

All Saints Care Limited

The Gateway Care Home

Inspection report

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Date of inspection visit:
10 November 2016

Date of publication:
19 December 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 10 November 2016 and was unannounced.

At the last inspection on 20 June 2016 we rated the service as 'Inadequate' and in 'Special Measures'. We identified four regulatory breaches which related to staffing, recruitment, safe care and good governance. Following the inspection the provider sent us an action plan which showed how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The Gateway Care Home is registered to provide accommodation and personal care for up to 92 people some of who are living with dementia. There were 26 people using the service when we inspected. The home was purpose built in 2015 and provides single en-suite bedrooms over three floors with communal areas on each floor.

The home has a registered manager. 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.

Although we judged the provider to be inadequate on our last inspection, we did note some areas where improvements had been made in relation to care planning, activities, the cleanliness of the environment, nutrition and leadership. During this inspection we found the provider, registered manager and staff had worked hard to sustain and build on these improvements. People told us there were enough staff and this was confirmed in our observations which showed staff were available and responded promptly to people. The turnover of staff had reduced which had resulted in a more stable staff team who knew people well and how to meet their needs.

People told us they felt safe and this was echoed by relatives we met. Staff understood safeguarding procedures and how to report any concerns. Safeguarding incidents had been identified and referred to the local safeguarding team and reported to the Commission. Risks to people were assessed and managed to ensure people's safety and well-being.

Medicines management systems had improved and were being monitored through regular audits. This helped to ensure people received their medicines when they needed them. Robust recruitment procedures were in place which helped ensure staff were suitable to work in the care service. Staff received the training and support they required to carry out their roles and meet people's needs.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act (MCA).

People told us they enjoyed the food. Lunchtime was a pleasant experience with people offered choices and given the support they required from staff. A choice of meals, snacks and drinks were provided throughout the day. People's weights were monitored to ensure they received enough to eat and drink.

The environment was clean and well maintained. People told us they liked their rooms. People told us they enjoyed living at the home and described staff as kind, caring and helpful. People told us they were treated with respect and this was confirmed in our observations. People looked clean, comfortable and well groomed. We saw people enjoyed activities taking place during the inspection and people told us of other activities they had taken part in.

People were aware of how to make a complaint and we saw complaints forms were freely available alongside the complaints procedure. Records showed that complaints received had been dealt with appropriately and the outcome communicated to the complainant.

People's care files were well organised and care plans were personalised. We saw people had access to healthcare professionals such as GPs and district nurses.

People, relatives and staff praised the improvements that had been made since the last inspection. Everyone spoke highly of the registered manager who they described as a good person who led by example and was respectful, open and transparent. Effective quality assurance systems were in place and we saw actions had been taken when issues had been identified.

However, the Local Authority placed a restriction on admissions due to the findings from the previous two inspections in February and July 2016 when the service was rated Inadequate. This embargo remains in place. At this inspection the occupancy was low with only 26 people accommodated out of the 92 places which are registered and only two of the three floors were being used. We therefore need to be assured the improvements identified throughout this report will be sustained and developed further so that when occupancy levels increase people will continue to receive a consistently high standard of quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines management was safe and effective, which meant people received their medicines as prescribed. However, protocols for 'as required' medicines required more detail.

Staffing levels were sufficient to ensure people's needs were met in a timely manner and they were kept safe. However, recruitment was on-going to fill staff vacancies. Staff recruitment processes were robust as checks were completed before new staff started work to ensure their suitability to work in the care service.

Risks to people's health, safety and welfare were assessed and mitigated. Safeguarding incidents were recognised, dealt with and reported appropriately.

Effective systems were in place to keep the premises clean, secure and well maintained.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received the induction, training and support they required to fulfil their roles and meet people's needs

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met.

People's healthcare needs were assessed and staff supported people in accessing a range of health professionals.

Good ●

Is the service caring?

The service was caring.

People and relatives told us staff were kind and caring and this was confirmed through our observations.

Good ●

People's privacy and dignity was respected and maintained by staff.

Is the service responsive?

The service was responsive.

Care records were detailed and person-centred and reflected people's preferences.

An activities programme was in place and trips out were being arranged. We saw people enjoying activities on the day of the inspection.

Effective systems were in place to record, investigate and respond to complaints.

Good ●

Is the service well-led?

The service was not always well-led.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service. Improvements made at the last inspection had been sustained and there were no regulatory breaches.

