



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Gatehouse The
Address:	9 Manor Road Harrogate North Yorkshire HG2 0HP

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Jean Dobbin	1 2 0 3 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Gatehouse The
Address:	9 Manor Road Harrogate North Yorkshire HG2 0HP
Telephone number:	01423535730
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	The Franklyn Group Ltd
Type of registration:	care home
Number of places registered:	31

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	31
Additional conditions:		
Date of last inspection		

Brief description of the care home
<p>The Gatehouse is registered to provide personal care and support for 31 older people who do not have any specialist needs. It is a large converted and extended detached property, previously a private residence and located in a residential area of Harrogate. It is a short walk to local amenities and approximately one mile from the town centre, with its major transport links. There is on-street parking and level access to the home. People's accommodation is on three floors with a vertical lift providing access to the upper floors. The rooms are for single occupancy and all have en suite facilities. The weekly fees on 12th March 2009 are between 439 and 675 pounds. Additional charges are made for hairdressing, dry cleaning and chiropody, and personal items like newspapers. Both the Statement of Purpose and the latest inspection report, written by the Commission for Social Care Inspection are made available at the home for people to read, on request from the manager.</p>

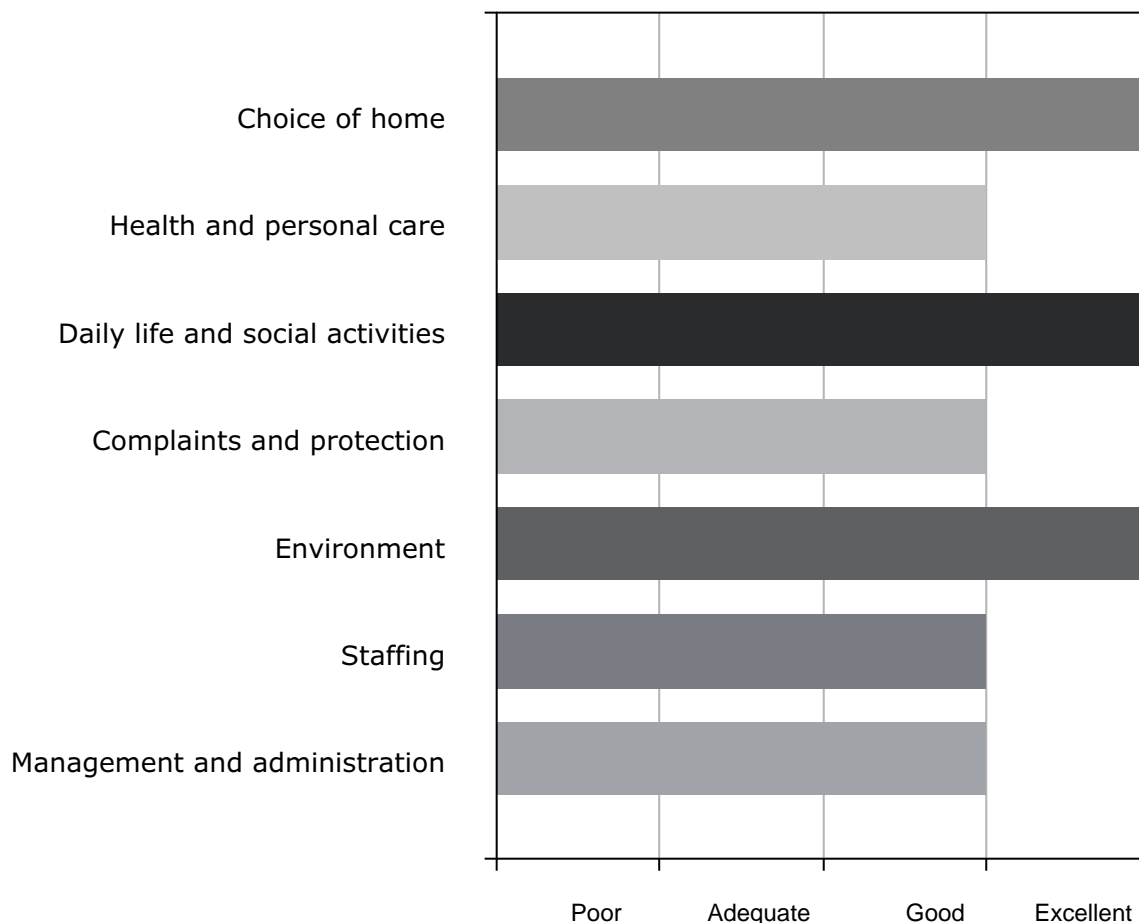
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This is what was used to write this report.

