Bupa Care Homes Limited

Old Gates Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This was an unannounced inspection which took place on 14 and 15 June 2017.

Old Gates Care Home provides accommodation in three units, for up to 90 people who need either nursing or personal care and support. These units are Cherry, Holly and Rowan. Care and support for people living with a dementia is provided in Rowan. There were a total of 61 people using the service on the days of our inspection.

We had previously inspected this service in February 2017 when we identified five breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. These related to staffing arrangements on the unit for people living with a dementia, recruitment processes which were not sufficiently robust, a lack of effective systems to ensure people received safe and appropriate care, limited evidence of person centred activities particularly for people living with a dementia and a lack of effective leadership in the service.

Following the inspection in February 2017, the provider wrote to us to tell us the action they intended to take to ensure they met all the relevant regulations by the end of May 2017. This inspection was undertaken to check whether the required improvements had been made.

Since the last inspection the manager had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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. The registered manager was supported in the running of the service by a clinical services manager and three unit managers.

Staff had been safely recruited and there were sufficient numbers of staff on duty to meet the needs of people in a timely manner. People who used the service told us staff were kind, caring and respectful; this was confirmed by our observations during the inspection. Our discussions with staff showed they had a good understanding of people's needs and were committed to providing high quality care. We saw that people were supported to maintain their independence as much as possible.

People told us they felt safe in Old Gates. Policies and procedures were in place to guide staff about the correct action to take should they witness or suspect abuse. All the staff we spoke with told us they had completed training in safeguarding adults. They told us they would have no hesitation in reporting any concerns and were confident they would be listened to.

We noted that 10 of the 12 care records we reviewed contained risk assessments to help staff mitigate against all identified risks. However, we found staff had failed to report and record an incident of aggressive behaviour exhibited by one person. This meant appropriate risk assessments had not been put in place to protect both the individual concerned and staff; this situation was rectified by the clinical services manager

by the second day of the inspection. In addition, another person's care records documented four recent incidents of aggressive behaviour. However, there were no risk management plans in place to guide staff on the appropriate action to take in the event of future incidents occurring. This meant people might not receive safe and appropriate care.

Systems were in place to help ensure the safe handling of medicines. Staff responsible for the administration of medicines had received training for this role. The competence of staff to administer medicines safely was regularly assessed.

People were cared for in a safe and clean environment. Procedures were in place to prevent and control the spread of infection. We observed these in practice during the inspection as staff effectively controlled an outbreak of diarrhoea and vomiting which had occurred on one of the units.

Regular checks were made to help ensure the safety of the premises and the equipment used. Systems were in place to deal with any emergency that could affect the provision of care.

Staff received the essential induction and training necessary to enable them to carry out their roles effectively and care for people safely. Systems were in place to ensure staff received regular supervision.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The registered manager was aware of their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected.

Systems were in place to help ensure people's health and nutritional needs were met. Although people gave us mixed feedback regarding the quality of food, they told us they were always offered alternatives if they did not like what was on the menu.

Improvements had been made to the range of activities available to people, particularly on the unit for people living with dementia. During the inspection we observed staff took the time to engage both individuals and groups in meaningful conversations and activities.

People had a number of opportunities to comment on the care they received in Old Gates, including resident/relative meetings and the completion of an annual satisfaction survey. We saw that systems were in place to investigate and respond to any complaints received.

Staff told us they enjoyed working in the home. They told us the registered manager and senior staff were approachable and supportive. Regular staff meetings meant that staff were able to make suggestions about how the service could be improved. Staff told us they were able to contribute to staff meetings and that their views were always listened to.

There were a number of quality assurance processes in place. We saw that information generated from audits, complaints and incidents was used to drive forward improvements in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk assessments and risk management plans were generally in place to advise staff of the action they should take to protect people from harm. However one person's records did not contain information about the risks they might present to staff delivering care. The pattern of incidents documented in another person's records had not resulted in appropriate risk management plans being created.

Staff had been safely recruited and there were enough staff available to meet people's needs in a timely manner.

Infection control measures had been successfully implemented to deal with an outbreak which had occurred in the home.

Is the service effective?

Good

The service was effective.

Staff received the induction, training and support they required to help them deliver effective care. People who used the service told us staff were competent in their roles.

Staff understood the principles of the Mental Capacity Act (2005). Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service.

