it here. It's great. The team have gelled really well and there's good banter and fun while we work."* Another staff member said, *"It's been such a nice few months. We get good support. We're excited for the future actually."*

Training

When new staff were appointed to work at the home they attended an induction course provided by Adore Care Homes that equipped them with the basic training to do their jobs. Updates would then be scheduled at sensible frequencies.

Mandatory training figures were very high, at **99%**. Mandatory training subjects included advanced medication (for seniors), COSHH, dementia awareness, equality and diversity, fire drill (practical), fire safety, first aid, basic food hygiene, GDPR, health and safety, nutrition, infection control, learning disability and autism, MCA/DoLS, moving and handling (practical), oral hygiene, PPE (practical) and safeguarding.

Mental Capacity - DoLS

The management team had a good understanding of DoLS processes. A clear matrix was in place and showed that 10 DoLS applications had been correctly made for people who fell into all 3 of the following criteria:

a) those who lack capacity to consent to their care and treatment in the home due to dementia or severe illness;
b) those who are not free to leave the home as and when they please (i.e. staff would stop or divert them if they tried to);
c) those who need continuous monitoring (i.e. staff control all their medication, nutritional intake, activities etc).

All of the applications been determined (approved) by the local supervisory body and the team had submitted CQC notifications as required.

Eating and Drinking
I witnessed the lunchtime experience in the ground floor dining room, which was a positive, sociable experience. Good practice included:

- Clear menus were on display and tables were nicely laid.
- Staff were wearing appropriate protective equipment in the form of washable aprons.
- Staff interacted with residents well at all times.
- Choices of drinks were given to people.
- Choices of main courses were given to people and choices of desserts.
- The chef was involved in the serving out.

One minor issue was that there was no background music playing during lunch, which meant attention was drawn unnecessarily towards some individual conversations about peoples' food choices and their personal support. The television was on at the other end of the lounge, with the sound off, and nobody was watching it. It would be better if some old-style or classical music (as dictated by the choice of the residents) could be playing instead. The management team said this usually did happen on most days.

See Recommended Action 1.

Premises Presentation
Entrance and Reception Area
The home had a bright and welcoming entrance and reception area, staffed by friendly and helpful reception staff, with many places to sit. There was a fully working tea and coffee bar with fresh cakes. There was a stall where people could buy greetings cards made by the residents and the money would go to charity.

The manager's office was easily accessible at the side of the main reception. Information such as the home's registration certificate and the complaints policy were displayed prominently. The home did not as yet have a CQC rating, but this would be displayed after the first inspection.

Design and Adaptation
The home was set in the new community of DurhamGate in Spennymoor, County Durham. The home was designed and purpose built for people who have mobility restrictions. All bedrooms had en-suite toilets and wet room showers. Full assisted bathing facilities were also available on each floor.

Communal Rooms
The lounges and dining rooms were welcoming, clean and very nicely furnished. There were a variety of different lounges and dining rooms in the home, including a state-of-the-art cinema room, library, tea room, garden room, quiet lounge and bar area. There was a balcony on the first floor for people to sit out during warm weather. There was also a fully kitted out hairdressing salon. Snack and hydration stations were available on the open floors.

Bedrooms
The occupied bedrooms were nicely personalised with people's own belongings and photographs of their families. This enabled them to feel settled at the home. The bedrooms were fitted with smart televisions, refrigerators and the facility for a telephone line.

Garden

The secure gardens around the home were well kept and presented. Planters and shrubs were all well-tended. Some of the ground floor rooms had areas outside their patio doors for individual people to sit and enjoy the nice weather. There was plenty of sturdy garden furniture for people to sit out on and it was good to see lots of people outside enjoying a hot summer's day.