Information about the home kept by the Commission for Social Care Inspection. Information asked for, before the inspection, which the manager provides. This is called an Annual Quality Assurance Assessment or AQAA. Information from surveys, which were sent to people who live at The Gatehouse, to staff and to other professional people who visit the home. 10 were sent to people at the home, and 4 were returned. 3 were sent to healthcare professionals but none were returned. 5 were sent to staff at the home and 3 were returned.

A visit to the home by one inspector, which lasted about 7.5 hours. This visit included

talking to people who live there, and to staff and the manager about their work and training they had completed. It also included checking some of the records, policies and procedures that the home has to keep.

Some time was also spent watching the general activity to get an idea about what it is like to live at The Gatehouse.

Information about what was found during the inspection was given to the registered manager, the provider and two other senior members of staff at the end of the visit.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations - but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

What the care home does well:

The Gatehouse is a well presented and well maintained home. The furnishings and decor are to a high standard, and this enhances the day to day lives of the people who live there.

A detailed assessment is carried out before people move to the home to make sure their needs can be met if they choose to move there. People are encouraged to visit the home and spend some time with the other people there, so they can hear from them about what its like to live there.

There are enough care staff working at the home to make sure that people do not feel rushed and staff have enough time to sit and talk with people. One person said in their survey that 'they (the staff) are always willing to listen and take note of comments'. Another added 'staff are always courteous and helpful'.

The care records are written in a way that recognises people's strengths and abilities, and what care staff need to do to support people, so that they can maintain these life skills for as long as possible. The records also identify that one person is very different to another, with very different needs. These help to recognise and acknowledge people's individuality.

People are supported to live interesting and fulfilling lives. There are different things going on in the home and people are consulted about future ideas and activities. One person said in their survey that 'there are always activities available to suit all ages'.

Staff are alert to signs of abuse and know that they must report any concerns promptly, even if asked not to. This is good and shows that staff will not keep secrets, if they think someone may be at risk of harm.

What has improved since the last inspection?

There has been ongoing refurbishment and redecoration at the home. New catering and laundry equipment has been bought and improvements have been made to the outside lighting and the gardens, to make it as nice a place as possible for the people living there.

People have been given new contracts, including terms and conditions. This explains both the individual's and the home's rights and responsibilities.

Small changes are being made regularly in response to the requests of people living there.

What they could do better:

There could be a better system of monitoring and recording medicines stored at the home, both to ensure drugs don't 'run out' and as a way of checking that people are receiving their medicines accurately, according to their prescription.

People moving to the home could be assessed as to whether they are at risk of falling. If this is the case, then a care plan could be written to demonstrate what the home will

do to try to prevent future falls. This would show that the home is doing all it can to keep people safe.

Records relating to recruitment processes could be put together in a more orderly way, so that the manager and authorised people can easily see that all checks have been carried out properly before an individual starts working at the home. Gaps in employment and negative information provided by a previous employer could be explored and recorded to show that these issues have been looked into properly.

The manager could keep better written records to show that he is following the management systems, which are used by the home, to show that it is well run, safe and well maintained.

The manager could make sure the commission is always promptly informed when an event affects the wellbeing of any person living at the home. This is to comply with the law and also so that these events can be monitored.

Prepared foods could be labelled to show when they are prepared. This would make it easier to check the age of the food, and whether it needs to be thrown out. This would prevent it being served to people when it may not be fit to eat.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The pre-admission assessment ensures that individual care needs can be met at the home and the prospective resident receives information and help to enable them to choose whether The Gatehouse is the right place for them.

Evidence:

People's care plans looked at contained a detailed assessment, which had been completed before they moved to the home. This looked at their physical, emotional and social needs and enabled the manager to check that all these needs could be met by staff at the home, if the person chose to move there.