A registered manager was in place and provided effective leadership and management of the home. However, we need to be assured these improvements will be sustained as the occupancy of the home increases.

Requires Improvement ●

The Gateway Care Home

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 was planned to check 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 10 November 2016 and was unannounced. The inspection was carried out by three inspectors and an expert by experience with experience of services for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams.

Usually we ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR before this inspection.

We observed how care and support was provided to people. We spoke with ten people who were living at the home, seven visitors, the team leader, four care workers, the chef, the handyperson, the housekeeper, two activity co-ordinators and the registered manager.

We looked at six people's care records, three staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Is the service safe?

Our findings

At the last inspection we had concerns about the staffing levels, medicines, risk management and staff recruitment. At this inspection we found improvements had been made in all these areas and there were no regulatory breaches. However, the rating is Requires Improvement as we need to be assured these improvements are consistently sustained over time.

People and relatives told us they felt safe in the home. One relative said, "Where [name of person] lived before they didn't feel safe and didn't go out very much. Here there are people around to look after [name of person] and keep them safe. I don't worry about [name of person] as much as I know they are well looked after." Another relative said, "I feel that [name of person] is very safe and settled with these people. I can sleep at night now I know they are being looked after well at this service". One person who used the service said, "The staff do make me feel very safe when I am with them."

We found there were sufficient staff to meet people's needs. There were 26 people using the service when we inspected who were accommodated over two floors. The registered manager told us the staffing levels remained the same as the last inspection when there were 31 people present. The registered manager had implemented a staffing tool to assist them in reviewing how many staff were required to safely care for people. The tool considered the layout of the building and people's dependencies which included specific care needs such as the time spent administering medicines and repositioning people. We saw the staffing levels were reviewed weekly and adjusted according to occupancy and changes in people's dependencies.

Turnover of staff had decreased since the last inspection. Although there were still some vacancies and recruitment was ongoing we found there was a stable staff team who knew people well. We saw staff worked well together as a team and were available to provide support and assistance to people on both floors. Staff told us they felt there were enough staff and raised no concerns about the staffing levels. One staff member said, "We have time to chat with people and do things without rushing." This view was shared by other staff we spoke with during the inspection.

Staff recruitment processes had improved. The recruitment files we reviewed showed robust procedures had been followed. Application forms detailed the applicant's employment history and qualifications. Criminal record checks had been obtained from the Disclosure and Barring Service (DBS). References had been received before staff commenced in post and where issues had been raised in references we saw these had been followed up and recorded. There were detailed interview records as well as job descriptions and proof of identity documents. This assured us thorough checks were in place which helped ensure staff were suitable to work in the care service.

At the last inspection we found medicines were not being managed safely and properly. During this inspection we found improvements had been made and people's medicines were managed safely. All medicines were stored securely and the temperatures of the storage areas, including the medicines fridges, were checked to make sure they were within the recommended limits.

There were suitable arrangements in place to make sure medicines which were prescribed to be taken at a specific time in relation to food were given correctly.

Some medicines are classified as controlled drugs because there are particular rules about how they are stored and administered. We checked the storage, the records and a random selection of stock of some controlled drugs and found they were correct.

We looked at the medication administration records (MARs). Most people had printed MARs which had been supplied by the pharmacist. When MARs had to be handwritten we found the entries were signed by two members of staff. This helped to reduce the risk of transcribing errors.

People's medicines were supplied on a four weekly cycle and at the last inspection in June 2016 we found medicines were not always checked properly when they were received. During this inspection we found this had been resolved. The provider had worked with the supplying pharmacist and people's GPs to make changes to the way people's medicines were prescribed and delivered. This meant the home had two working days before the start of the new cycle to check the medicines and follow up any discrepancies. This helped to reduce the risk of people not receiving their medicines as prescribed. We also found the process for obtaining medicines outside of the four weekly cycle had improved. This meant that people did not experience unnecessary delays when changes were made to their medicines.

We found improvements had been made to the way topical medicines such as cream and lotions were managed. When people were prescribed medicines to be taken 'as needed' (PRN) we found there was guidance, in the form of PRN protocols, for staff on when to offer this medicine to people. We found the PRN protocols were not always detailed enough to ensure these medicines were used consistently when people were not able to ask for them. We discussed this with the team leader who was the medicines lead. They were able to give us examples of situations when they would offer people PRN medication. They agreed to update the PRN protocols to include this information so that it was available to all staff who supported people with their medicines.