CQC Key Question - Caring

The following CQC quality statements apply to this key question:

- Kindness, compassion and dignity
- Treating people as individuals
- Independence, choice and control
- Responding to people's immediate needs
- Workforce wellbeing and enablement

Residents

There was caring and respectful relationship between the staff and the residents, with an appropriate amount of good-natured banter and fun. Feedback from residents was most positive and grateful about their experiences of living at the home. This was most encouraging given how new the home was. Quotes included:

"It's lovely. I've never heard anyone say a bad word about it."
"The food here is fabulous."
"The staff are all very friendly. I certainly can't complain."
"They are very quick at answering the bells."
"There is not one member of staff I could complain about, although they are all different."
"It's a really nice place to be. I've actually made friends."
"Activities are good. We had Lonnie Donegan's son in to sing. He was really good. We also had a man come in with a display about wild birds, which was really interesting."
"We've had good food in the pop-up restaurants."

Everyone living at the home had a good sense of wellbeing. The standard of personal care was high throughout the home. People were supported to be clean, well-presented and wearing properly fitting clothing.

Visitors

Visiting was able to take place unrestricted. The feedback from visitors was similarly positive. One person's relative said, *"They are all very good here indeed. [My relative] speaks well of all the staff, including the laundry and cleaning staff."* Another relative said, *"I visit most days and am very satisfied. We are encouraged as visitors to be part of the big community here, which is most welcome. I've noticed that some*

relatives of people who have unfortunately died still come back here to visit, and that says a lot."

The carehome.co.uk website rated the home as 9.9 out of 10 from the first 24, which was indicative of very high satisfaction levels from people who used that website for feedback. Reviews were written in the most complimentary terms.

Privacy and Dignity
People were treated with dignity and respect throughout the day. Staff were observed to knock on doors prior to entering peoples' bedrooms. This indicated a respect for people's personal space. Call bells were left within reach of people spending time in their bedrooms and were answered quickly. Continence products were stored discreetly. Staff were alert to situations where peoples' dignity may be compromised and intervened without fuss.

In the bathroom next to room 7 there were some toiletries that had been left in the cupboard. All toiletries should always be returned to individual peoples' bedrooms when personal care is complete. This is so there is not the temptation for any toiletries to become communal.

See Required Action 2.

Confidentiality
Care plans were stored electronically and were password protected.

CQC Key Question - Responsive

The following CQC quality statements apply to this key question:

- Person-centred care
- Care provision, integration and continuity
- Providing information
- Listening to and involving people
- Equity in access
- Equity in experiences and outcomes
- Planning for the future

Care Plans

The care planning system being used was Person Centred Software, which I have seen implemented successfully in different care environments. Care plans were written following detailed assessments of people and contained plenty of person-centred information, including detailed life histories. All of the care plans I read were well-drafted and informative. Specific care plans were in place for individual health conditions. The management team were clear about the needs of people the home was able to meet and the kind of needs that were not suitable.

Care plans had been reviewed on a monthly basis, as prompted by the computer software. Established scoring systems were used to ensure that risks to people were identified and managed effectively. The system produced a list of required risk assessments that were completed for all. These included people's risk of developing pressure ulcers, risk of becoming malnourished (MUST & Waterlow) and moving and handling risk assessments. These risk assessments had also been regularly reviewed.

Daily Care Records

Staff had taken well to the PCS system, with most of the records kept well. Daily care records were available for monitoring peoples' fluid intake and food intake. There were hygiene charts to record personal care given and topical MAR charts (TMAR) where staff recorded the application of emollient creams. These were well completed.

There was one person (Resident 1) who required a cap on his fluid intake due to a medical condition. The cap was recorded at 1,500mls per day. There was also a target of 1,500mls per day, which made little sense as it was almost impossible to

achieve both a target and a cap at the same level. The person had capacity both to consent to his care and to understand his fluid cap, so it was apparent that the 'target' should be removed completely.

See Required Action 3.

Other than the above case there was nobody who required fluid monitoring. However, there was some slightly haphazard recording of some fluids people had taken. It was not clear why these amounts were being recorded and it left the records looking as though some people were only offered low amounts. We discussed fluid records being either one thing or another. Either record all fluid amounts offered and consumed, or do not record the amounts at all if it is considered unnecessary.