This assessment is completed by one of three senior members of staff, though this needs to always be signed and dated so that if it needs to be re-looked at in the future then it is easy to determine when it was written. The manager sees this assessment as very important and encourages individuals to visit and meet with other people to get

Evidence:

their views about the home. People are encouraged to have a meal at the home and generally get a feel of what it would be like to live there.

Care staff spoken with said that they get given information about the new person in advance of their arrival, so that they understand the sort of help and support they will need. This ensures that the right help can be given as soon as the individual arrives.

The home provides a brochure to all people who express an interest in moving to the home. All the survey responses state that they received enough information about the home to help them decide whether to move there. They all also commented that they now had a contract, which was a requirement made at the last inspection.

The home has a Statement of Purpose and service user guide, which inform about the services and facilities provided by the home. These are normally displayed in the entrance area of the home, so that people can look at them whenever they choose.

The Gatehouse does not provide intermediate care.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's health and personal care needs are generally well addressed and there are detailed records to underpin that care. Some medication issues need addressing to check that medicines are always administered according to the prescription.

Evidence:

Two care plans were looked at in detail as part of the inspection and a further three looked at more briefly. Care plans provide information about the help and support people need and enable care staff to check that they are providing the right care. They also help to make sure people receive safe, consistent care at all times.

Those plans looked at contained a lot of information which was very specific to the individual. They emphasised people's strengths and abilities and what care staff needed to do to enable people to keep these skills. For example 'likes three baths a week. Make sure X has their walking stick with them. Doesn't like to be left alone in the bath. Apply toothpaste to brush, then X can clean their teeth'. There were also care plans relating to understanding people's communication difficulties and what

Evidence:

people's behaviours may mean. Those records looked at were reviewed regularly to make sure the information was current, and daily records, completed by carers provided a lot of information about people's day to day routines.

Although some detailed risk assessments were in place for moving and handling and risk to the person of developing pressure sores, the accident records identified that one person with a chronic health problem was falling quite often. Their care plan did not have a falls risk assessment and a care plan identifying what things had been put in place at the home, to try to reduce the incidence of these falls. The manager said that this would be sorted urgently. All people living at The Gatehouse need an assessment of risk of falling when they move there. People assessed as at risk need a care plan describing how they are to be supported in order to try to keep them safe.

There were good records of discussions with health care professionals, like the doctor, community nurse, chiropodist and specialist doctors and nurses. One person explained that if they wanted to see their doctor they would ask Howard (the manager) to organise it and they would be seen in private in their own room.

The home uses a monitored dosage system of medication, where the pharmacist dispenses tablets into individual blister pack cassettes and staff who have received accredited training then administer these to people. Some drugs however have to be kept in their original packets. The medication record sheets showed that drugs had been signed for correctly and controlled drugs records were also satisfactory.

One person looks after their own medicines and an assessment of risk has been completed. Whilst this person said they knew their drugs very well, and when they are to be taken, they also said that they have a sight impairment and cannot read the standard labels printed on the boxes. The manager could consider whether different labelling would provide a safer system for the individual.

There were some medication shortfalls that need addressing. Those records looked at showed that no checks are carried out regularly to make sure that the actual number of tablets in a packet is the same as the number, according to the signatures on the chart. For example thirty tablets of one drug had been dispensed by the pharmacist. There were sixteen signatures on the chart, yet there were fifteen tablets remaining in the packet. These audits need to be carried out to confirm that drugs are being given according to prescription and anomalies need to be investigated.

The running total of drugs needs to be carried over from the old to the new medication record sheet. This will help to provide an accurate record of drugs stored at the home, as well as helping with stock balances. One person had 'run out' of their prescribed

Evidence:

medicine to prevent constipation and more was ordered immediately. A number of people at the home are prescribed the same drug. The manager must ensure that people always receive the drug from their own labelled box. This would help to ensure that stock is re-ordered in a timely way. Hand-written entries of prescriptions on the medication record sheet must be signed and dated by the person writing them, but also should be countersigned, as this would help to reduce the risk of error.

Refrigerated items are stored in the main fridge in the kitchen and the manager could consider buying a separate small fridge with an integral minimum/maximum thermometer to store these in.

Staff were observed addressing different people by their first name, their full name and also 'Sir'. This showed that people are addressed differently according to their preferred choice.