Some people who used the service were administering some or all of their own medicines. We found there were up to date risk assessments in place and people had been provided with lockable drawers to keep their medicines secure. We saw medicine audits were being carried out and action was taken in response to any shortfalls.

We found improvements made at the last inspection in relation to safeguarding had been sustained. Staff had received safeguarding training and knew how to recognise and report any suspicions of abuse and were also aware of whistleblowing procedures. Safeguarding records showed incidents had been investigated and action had been taken to ensure people were protected. For example, we saw incidents had occurred where one person had been upset as other people who used the service had entered their room uninvited. An infra-red device had been purchased and was due to be fitted. This device, when operated by the person, alerted staff by triggering an alarm if people tried to gain entry. Following the inspection the registered manager confirmed the device had been installed. We saw appropriate referrals had been made to the Local Authority safeguarding team and we had been notified about safeguarding incidents as required.

We saw systems in place to manage risks to people had improved. Risk assessment documentation was thorough and up-to-date and showed the control measures in place to mitigate risks to people. For example, one person's care file showed they were verbally aggressive at times. The risk assessment gave staff clear direction about what action they should take to support the person and protect other people if this occurred. We saw staff put this strategy into place during our visit and it was effective in diffusing the

situation.

At our last inspection some staff had not received fire training and were not aware of the fire procedures. At this inspection staff told us they had received fire safety training and attended fire drills, which was confirmed in the records we reviewed. Staff were able to tell us what the procedure was if the fire alarms sounded and we saw the fire procedure displayed in the home. We saw personal emergency evacuation plans (PEEPs) in people's care files and these were also kept in a central file in the main office so they were easily accessible in the event of a fire. The PEEPs were also present in people's bedrooms for staff reference in an emergency. This assured us staff knew the action to take in an emergency.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, water, electrical and gas systems. A repairs book was on the reception desk and when we spoke to the handy person they told us they checked this twice a day and signed off jobs as they were completed.

We looked around the building and found all areas, clean, tidy and fresh smelling. We saw care workers wearing gloves and aprons at appropriate times. The accommodation was spacious, light and airy. In the reception area there was a café and bar area and a fully fitted hairdressing salon. There were a range of lounge and dining areas across all of the floors, although at the time of our visit only the ground and first floor areas were being used. These rooms were all well-appointed and comfortably furnished. All of the bedrooms were single occupancy and had ensuite showers and toilets. We saw people had free access to two garden areas, one at the front and one at the rear of the building. Both provided pleasant sitting areas for people and visitors in nice weather.

The chef told us the kitchen had recently been inspected by the food standards agency and they had awarded them four stars (the highest score being five stars) for hygiene. They told us the only reason they had not achieved the highest award was because an additional handwashing sink was required. The sink had been ordered by the registered manager and arrangements had been made for it to be fitted. This showed us effective systems were in place to ensure food was being prepared and stored safely.

Is the service effective?

Our findings

At our last inspection we found not all staff had received the induction, training and support they needed to fulfil their roles and meet people's needs. At this inspection we found improvements had been made.

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 for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care. We saw evidence of induction in the staff files we reviewed. We spoke with two staff who had been recruited recently. Both told us their induction had been comprehensive and had included a period of shadowing which they said had helped them get to know people who used the service.

The training matrix showed staff were up to date with training which included infection control, medicines, first aid, food hygiene, care planning, 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. The chef told us they had asked for training in relation to infection control management and dysphagia and this had been arranged for them. The NHS pressure ulcer prevention team had provided staff with training based on the 'React to Red' skin campaign which raises awareness of potential tissue damage. Two of the staff had been trained as React to Red champions as part of the programme. The home had been congratulated for being the first in Bradford to have all their staff signed off as competent in this training.

Staff told us they received supervision and we saw evidence of this in the staff files we reviewed. The registered manager told us they had a planned programme of supervisions and had recently introduced practical sessions whereby they worked alongside staff to observe their practice and provide supportive feedback and guidance. We saw a record of one of these sessions.

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 application 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.

Information about DoLS was kept in a folder in the office and was accessible to senior care staff. The folder had a summary sheet which showed the DoLS status of everyone who used the service. For example whether a DoLS was needed, had been applied for, the outcome and any conditions. This was supported by detailed records about each person's application and the outcome. At the time of our inspection seven people had DoLS authorisations in place. We looked at two people's records and found the conditions

which were associated with the authorisations were being met. We looked at the records of one person who was having their medicines covertly. We found the proper processes had been followed to show the decision had been made in the person's best interests. This demonstrated people's rights were being protected.

