

All Saints Care Limited

# The Gateway Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 22 November 2017 and was unannounced.

When we inspected the service in June 2016 we identified four regulatory breaches which related to staffing, recruitment, safe care and good governance. At the next inspection in November 2016 we found improvements had been made in all these areas and no regulatory breaches were identified. The quality rating at that time was 'Requires Improvement' as we needed to be assured improvements were consistently sustained over time. At this inspection we found improvements had been sustained and further developments made.

The Gateway Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Gateway can accommodate up to 92 people across three separate floors, each of which have separate adapted facilities. The service provides care and support to older people, people living with dementia and people with physical disabilities. There were 46 people using the service when we inspected. The home was purpose built in 2015 and provides single bedroom with en-suite toilet and shower facilities over three floors. There are a good range of communal areas on each floor and a bar/café and hairdressing salon in the foyer.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their various roles. Staff told us they felt supported by the registered manager and deputy manager and were receiving formal supervision where they could discuss their on-going development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion. They also told us they felt safe with the care they were provided with. We found there were appropriate systems in place to protect people from risk of harm.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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

Care plans were up to date and detailed exactly what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People who used the service and relatives told us they were happy with the care and support being provided. We saw people looked well-groomed and well cared for.

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

Activities were on offer to keep people occupied both on a group and individual basis. Trips out were also available.

The service was well decorated, well maintained, comfortable, clean, tidy and odour free.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

The registered manager provided staff with leadership and direction and was described as being very approachable and understanding.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify any shortfalls in service provision.

People who used the service and relatives were asked for their opinions about the way the service was managed through meetings and surveys.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

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

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

Staff made sure medicines were managed safely and kept under review.

### Is the service effective?

Good ●

The service was effective.

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

Meals at the home were good, offering choice and variety. The meal time experience was a calm and relaxed experience for people. People were supported to access health care services to meet their individual needs.

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

### Is the service caring?

Good ●

The service was caring.

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

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

### Is the service responsive?

Good ●

The service was responsive.

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

There were activities on offer to keep people occupied and trips out were also available.

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

### **Is the service well-led?**

The service was well-led.

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

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

**Good** ●

# The Gateway 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 November 2017 and was unannounced. The inspection was carried out by one adult social care inspection manager, one adult social care inspector and two experts by experience. 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 service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. The provider had completed a Provider Information Return (PIR). 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 spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included five people's care records, three staff recruitment records and records relating to the management of the service.

We spoke with 11 people who used the service, 11 relatives, one health care professional, four care workers, the chef, one housekeeper, one activities co-ordinator, the handyperson, administrator deputy manager and registered manager.

# Is the service safe?

## Our findings

When we inspected the service in June 2016 we had concerns about the staffing levels, medicines, risk management and staff recruitment. At the next inspection in November 2016 we found improvements had been made in all these areas and no regulatory breaches were identified. The quality rating at this time was 'Requires Improvement' as we needed to be assured improvements were consistently sustained over time. At this inspection we found improvements had been sustained and further developments made.

People who used the service told us they felt safe and these were some of the comments they made, "I feel nice and safe here and everything makes me feel safe." "Yes, I'm safe no one bothers me, the staff check in on me and that's how I like it."

One visitor told us their relative had moved to The Gateway from another service and said, "Mum is safe here and I am 100% happier now she is here." "We feel mum is very safe here, she can't get out but she can walk about if she wants to, she is always going for a wander round, she never used to do that."

We spoke with staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. All of them told us they would not hesitate to report any concerns to the senior on duty or one of the managers. One care worker explained, "Abuse is anything that can cause harm to a resident, for example, physical, emotional, financial, sexual, mental or verbal abuse. I would report anything to the manager, they would send a notification off to safeguarding for investigation, if this did not happen then it would be whistleblowing, but I have no concerns." We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

The registered manager held money, for some people who used the service, for safekeeping in the office. We looked at the individual records and saw receipts had been attached for any purchase which had been made. We cross referenced the money held for four people with the transaction sheets, no discrepancies were found or concerns identified. This showed us people were being protected from any financial abuse.