The care plans were written in a way that promoted people's privacy and dignity. For example 'ask what time X would like to go to bed' and make sure face, hands and clothes are free from food after each meal'. One person said staff always knock before entering their room. Another person wrote in their survey that staff are 'always courteous and helpful'.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported to maintain some choice and control of their day to day lives and receive a varied and nourishing diet.

Evidence:

People spoken with and the survey responses confirm that people are happy living at The Gatehouse. One person said they chose when to get up and go to bed. They said they liked to go after the News at ten o'clock, but 'actually I can go to bed when I like'. People said that their visitors were welcomed any time and the visitor's book confirmed this.

Care staff were seen sitting and talking with people and they did not appear rushed in their work. A resident's meeting took place on the afternoon of the visit and this had been planned in advance, so people had time to consider what they wanted to say. A discussion was held at the meeting as to whether the evening meal should be slightly later in the day. One person said that by the time they had had home baking with their afternoon tea, then they weren't really ready for their evening meal. It was decided to trial the evening meal thirty minutes later, to see if that suited people better.

Encouraging people to speak out about how the home runs, and having a flexible

Evidence:

approach means that people can influence how the home operates.

Events are organised in the lounge, according to what people request. A weekly programme is published so that people can look forward to things that they are interested in. Crosswords and card games are popular. One person said they always joined in the crossword session but didn't like the card games so much. One person said they get a newspaper delivered each day and enjoy the crossword. Another has a computer with internet access in their room. Entertainers visit the home and recent 'in-house' events have included a Burns Night and a 'pie and pea' supper. The home has a minibus, so that several people can go out together for the day.

One member of staff wrote in their survey that 'service users only have to mention they would like something, or they would like to do something or go somewhere, and their requests are met, wherever possible'.

The hairdresser visits regularly and religious services are held at the home. One person said they looked forward to their minister visiting them.

The lunchtime was an unhurried social occasion. Most people eat in the dining room, which is attractively laid out and those people needing assistance are helped in a respectful manner. The vegetables are served in tureens so that people can help themselves, where possible. There are two main choices each meal, with a four-week menu, which changes as the seasons change and the meal is ordered on the same day. Aids are available to help people maintain their independence and specific likes and dislikes are recorded in the care plans.

There is fresh fruit in bowls around the home and people spoken with said that they could help themselves to this. People spoken with said that the food was very good and the portions were plentiful. One person said they like the breakfasts, where a cooked meal is provided on request.

The surveys were completed several months before the site visit and included some negative comments about the meals. Since then new catering staff have been employed, and people spoken with said that things had improved. The manager could consider carrying out his own small survey to satisfy himself that people are now more satisfied with the meals at the home.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's concerns and welfare are taken seriously and the right action is taken to keep people safe from harm.

Evidence:

The home keeps a complaint's log in the hall as the manager says that people will often write down concerns, when they don't want to speak about them. This can be completed by people living there, by visitors or by staff. The record looked at though contained information about individuals who live at the home. This sort of information, however is confidential and should not be available for other people to read.

This way of recording complaints was discussed with the manager. If this is the home's preferred way, then the written complaint needs to be removed from the log by the complainant and stored where it cannot be read by others, until the manager can read and address the issues. This was discussed with the manager who said he would change the system to ensure confidentiality is maintained.

Whilst the commission has not received any complaints in the last year, the home have received two, which were addressed properly by the manager. All the survey responses said that they knew how to complain, and who to speak with if they are not happy. Two people spoken with said they would complain if they were unhappy, however one added that if a member of staff was horrid to them they would 'put up

Evidence:

with it'. The manager needs to continue to remind people that they must always report concerns so that the home has the opportunity to put things right.

Two members of staff spoken with were very clear that they must immediately report any incident they hear or witness, that may be abusive. One person said 'I would report it straight away. This is abuse of the elderly and you can't speak to people like that'. They were equally clear that they must report information given to them in confidence, if people may be at risk of harm. This is good practise as staff recognise that they cannot keep secrets. Good staff knowledge of abuse contributes to people's safety.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in a comfortable warm home, which has been adapted and furnished to a high standard, to meet the needs of the people living there.

Evidence:

The home is a large detached house, which has been extended over the years. It has well maintained gardens and outdoor sitting areas for the people to use. Private bedrooms are on three floors, and all have en suite facilities. Those looked at were a good size and contained people's personal items including pieces of furniture, to make the room seem more like home.