Throughout the day we observed care staff asked people's permission before providing support. We saw people's right to refuse care and treatment was respected. For example, when we looked at how people's medicines were managed we saw there was guidance for staff on what to do when people refused their medication.

Within people's care records we saw signed consent forms and examples of where best interest decisions had been made on people's behalf. In addition, we saw the registered manager had written to the office of the Public Guardian to find out if Enduring or Lasting Power of Attorney had been registered for people who used the service.

People told us they liked the food and said there was a good choice of meals available. One relative said they were happy with the food and thought the chef was very good with their family member who required a special diet. The relative said "If [name of person] didn't like what was made for them [the chef] would make them something else straight away. [Name of person] is never made to eat anything they don't like."

Staff told us if people got up early in the morning they were offered hot and cold drinks, cereals and toast by the night staff. When the chef arrived porridge and a full English breakfast were also available. One person who liked to get up early, and was in the lounge when we arrived at 8am, told us, "I've had cereal and a cup of tea already and will have toast later. The food's very good." We saw this person a short while later enjoying their tea and toast. We saw people were offered hot and cold drinks throughout the day together with a variety of snacks.

During the morning we saw people were asked what they wanted for lunch, there were two hot options and if people did not want either of these there were other options available. For example, we saw one person had ordered egg and chips and two other people had jacket potatoes. Lunch was served from hot trolleys and was nicely presented.

We spoke with the chef who explained although there were set menus people could have anything they wanted and they responded to any individual requests. For example, we saw one person had ordered tuna mayonnaise, chips and a hard boiled egg and this had been provided.

The chef had copies of each person's nutritional care plan and information about their dietary needs and preferences. They were very knowledgeable about individuals and their needs. For example, they explained one person had a very 'sweet tooth' and was sometimes reluctant to eat the lunchtime main meal. In order to encourage them to eat this meal they added 'sweet notes' to the main meal, for example, adding cranberry sauce to the gravy. They were also able to tell us who could not have grapefruit because of certain medicines they were taking.

The chef told us staff kept them informed about anyone who was losing weight and told us how they fortified food and drinks to increase the calorific value. We saw from the records staff monitored people's weights closely and these were stable. We concluded people's nutritional needs were being met.

We asked people if their healthcare needs were being met. One person told us, "They will get the doctor if you need them. A couple of months ago I was short of breath and they called for an ambulance straight

away." This was also confirmed by relatives. One relative told us their family member had a problem with their foot and staff called the doctor and the district nurses. They said the doctor called for the ambulance. The relative said their family member had been in a lot of pain and told us they felt the staff, "Did a good job at getting [name of person] sorted quickly." Care records showed people had been seen by a range of health care professionals including GPs, community matrons, district nurses, specialist nurses, dieticians, opticians, dentists and podiatrists. This meant people's health care needs were being met

Is the service caring?

Our findings

People and their relatives spoke positively about the care provided and praised the staff for their kindness and compassion. One person said, "I like it here. The staff are so kind, nothing's too much trouble." Another person said, "I'm settled here and the staff are very good." A relative told us, "The staff are lovely. They're helpful with everything and always very welcoming when we visit. They're kind and caring with [name of relative] which is how it should be."

We saw staff were attentive to people's needs and respected their choices. For example, one person told us they had been provided with a larger bed as they had slept in a large bed at home and did not like sleeping in a single bed. One relative told us their family member would not eat the porridge because the home had changed the brand they used. The relative said they spoke with the chef who changed the porridge back to the brand their family member liked. They said they thought the chef had been very caring and considerate putting their family member's needs first.

Relatives told us they were always made to feel welcome when they visited. One relative told us how much their family member enjoyed visits from their great-grandchildren and said, "The kids love coming here and [name of person] loves seeing them, so it's really important. Everyone makes us feel welcome which is not how it was where [name of person] was before." Another relative told us how staff enabled them to be involved in their family member's care. They said, "They don't mind if I am present and allow me to help. There is always a trained worker present and [name of person] is always treated with great care".

One relative who spent most days at the home told us how staff had involved them in looking after the garden. They said when their family member fell asleep they often went out into the garden until they woke up. The relative said, "I enjoy this very much and it breaks my time up here. Some residents talk to me about the garden and tell me how they used to enjoy doing their own garden." The relative told us they were helping to set up a vegetable plot and herb garden in the coming year which people using the service would be able to help with and enjoy.