Risks to people's health and safety were assessed and clear and detailed risk assessment documents produced. For example, one person was assessed as being at risk of developing pressure sores. A plan of care had been put in place outlining the risks, the equipment in place and what staff needed to do to help keep the person safe. We saw they had a specialist mattress in place and were sitting on a specialist cushion in their armchair. Risk assessments were subject to regular review and covered a comprehensive range of areas including, nutrition, falls and mobility.

We saw one person had a specialist 'falls mat' at the side of their bed. This mat was connected to the emergency call bell system and alerted staff when the person, for example, was trying to get out of bed. Their relative told us this person was particularly at risk of falling in the mornings and that was why the 'falls mat' had been put in place.

We looked at the accident and untoward incident records. We found all accidents and incidents had been recorded correctly and there was evidence to show the service had looked for themes and trends and had carried out a 'lessons learnt' exercise to help improve safety.

We reviewed three staff files and found safe recruitment procedures were in place to ensure new staff were of suitable character to work with vulnerable people. New staff were required to complete an application form and attend an interview. Successful candidates had to await the results of references and a Disclosure and Barring Service (DBS) check before starting work. One member of care staff confirmed all of the checks had been completed before they were allowed to start work at the home.

People who used the service told us they felt there were enough staff to provide them with care and support. People told us the following, "Well, I think there are enough [staff]."

Relatives told us, "There are always plenty of staff around." "There are always staff around when I visit." "I come a lot and I think there are enough staff here, there is always someone in and out checking everything is alright." "Yes, there are enough staff as far as I'm concerned."

Staff told us, "We generally have enough staff there are five on this floor [first floor] and five downstairs every day and at weekends, we have two on each floor every night. We are looking at a 6:00am start for some staff to cover the busy morning period."

There were 46 people using the service when we inspected who were accommodated over two floors. The registered manager used 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 medicine, moving and handling needs, social activities, support with behaviours which may have challenged and repositioning people. We saw the staffing levels were reviewed monthly and adjusted according to occupancy and changes in people's dependencies. In addition to this extra staff time had also been allocated to ensure care workers had time to read people's care plans.

On the day of the inspection the registered manager and deputy manager were on duty with four senior care workers, seven care workers, four housekeepers, a chef, kitchen staff and the handyperson. We concluded there were enough staff to care for people safely and to keep the home clean.

People who used the service told us they got their medicines when they needed them. These were some of the comments they made, "Yes I get it [medication] at the same time every morning." "If I'm unwell, they straightaway get in action and bring me some painkillers."

One visitor told us they were happy with the way their relative's medicines were managed. They explained their relative could become anxious and medication had been prescribed for this, to be given on an 'as required' basis. They told us care workers would always try 'distraction techniques' first and would only give the medication if these failed. Another relative told us, "Mum takes her medication now as well and uses here nebulizer."

The deputy manager explained people's medicines were kept under review with their GP and community psychiatric nurse. These reviews ensured people were not taking medicines which were no longer needed and medication was kept to a minimum.

Care workers who were responsible for administering medicines had received training. Their competency

had been checked to make sure they were following the correct procedures. A senior care worker we spoke with was able to give a good account of the procedures for safe medicines management.

We saw medicines were stored in locked trolleys, cabinets or fridges. The care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. We looked at a sample of medication administration records (MARs) and saw people were being given medicines as prescribed. When medicines had been prescribed to be taken 'as required' there were detailed instructions for staff to follow. This helped to ensure these medicines were used effectively and consistently. We concluded medicines were stored, managed and administered safely.

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

Personal emergency evacuation plans (PEEPS) were in place and these were up to date and relevant. We saw the fire alarm was tested weekly and fire drills were held, with a number of staff allocated as fire marshals. This meant staff knew what action to take should an emergency situation arise.

The home was exceptionally clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. Housekeepers had cleaning schedules and all of the necessary colour coded equipment.