The home has a dining room and only one lounge, however this is L-shaped, to include a large conservatory, so people can choose where they sit in this room. A number of people choose to spend time in their own rooms.

The home is furnished and decorated to a high standard. Soft furnishings and accessories are widely used and fresh flowers are bought each week to enhance the environment. Fresh fruit and bowls of sweets are available for people to help themselves to.

The home is well maintained and there were no unpleasant smells. One member of

Evidence:

staff said that items used for cleaning were always available. One person said in their survey that the home was 'always spotless and a credit to those concerned'.

Although there are adequate numbers of assisted bathrooms these are quite small so there would be little room to hoist a person from a wheelchair to the assisted bath hoist. This means that if an individual's mobility worsens, so that it became difficult for them to walk, then the present facilities would mean that it would be difficult to safely have a bath.

Some laundry equipment has been replaced in the past year and perhaps as a result, the laundry room floor needs some attention so that it can be easily cleaned, to prevent a possible spread of infection. The manager explained that they were waiting for a new part, as part of the refurbishment in that room, then the floor would be 'made good'. The manager also makes sure that appropriate aids are available and used to make sure that people living and working in the home are protected against infection.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported by staff employed in sufficient numbers, and who are supported to attend training to increase their knowledge and understanding. Recruitment processes need to be more robust, in order to contribute towards keeping people safe.

Evidence:

The staffing rota shows that four care staff work the early and late shift, and two work through the night. These numbers do not include two senior managers, one of whom works part time and the registered manager. An on-call system is available so that staff can contact a senior member of staff for advice at any time. Housekeeping and catering staff are also employed.

On the day of the visit these staffing levels enabled carers to meet the needs of the people living there. One care worker said they thought the staffing levels were generally satisfactory and one survey response from a staff member said 'we are always well staffed'. Care staff were observed sitting and talking with people, but also when providing help, they didn't appear rushed. Call bells were answered promptly and the general atmosphere in the home was calm and unhurried.

Both male and female care staff work at the home, so that people can have a choice as to who can help them with personal care, if necessary.

Evidence:

The manager supports staff to undertake National Vocational training and more than 50% of care staff currently have this qualification. People are more likely to receive safe, consistent care when staff have a good understanding of their role.

Two recruitment files were looked at. These were difficult to check, as the records had not been put together in an orderly way. One related to a person who had been recruited by an agency for the home. The manager needs to be satisfied that all the checks, carried out on his behalf are satisfactory and should record that fact.

The other person's application form had several gaps in their employment history and one reference from a previous employer provided negative comments about the individual. Although there was a record of the interview and what was discussed, there was no written evidence that this information had been explored. Nor was there written evidence that gaps in their employment history had been looked into.

Robust recruitment processes are necessary to make sure only suitable people work at the home and the manager needs to improve the record-keeping, so that authorised people can check that these checks are being completed properly. The provider said she would put together a better system to make sure checks are carried out properly.

Care staff spoken with said that they were supported to undertake training. One person said they were working towards their National Vocational Qualification Level 3 award in Care, and had completed a Dementia Awareness course, in the last year.

The home does not keep a general record of all staff's training needs, as a way of making sure staff receive refresher training in a timely way. Instead individual records are kept in their staff file. These though were not up to date. One carer spoken with said they had recently undertaken abuse awareness training, but this hadn't been written down.

The manager provides some training, having attended extra training to give him more knowledge. Other training is provided by staff from other homes in the organisation who have attended other 'train the trainer' courses.

Staff attend an induction programme when they first start working at the home. Staff spoken with and the survey responses say that the induction is thorough and meets their needs well.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Whilst the home is run in the best interests of the people living there, some record keeping needs to be more robust in order to evidence that management systems are in place and being followed.

Evidence:

The registered manager has worked at The Gatehouse for almost twenty years and has completed extra management training to help him in his role. People spoken with knew who he was and said they saw him regularly around the home. He is seen as approachable and available and two people living there and one visitor came to see him in the office on the day of their visit. Staff spoken with and in their survey responses also said that he was easy to talk with and listened to what they had to say.