Consent to Care and Treatment

Mental capacity assessments (MCAs) were in place where there was a doubt about individual people's capacity to consent to various specific aspects of their care. These were well written and best interest decision making documents had been prepared when people lacked the capacity to consent to a specific decision. For example, in one case (Resident 2) there were separately considered MCAs for medication, personal care, care and treatment and receiving 24 hour care in a secure care home.

In another case (Resident 3) there were two MCAs that were similar and appeared to have contradictory results. One stated he lacked capacity to consent to stay at DurhamGate, but the other said he had capacity to consent to his accommodation arrangements.

See Required Action 4.

Activities Arrangements

There were meaningful activities taking place during the day. It was a hot summer's day and people were enjoying the outside and at one point an ice cream van came to the home. The manager explained how she and the team were working on community involvement. There had been residents and relatives' meetings where people were asked for ideas and there were lots of suggestions for the future. There

was plenty of evidence available of activities that had taken place in the past few months. These included:

- A large ukulele band came into the home to play
- A company brought in some alpacas to entertain the residents
- External singers and entertainers (such as the son of Lonnie Donegan)
- Film afternoons
- Games (such as board games, quoits, crosswords, word games and musical bingo)
- 80th anniversary D-Day celebrations with 1940s themed singing performance
- Father's Day lunch
- International picnic day
- Pop up restaurants
- Garden centre trips
- Valentine's Day celebrations
- St Patrick's Day celebrations
- Baking activities
- World cocktail day
- A visit from a therapy dog
- Exercise classes

CQC Key Question – Well Led

The following CQC quality statements apply to this key question:

- Shared direction and culture
- Capable, compassionate and inclusive leaders
- Freedom to speak up
- Workforce equality, diversity and inclusion
- Governance, management and sustainability
- Partnerships and communities
- Learning, improvement and innovation
- Environmental sustainability – sustainable development

CQC Notifications

CQC notifications had been made appropriately and were kept on file.

Registered Manager

The manager, Karen Johnson, had been registered as manager since the home opened.

The home had yet to be inspected by CQC and was unrated.

Management Audits

A robust internal auditing system was in place, as designated by the provider. The auditing system was similar to other care homes run through the Danforth Care partnership, were robust and covered a wide range of key areas. The sheer amount and depth of the auditing gave confidence the home was well run. The management team believed in the governance system and felt it helped keep them safe. Actions identified through the audits were placed on a home action plan.

Audits for June 2024 included:

- Dependency calculations
- Call bell response time information (showing excellent response times)
- Relatives meeting
- Nutrition review meetings
- Care plan management audits
- First aid box audit

- Fire drill (practical and audit)
- Catering audit
- Mattress audit
- Medication audit
- Pressure cushion audit
- Health and safety audit
- Lifestyle audit
- Dining experience audit
- First impressions audit
- Distressed behaviour audit
- Falls summary
- Accident and incident audit with trend and graphical analysis
- Supervision review
- Staffing KPI review
- Pressure ulcer review
- Moisture lesion review
- Bed rails (none)
- Wounds log
- Weight loss and weight management information
- Infections log
- CQC notifications review
- DoLS review
- Duty of candour incidents (none)
- Safeguarding review (none)
- Complaints
- Equipment log
- Hoist and slings review
- Maintenance certificate review

Provider Visits

The quality director was present during the inspection undertaking her monthly governance visit. The monthly governance visit report for June 2024 was in place in the file, a detailed report showing no major concerns.

Management and Leadership Observations.
The management team and the whole staff team had made an excellent start and the home was a positive and cheerful place to visit. The management style was diligent and focused, with senior staff who had complementary skills to each other. The manager's stated focus on community links will be important and valuable as the home grows.