People who used the service told us, "It's always clean, it's lovely, it's just lovely here." "Everywhere is clean, the bathroom is very clean and tidy just how I like it"

Visitors we spoke with made the following comments, "It's always clean and tidy with no odours. Mum's bed is always clean and her laundry is done every day." "It is always very clean everywhere, Mum has an en-suite bathroom and that is spotless." "It's always clean and tidy lovely carpets and chairs always clean."

We saw at the last food standards agency inspection of the kitchen they had awarded the home four stars for hygiene. This is the second highest award that can be made. This showed us effective systems were in place to ensure food was being prepared and stored safely.

## Is the service effective?

### Our findings

People who used the service and their relatives told us they had confidence in staff and said staff knew what they were doing. People's care needs had been assessed and care was delivered to meet people's needs. People who used the service told us, "They know me well; they know my likes and what I don't like."

The registered manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care. We saw evidence of induction in the staff files we reviewed. We spoke with one member of care staff who had been recruited recently. They 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.

Staff were provided with supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff also had an annual appraisal. Staff we spoke with told us they felt supported and said they could go to the registered manager or deputy manager at any time for advice or support.

People who used the service told us meals were good and made the following comments, "The food is very good we get a choice at meal times, cooked breakfast, or cereal, porridge, toast, jam, tea, coffee, water, juice every time." "For breakfast I have porridge and toast, we always have two choices for dinner and tea time, the puddings are always nice and we have a choice of sandwiches at tea time, they are always tidy."

One care worker told us, "Meals have to be spot on for [Name of registered manager]." The registered manager told us they tasted the food every day to check the quality.

Visitors made the following comments, "Mum is a faddy eater and has some allergies. She is always offered an alternative and has put on weight since she has been here." "The food is fantastic and I can have lunch with Mum if I want to." Another visitor told us their relative's appetite had improved since they had moved into The Gateway.

We spoke with the chef who explained they catered for a range of diets including diabetic, soft and vegetarian. They also explained how they fortified all of the meals by the addition of, for example, cream and butter. Staff also alerted them if people were losing weight so additional high calorie smoothies could be provided. Staff showed a good understanding of people's dietary needs and checked with the Chef before serving gravy to the person who was a vegetarian, to make sure it was the correct one.

At breakfast time people were offered a choice of porridge, cereals, toast with marmalade or jam and drinks. Cooked breakfasts were also available and we saw some people enjoying bacon sandwiches.

Mid-morning drinks and snacks were on offer and mid-afternoon drinks and mince pies and cream were served. We also saw people could have snacks whenever they wanted and saw one person 'snacking' on a range of chocolate biscuits.

At lunchtime there was a choice of meals, both of which looked hot and appetising. We saw people enjoying their food and people who required assistance were helped in a kind and considerate manner. We tasted the meals on offer and found them tasty and of good quality.

If people did not want either of the two options for lunch there were a number of other choices available to them. For example, curry, jacket potatoes, egg and chips, omelettes or fish fingers, chips and baked beans.

We looked at the care records for one person who had been assessed as being nutritionally at risk and saw their weight was being monitored closely. Their nutritional care plan contained details of foods they particularly liked and asked staff to offer them small amounts of food regularly throughout the day. We saw staff offer and encourage them to have some breakfast and a drink both of which they refused. The care worker said they would come back later and try again. Later in the morning we saw this person being supported to drink a fortified milk shake, which they enjoyed.

The chef told us they had control over the catering at the home and used local suppliers for meat, vegetables and milk. They told us supplies were 'fantastic quality.' They also added people could have whatever they wanted. We concluded people's nutritional needs were being met.

People who used the service told us their healthcare needs were being met. These were some of the comments they made, "I would talk to the staff if I was unwell and they would help." "If I was unwell I would tell staff, they would sort me out."

We spoke with a community psychiatric nurse who had a lot of involvement with the service. They told us partnership working and communication was good. They explained staff worked with advice they had given regarding support for individuals who used the service and added staff were able to then use certain strategies with other people. They described The Gateway as, "One of my bright stars as a home, with staff being enthusiastic, willing and eager to learn."