Surveys are used by the home, as a way of getting people's views about the home and how it runs. Resident's meetings are also held regularly. The latest survey about 'safety' provided some negative comments and the manager said he had discussed

Evidence:

these results with people, both individually and in resident's meetings. This though was not recorded anywhere. The manager needs to write an action plan and make sure people can read what he is going to do as a result of their comments. That would help to show people that they have been listened to. The manager should also consider surveying health and social care professionals to see if there are any improvements they would like to see made. This would show they are actively seeking views of all people who have an interest in how the home operates.

The home does not handle any monies on behalf of the people living there. This is always organised between the individual and their family.

Staff meetings take place regularly and these are minuted. Staff receive regular supervision and annual appraisals, where their day-to-day work can be discussed and training needs identified. The supervision records though are merely a list of dates, signed by the senior person and the worker receiving supervision. The manager should consider keeping more detailed records of what was discussed at these meetings. This would help him and the individual to check back and make sure that issues identified at previous meetings had been addressed properly.

Some records to show that the home is well managed need to be more robust. For example showing that recruitment checks have been looked into properly to make sure that new staff are suitable to work in a care setting. And making sure that training records are kept up to date, to evidence that people are attending training sessions in a timely way.

At the last inspection two years ago a requirement was made that records of visits by the provider, when she carries out her own checks on how the home is running, should be kept at the home. These records are still only stored away from the home. Just like staff supervision records, the manager needs to be able to refer back to previous reports to make sure that identified issues have been properly addressed. This was discussed at the site visit.

The manager also needs to submit information to the commission when the health and welfare of any individual living at the home is affected. This is to comply with the law so that these incidents can be monitored. The manager had not always been sending these in, particularly if the person was in hospital. However a discussion was held and the manager confirmed that this information would now be sent promptly to the commission.

There are a range of health and safety policies and procedures in place. The home has made proper provision to ensure that there are safe working practises by providing

Evidence:

staff training in first aid, fire, food hygiene, infection control and safe moving and handling techniques.

A small random selection of safety certificates were checked and found to be in date. The gas certificate was not available to look at, but was sent to the commission in the days following the inspection.

Hot water temperature checks are carried out each month and carers check the water temperature before helping someone with their bath. Fire safety checks are carried out regularly and staff attend training every three months. The manager says he reviews the fire risk assessment regularly, but he needs to record when he does this, to demonstrate this.

Similarly although the manager walks around the home each day to monitor the environment and carry out safety checks, he says he doesn't write this down. A list would make it easier for him to check all areas, as well as being able to demonstrate that he does this regularly.

There were several items of cooked food in the fridge, which were not labelled to say when they were prepared. These foods must be clearly labelled so that any staff that use the kitchen will know when the food was prepared and also older food can be promptly discarded. This will minimise the risk of people coming to harm.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	13	<p>All people at the home must have an assessment of risk to people from falling. Those assessed as at risk need a care plan in place to state how that risk is to be minimised.</p> <p>This is to so that consistent care can promote people's safety</p>	06/06/2009
2	9	13	<p>The self medication risk assessment relating to the individual with a sight impairment must record how the home is managing their inability to read the labels on the the medicine packets</p> <p>This is so that the manager can be confident that the risk of error is minimised.</p>	06/06/2009
3	26	19	<p>The registered manager must ensure that gaps in employment, highlighted on the application form, are explored properly and that negative information</p>	06/06/2009

			<p>provided in a reference are discussed with the person. These discussions need to be written down, to show that they happened.</p> <p>This is to make sure that only suitable people to work in the care sector are employed at the home</p>	
4	37	37	<p>The registered person must promptly notify the Commission of any event in the home, which affects the health or well being of somebody living there.</p> <p>This is to comply with the law and so that these events can be monitored.</p>	06/06/2009
5	38	13	<p>All prepared foods must be accurately labelled to show when they were prepared.</p> <p>This will help to indicate when foods should be discarded, in order to protect people from harm.</p>	06/06/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	9	A system should be in place to record all medication received in to the home and medication carried over from the previous month. This helps to confirm that medication is being given as prescribed and when checking stock levels.
2	9	Handwritten entries and changes to medication administration records should be accurately recorded and detailed. This makes sure that the correct information and dose is recorded so a person receives their medication as

		prescribed.
3	37	The manager should make sure that all records that are kept as part of his management responsibilities, to show that the home is running in an efficient and effective way are kept up to date and accurate.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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