We saw people were treated with dignity and their privacy was respected. We saw staff asked people discreetly about their personal care needs and any assistance provided maintained people's dignity. We saw staff knocked on doors and waited for a response before entering people's rooms. We saw people were addressed by their preferred names. For example, one person told us they liked to be called by a shortened version of their name and we saw staff addressed them this way. People looked well cared for and when necessary were supported to change clothing. People were clean, well-groomed and comfortably dressed which showed staff took time to assist people with their personal care needs when required.

We saw people's bedrooms were neat and tidy and personal effects such as photographs and ornaments were on display and had been looked after. Beds had been made with matching, clean bed linen. This showed staff respected people and their belongings. We saw there was good signage around to help people living with dementia find their way around the home. This included people's names and photographs on bedroom doors so people could easily locate their rooms.

We found life history and personal preference information in each of the care files we reviewed. Staff were very knowledgeable about people in their care and understood the value of this information and they used this information when supporting people. For example, one care worker told us about one person who came from an area in Bradford where they now lived and they used this connection to talk with them and engage them in conversation. We also observed a staff member supporting someone to eat their breakfast. The person was not really showing much interest, the staff member started to talk to them about where they used to live and their family and the person started to smile and talk. Having engaged the person the staff member was then able to encourage them to eat.

Another staff member told us about a person living with dementia who became upset in the afternoons because they worried about picking the children up from school. The staff member described the approach staff took to reduce this person's anxiety and to reassure them. This showed us staff were very sensitive and thoughtful.

Following the last inspection the registered manager had taken steps to ensure people were included on the electoral register so that they would be able to vote. We saw evidence of this in people's care records.

Is the service responsive?

Our findings

People told us they were involved in all aspects of their care and were consulted about any decisions made. This was echoed by relatives. One relative said, "The manager always includes me in [name of person's] care and asks my opinion." They said they felt their opinion was respected.

We saw evidence of people and relatives involvement in care plans and regular care reviews. We found care plans were detailed, person-centred and information was easy to find. They outlined people's preferences, clearly showed what people could do for themselves as well as any support they required from staff. Daily records demonstrated care was being carried out in accordance with people's care plans. One person's care plans had not been updated since their return from hospital three days before the inspection although their needs had changed. We discussed this with the team leader who took action to sort this out on the day of the inspection. We found all of the other care records we reviewed to be up to date and saw examples where they had been updated when people's needs had changed.

We were unable to assess the effectiveness of the pre-admission process as the home had not been accepting any new referrals. However, from speaking with the registered manager we were assured there was now a more stringent admission criteria in place, based on considering people's suitability prior to admission to the home.

The service employed two activities co-ordinators who each worked 20 hours per week, Monday to Friday. The activities staff had found out what each person was interested in which included any hobbies and had used this information to provide both individual and group activities for people.

We saw there was a programme of planned activities on display showing what was available each day. For example, arts and crafts, knitting/crochet, gardening, chair exercises and movie afternoons.

During our visit people were involved in different activities. For example, we saw some people enjoyed a walk out to the neighbouring coffee shop with staff and we saw they were smiling and relaxed on their return. We saw others were involved in a game of bingo which generated much discussion. We saw people thoroughly enjoyed singing and dancing with staff, especially when the handyperson joined in with the dancing. One person we approached said "I'm too busy to talk to you as I'm enjoying dancing." We saw people who were watching were smiling and enjoying the music.

One of the activities co-ordinators told us activities were on offer every day in the home and once a week they organised a trip out. For example, to a local garden centre or shopping centre where they often had lunch or tea out. One person told us they enjoyed going shopping and said, "I go with my friend and we both enjoy going out". Entertainers were booked to come into the home approximately twice a month. We saw two different acts had been booked and staff were organising a 1950's themed day.

People and relatives told us they knew who to go to if they had any concerns or worries and felt confident any issues raised would be dealt with appropriately. One relative said, "There is nothing I'm not happy

about. If there were some concerns I would go to [name of person's] key worker first then to the manager. They would discuss this with me in reasonable time. The manager does not let things linger."

The complaints procedure was displayed in the home and complaint and compliment forms were freely available to people in the reception area. We looked at the complaint records which showed eight complaints had been received since the last inspection. These were well recorded and showed the action taken to resolve the complaint as well as how the outcome was fed back to the complainant. For example, we saw one person had complained that they were not happy in their room and requested a move to a different room. We saw the registered manager had met with the person and their relative, offered them another room and arranged for the move to take place. We spoke with this person who told us they were pleased with how this had been dealt with and were happy with their new room. Another person had complained their bed linen was being changed too often and felt it was more comfortable when it was not changed as frequently. This was discussed and it was agreed their bedding would be changed weekly. The person told us, "I am happy now." This showed us complaints were listened to and resolved to people's satisfaction.