The 'Tele medicines system' was in use at the service. This was a free system for care homes provided by the NHS and run exclusively from Airedale Hospital. The NHS provided the home with a laptop and camera to run the system, when this was set up the care home could get straight through to the Nurses Hub at Airedale Hospital for advice.

This was a fully portable system and could be taken to people's bedrooms where they could speak directly to a nurse or paramedic. If there were visible symptoms the camera could focus on these and it would show up on the screen for the medics to assess and give advice. It could also be used to get advice on medicines. If someone required hospital treatment 'Tele medicines' staff could fast track the admission.

One relative told us, "When mum's skin flares up, staff get onto 'Tele medicines' straight away for advice." This showed the service made timely referral to health care professionals and reduced the need for hospital visits to limit anxiety and disruption to people living at the service.

In the five care records we looked at we saw people had been seen by a range of health care professionals, including GPs, community matrons, dieticians, opticians and podiatrists. We concluded people's health care needs were being met

One relative made the following comment about the home, "It's top level here the whole environment is bright."

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 en-suite 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 registered manager uses The Kings Fund, "Is Your Care Home Dementia Friendly?" assessment tool to make sure the environment was the best it could be for people living with dementia. We saw clear signage on bathroom and toilet doors and people's bedroom doors had a photograph and name of the person to help them identify their room. The use of large pictures and murals in the hallways and corridors helped people to find their way around the building.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were two current authorised DoLS in place with other applications awaiting assessment by the local authority. Both of the authorised DoLS had conditions attached to them which had been met by the service. 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.

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

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

## Is the service caring?

### Our findings

People who used the service told us the following about staff and living at The Gateway Care Home; "Yes I like living here it is all homely and they are lovely to me, anything I want I ask and I get it." "It's the best place I've lived; I can see out over Bradford, all the lights come on at night, I'm really happy here." "I was slowly disintegrating at home, don't eat, don't sleep, but I'm really happy here. When I come here, I think 'that's the place for me'. They really look after you and they're friendly people." "It's very nice. I like it here. I enjoy it, it's all nice. They treat me very nice, they're very good. If it wasn't, I'd give them heck! I would! "They are fine people, the ladies here. They look after me. Two ladies come in the morning, help me get up and clean. Different people." "Staff here are very nice – helpful. I can talk to the carers, but I don't like to bother them. I know how busy they are. Some are very caring, but they all have different natures."

Relatives made the following comments, "The staff are very, very caring. Mum has settled in well and is happier within herself." "Mum has been here about eight weeks, she settled in very quickly which means she really likes it here, and we (her family) like it here. I think it is good that there is always someone with her, she is talking to people now and mixing more she never used to do that. We feel confident now that Mum is settled here, everyone talks to you here, the staff are welcoming and it takes the worry away from me knowing she is safe, I can sleep on a night now."

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

One visitor told us they had just been passing the service and called, completely unannounced, to see if it would be a suitable place for their relative. They said they had been given a good welcome, saw people who used the service were alert, felt there was a good atmosphere and also witnessed a lot of laughter.

Staff treated people with dignity and respect. People looked well cared for and well groomed. Men had been shaved and people's spectacles were clean.

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. This showed staff respected people and their belongings.

One visitor told us, "Mum is always treated with dignity and respect, for example, her continence needs are always dealt with promptly and she is never made to feel embarrassed."

We observed care and support and saw staff treated people with kindness, dignity and respect. Interactions were consistently positive and it was clear staff had developed good positive relationships with people and knew them well.

We saw staff encouraging people to eat independently and to do as much as possible for themselves.

Visitors told us there were always made to feel welcome and made the following comments; "I can visit at any time, staff are friendly, nothing is hidden and we are treated like family." "The atmosphere is lovely I feel like it is home from home, my home too and I can visit anytime I want to."

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

## Is the service responsive?

### Our findings

The registered manager and/or the deputy manager completed a full assessment of people's needs before offering them a place at the service. If they decided they could meet the person's individual needs a one to two week period was left before admission was arranged. This was to allow risk assessments, care plans and medication profiles to be put in place before the person moved in. Additional information was sought from GPs and district nurse teams and any specialist equipment was sourced and put in place before the admission took place. In the lead up to admission, the person who would be moving in and their family had access to the bedroom so they could personalise it and change the layout if they wanted.