The inspection findings were positive. There was an obviously kind and caring culture amongst the whole staff group. Staff spoke appreciatively of their colleagues and the management team and there was an excellent team spirit already, considering the home was only newly opened. Residents and relatives were exclusively complimentary about the care, with their comments indicating they held the whole team in high esteem. Staff were attentive and helpful when interacting with residents and there was gentle banter and fun. Personal care was of a high standard.

Regulatory compliance and governance systems were also strong and becoming embedded. Care planning was of a high standard. Medication systems were safely managed. Training and supervision were up to date. There were plenty of staff on duty, with staff properly recruited. The lunchtime experience was well managed. The environment was clean and well presented.

The whole team deserves credit for an excellent start.

Required and Recommended Actions

'Required' actions are matters picked up during the inspection process that would be either in breach of regulation, arguably in breach of regulation or issues that CQC inspectors commonly criticise if not seen as correctly implemented. The regulations in question are the HSCA 2008 (Regulated Activities) Regulations 2014, The Care Quality Commission Registration Regulations 2009 and The Mental Capacity Act 2005. There are other regulations that can be relevant, but these ones cover the vast majority of issues to consider.

Recommended actions are either minor points to consider or good practice suggestions picked up elsewhere that may enhance the service in a variety of ways. There is no imperative to implement any recommendations if the provider did not consider it necessary to do so.

Required Actions

1	Please investigate the two medication stock anomalies.
2	Please ensure staff always return toiletries to peoples' bedrooms after use.
3	Please remove the fluid 'target' for Resident 1.
4	Please review CW's MCAs and make the necessary changes to ensure accuracy and consistency.

Recommended Actions

	Please remind staff to ensure appropriate background music is playing during lunch.

Inspection Methodology

The inspection took place over one full day on site at the home. Evidence was obtained in the following forms:

- Observations of care and staff interactions with residents.
- Observations of general living and activities.
- Discussions with people who lived at the home.
- Discussions with staff who worked at the home, including management staff.
- Inspection of the internal and external environment.
- Inspection of live contemporaneous care records.
- Inspection of live contemporaneous management records.
- Inspection of medication management systems.

The main inspection focus was against compliance with the following regulations:

- HSCA 2008 (Regulated Activities) Regulations 2014.
- The Care Quality Commission Registration Regulations 2009.
- The Mental Capacity Act 2005.

Full account is also taken of the following key guidance, although this list is not designed to be exhaustive:

- CQC's recently published Single Assessment Framework (SAF) and its associated Quality Statements.
- The recently retired Key Lines of Enquiry (KLOEs), as these were always a good technical guide for what appropriate quality care looks like.
- NICE guidelines on decision making and mental capacity.
- NICE guidelines on medication management.
- A whole variety of CQC's clarification documents from over the years.
- RIDDOR guidance on reporting injuries and dangerous occurrences.

The ratings awarded for each key question are professional judgements based on over 25 years' experience of inspecting and rating care services. I believe the most meaningful rating is a 'description,' not a 'score.' It is a 'narrative judgement,' not a 'numerical calculation.' This inspection does not attempt to mimic CQC's current complex scoring system.

Introduction to Author

Simon Cavadino
Simon has worked in the provision, management and regulation of social care and healthcare services for over 25 years. He currently works with a range of different care provider organisations, offering advice on the Health and Social Care Act (2008) and its accompanying regulations. He is able to undertake detailed compliance advice work and/or senior-level management advice and coaching. Simon trades under the banner of The Woodberry Partnership.

During his career Simon has worked as an inspector for the Commission for Social Care Inspection (CSCI) and for the Care Quality Commission (CQC). He has undertaken detailed inspection, registration and enforcement work during his two spells working for the national regulator.

Simon has also worked for care provider organisations in both the private and voluntary sectors, achieving high quality services wherever he has worked. His most notable career achievement was as Director of Operations for a private sector provider, where he commissioned, built, opened and ran 25 sought-after care services for adults with a learning disability over a period of 8 years.

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