Is the service well-led?

Our findings

As demonstrated in other sections of this report, we found the registered manager and provider had worked hard to secure improvements for people in all aspects of service delivery. This was evident from our observations and feedback from people, relatives and staff. However, due to the restriction on admissions, which has been in place since April 2016, the occupancy was low with only 26 people accommodated out of the 92 places which are registered. We therefore need to be assured the improvements identified throughout this report will be sustained and developed further so that when occupancy levels increase people will continue to receive a consistently high standard of quality care. We have therefore rated this domain as Requires Improvement.

The manager who was in post at our last inspection had registered with the Care Quality Commission (CQC). The registered manager told us they were in the process of developing the senior management team and were currently supported by a team leader, whose hours were supernumerary, and senior care staff. They were recruiting for a deputy manager and told us other senior management staff would be recruited as and when occupancy levels increased.

All the people and relatives we spoke with knew the registered manager by name and described him as approachable and friendly. People told us the registered manager knew their names and spoke with them regularly and we saw this during the inspection. One person said, "It's been much better since [registered manager] came. It's more organised, he gets things done."

We found an open and honest culture. The registered manager had promoted CQC as being a 'partner' in driving up care standards with the staff, which was evidenced in the minutes of staff meetings held over recent months. This meant, although some staff were nervous when speaking with us, they were able to give a very thorough account of the service being provided. We saw the registered manager led by example interacting with people, relatives and staff throughout the day providing support and guidance where needed. One relative said, "[The registered manager] is very good. He's always respectful and knows how to speak to people. Things have really improved since he's been here."

The service was far more organised than on previous visits, any information or records we asked for were readily available. The atmosphere in the home was calm and relaxed and we observed staff going about their duties in a quiet and confident manner.

The registered manager was singled out for particular praise. Staff told us he had made a lot of improvements and really cared about people. One of the staff told us how he had stayed until 11pm one night (having started at 7am) to make sure a person who had just come back from hospital was properly settled back into the home. Another staff member told us, "[The registered manager] is a good and honest person, he's the best thing that's happened to this home." Another staff member said, "[The registered manager] is good, calm and he listens to you. He's also willing to try new things out." A further staff member said, "[The registered manager] is fantastic, he's approachable if you have any problems or concerns. He makes sure everything is done properly and makes sure your training is kept up to date." Staff told us they

would recommend the home as a place to work.

We asked staff if they would recommend The Gateway Care Home to someone looking for a care home. Two staff members told us, "I would now, but not five months ago."

Systems were in place to assess, monitor and improve the service. Audits were undertaken in a range of areas including infection control, accidents and incidents, care planning and health and safety. We reviewed some of these audits and found they were thorough and meaningful, with detailed actions produced to drive improvement. For example, we saw monthly environmental audits had been carried out since the last inspection, using the Kings Fund assessment tool entitled 'Is your care home dementia friendly?' We saw this had led to improvements being made such as coloured crockery now being provided to make it easier for people living with dementia to identify their food. We saw where a medicine error had occurred appropriate action had been taken which included removing the staff member involved from medicine duties and ensuring they had three competency assessments before being allowed to administer medicines unsupervised again.

At the last inspection there was a CCTV camera in the office which included audio as well as visual recording and we were concerned it was not clear to people that the CCTV included audio recording or when this was utilised. At this inspection the registered manager told us the CCTV had been removed from the office. They said the only CCTV used now covered the external areas of the home.

We saw residents and relatives meetings were held and people were asked about the service and what they wanted. We could see they were listened to and action had been taken to meet with their requests. For example, at the meeting held in June 2016 someone had asked for a 'movie reel' suitable for silent films and this had subsequently been purchased. A relative told us about a residents and relatives meeting they had attended and said their family member had asked for some Lucozade. The relative said there wasn't any at the home so the registered manager went out to the shop to get some which they thought was a very caring thing to do. One relative told us they were not able to attend the meetings but said, "If I needed to talk to [the registered manager] I know who he is and he knows who I am. He is approachable."

We saw results of surveys were displayed in the home so people could see what action had been taken. This information was presented in a way which made it easy to understand by listing, "You said, We did."