We spoke to two visitors who told us the service had been recommended to them. They told us their relative was currently living in another residential home, but they did not think their needs were being met there. They had visited The Gateway, unannounced, and had been impressed with the atmosphere and felt the service was 'geared to residents and their experience.' They explained the registered manager had been to assess their relative and were confident the service could meet their needs. When the assessment had been completed the registered manager had taken photographs of the home to show the person to see if they thought they may wish to live there.

These visitors were excited about their relative moving in and were looking forward to bringing other members of the family to visit.

Care records we reviewed contained sufficient information to enable staff to provide appropriate care, treatment and support. They showed what the person could do for themselves and the level of support they needed from staff and included any particular preferences. We saw care records contained detailed risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed at least monthly and where an issue had been identified, action had been taken to address and minimise the risk.

We saw relatives were asked if they wanted to be involved in the care planning and review process. One relative told us, "I suggested Mum might be more comfortable if the bed was in a different place, that was no trouble, they listened and it was done."

We found the service was responsive in meeting people's individual needs. For example, one person who used the service told us, "The staff know me. They bring me chamomile tea when they hear me coughing." Another person had been assessed as being nutritionally at risk at times specifically related to their particular mental health needs. Staff had found out during this time there was one particular food they liked from a well-known food chain store. These ready meals had been purchased to make sure they were eating.

The registered manager had attended an information session held by Bradford Council relating to the Accessible Information Standards and best practice. They told us they were working towards achieving these. One relative told us, "My mother is Polish. I got talking about the Polish Christmas and all the food,

and the manager suggested I speak to one of the chefs, who is Polish, and they would try and sort out some Polish food for her at Christmas. The staff speak to her in Polish, and they have clocks and calendars in Polish too."

At the time of the inspection there was no one using the service receiving end of life care. The registered manager told us families were sent the advanced care plan pack by the GP and families completed this at their leisure. People who used the service, who agreed to have the discussion, wishes about their end of life care were documented in their care plan. Where people using the service did not have the capacity to undertake these decisions the 'best interest' process was followed and evidenced within the main care plan. Care workers told us if family were not present, they or the registered manager, sat with people when they were at the end of their life so they were not alone. We saw a card from one family which stated the following, " We want to send our sincere thanks for your love and care given to [Name] and the 'extra special' attention they had prior to their passing. The care and love was evident and [Name] loved you all."

We looked at the complaints and compliments folder and noted nine compliments had been made since August 2017. We saw two complaints had been made about the meals. One person wanted Danish pastries for breakfast, which we saw were now being supplied as a choice for everyone. The other complaint was resolved with the registered manager, relative and chef meeting together to devise an individual menu for the person who used the service. This showed us concerns were being responded to and resolved to people's satisfaction.

People who used the service and relatives told us they would feel able to raise any concerns and made the following comments, "Well I'd speak to [Name of registered manager] but I haven't had any." "If I was unhappy I would tell [Name of care worker] she would sort it for me."

People who used the service told us there were activities on offer and made the following comments, "We have Bingo one afternoon a week, singers come, we can go out or watch TV, there is crafts but I'm not too bothered about them. A hairdresser comes we have a room here, we get our nails done now and again the carers do them." "My favourite is Keep Fit every Tuesday someone comes in to do it with us, I love singing, we have concerts and dancing, bingo and dominos there's all sorts going on."

Some visitors told us, "The whole family is coming on Christmas afternoon. We're bringing our musical instruments in and playing. [Relative] is musical and they had a ukulele group in. There's something on nearly every week, they do something for people's birthdays."

At breakfast time appropriate music was being played in one of the lounges and we heard people singing along. Later we saw the activities staff putting out a range of books, puzzles and games. We saw two people enjoying looking at books about times past.

One of the activities co-ordinators told us, "There are two of us at the moment but they are increasing it to three. We will all be on a 20 hour a week contract and will cover the weekends as well. We do as much variety as we can to suit all tastes, we do craft things like making cards, knitting, crocheting and anything else they want to do. We have games, dominos, Jigsaws, colouring, quizzes, indoor/outdoor bowls, singing and dancing, chair exercises. We do gardening in the summer and organise trips out to Tong Garden Centre, the Broadway shopping centre and try to go where the residents want to go, we are hoping to purchase a mini bus shortly.

For entertainment we have someone coming in once or twice per week. Leading up to Christmas we are having a pantomime, primary schools and upper schools singing and the girl guides are coming in. We have

a ukulele player comes in and we try and tailor it to the residents era."

We saw various entertainers were booked to celebrate people's birthdays. We saw one person had celebrated their birthday prior to the inspection visit and banners, balloon and flowers were still evident. The activities co-ordinator explained birthdays were always celebrated, usually with singing and dancing, a birthday tea and cake. Families were always invited and 'cream teas' could be provided in the little lounge if people wanted a more private celebration.

Staff told us in the summer people using the service had wanted to grow some tomatoes. A temporary greenhouse had been erected so they could do this. As this was successful the service wanted to install a permanent, wheelchair accessible greenhouse. accessible.

We concluded people were being offered a range of stimulating activities.

## Is the service well-led?

### Our findings

When we inspected the service in June 2016 we identified four regulatory breaches which related to staffing, recruitment, safe care and good governance. At the next inspection in November 2016 we found improvements had been made in all these areas and no regulatory breaches were identified. The overall quality rating at that time was 'Requires Improvement' as we needed to be assured improvements were consistently sustained over time. At this inspection we found improvements had been sustained and further developments made.

Relatives told us, "I would recommend The Gateway 100% to someone looking for a care home." "I have recommended the service to a few people." "There're three or four people here on my recommendation. They say, well, if it was good enough for your [family member], then it's good enough for me."

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

There was a registered manager in post who provided leadership and support. People who used the service told us "I do know the manager, his name is [Name] and the owner is [Name]."

Relatives told us, "[Name of registered manager] is very good. They are approachable and are 'out and about' and know the people who live here." "The manager is [Name]; he is a very understanding man." Staff made the following comments about the registered manager; "[Name] is a wonderful manager and is wonderful with the residents. If you need him he is there. This is a nice place to work."

There was a very open and transparent culture in the service. Staff were upbeat and happy and able to confidently answer our questions. There was a calm, relaxed atmosphere in the service and it was clear the registered manager spent time on both of the floors and knew the people who used the service and their relatives well. One relative told us, "Great, good camaraderie and banter, it's lovely." Another relative said, "You do get the feeling they are being honest and open with you."

We saw the registered manager or delegated staff members such as senior staff carried out a range of audits to monitor the quality of the care and facilities provided. These included care plans audits, medication audits, staff training and supervision audits, environmental audits and complaints audits. We saw if any shortfalls in the service were found action plans were put in place and steps were taken to address any issues.

The registered manager had set up a, 'Carers Support Group,' mostly for relatives but was also open to people who used the service. The purpose of the group was to get support from each other and also to provide information. At the time of our inspection the group were meeting for the second time. At the first meeting a dementia care specialist had provided a talk and at the second meeting a community psychiatric nurse talked about their role in supporting people living with dementia. People who used the service and relatives told us they found these sessions very helpful and supportive.

People who used the service were given satisfaction surveys to complete in December 2016. We saw the results of these had been analysed and changes made to the service as a result of the comments made. For example, one person said they did not think staff were aware of their particular condition and why they could be different on different days. The person concerned sat in on the training and the trainer read out a letter they had written to further promote awareness around their condition and needs. This showed the registered manager listened to what people wanted and responded appropriately.

We asked visitors if they attended the relatives meetings. One person told us, "I have been to one, we talked about how the home came to be, which was interesting and they asked for any suggestions, none were made this time." This showed us people were being consulted about the way the service was being managed.