Improvements had been made to the environment for people living with a dementia. A plan for further refurbishment was in place.

Is the service caring?

Good

The service was caring.

People told us staff were kind, caring and respectful of their dignity and privacy.

Staff knew people well and showed kindness and respect when

providing care. People were supported to maintain their independence as much as possible.

Is the service responsive?

Good

The service was responsive.

Care records contained sufficient information to guide staff on the support people required. A 'resident of the day' system was in place to help ensure these records were regularly reviewed and updated.

A range of activities were provided to help maintain people's well-being.

Systems were in place to ensure people were able to raise concerns and provide feedback on the care provided in the home.

Is the service well-led?

Good

The service was well-led.

Since the last inspection the manager had successfully applied to register with CQC.

Required improvements had been made to the leadership across the home. Staff told us they received good support from all the managers in the service and enjoyed working at Old Gates.

Quality improvement processes demonstrated how managers in the service were committed to ensuring the quality and safety of the care people received.

Old Gates 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 was 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 14 and 15 June 2017. The first day of the inspection was unannounced. We told the provider we would be returning on 15 June 2017 to continue to review the care people received in the service.

The inspection team for the first day consisted of two adult social care inspectors, a specialist advisor in the care of people living with dementia and an expert 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. The expert had experience of residential care services for older people and was a full member of the inspection team.

Before the inspection we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local safeguarding and quality assurance teams to gather their views about the service. The provider had not been requested to complete a Provider Information Return (PIR).

Following the last inspection the local authority had taken the decision to suspend admissions to Rowan and Cherry units. This was under review at the time of this inspection.

During the inspection we spoke with seven people who used the service and four visiting relatives. We also spoke with a total of 14 staff employed in the service. The staff we spoke with were the registered manager, the clinical services manager, two unit managers, three registered nurses, four members of care staff, the activities organiser, the chef manager and the hotel services manager.

We carried out observations in the public areas of the service. We also undertook a Short Observation Framework for Inspection [SOFI] on the unit for people living with a dementia. A SOFI is a specific way of

observing care to help us understand the experiences of people who could not talk with us.

We looked in detail at the care records for twelve people who used the service and the records relating to the administration of medicines for a total of nine people. We also checked a further random sample of seven medicine administration records on the unit for people living with dementia. In addition we looked at a range of records relating to how the service was managed; these included four staff personnel files, training records, quality assurance systems and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with who used the service told us they felt safe in Old Gates. Comments people made to us included, "I feel as safe as a row of houses, there's always someone around", "There's always nurses about, I see the staff all the time" and ""I just feel safe, the fire door shuts automatically." A relative also told us, "I've never seen anything to cause me concern."

During our previous inspection in February 2017 we identified a breach of Regulation 18 of the Health and Social Care Act 2008. This was because staff were not appropriately deployed, particularly on Rowan unit, which is the unit for people living with a dementia. This meant they were not available to help prevent serious incidents from occurring and to keep people safe. During this inspection in June 2017 we found sufficient levels of staffing on all three units. Staff were observed to interact appropriately with people who used the service and the atmosphere on all the units was calm and relaxed. We also noted staff responded immediately on Rowan unit to reassure people who became unsettled. A staff presence was maintained in the lounge areas on each unit to help promote the safety of all people who used the service.

People we spoke with told us staff usually responded promptly to their needs. Comments people made to us included, "They always come when I ring the bell and I don't have to wait long", "Sometimes they're short staffed at night, but I don't have to wait very long, it just depends how many are on duty", "I don't have to wait. I can't use the buzzer so if I want something I just shout. There's always somebody walking about", "They were short staffed at the beginning of the year but I don't have to wait now. They're almost here before you're finished pressing the buzzer."

During our last inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008. This was because risk assessments had not always been completed in relation to people's individual needs. In addition robust arrangements were not in place to help ensure the safe handling of medicines. During this inspection we found improvements had been made.

Appropriately detailed risk assessments and risk management plans were in place on 10 of the 12 care records we reviewed; these should help staff to take appropriate action to mitigate against identified risks. We noted four incidents of aggressive behaviour towards other people who used the service had been documented on one person's records. However there was no risk management plan in place to advise staff how they should minimise the risk of future incidents occurring. In addition, during the first day of this inspection we became aware of an incident which had occurred some days previously in which another person who used the service had physically assaulted a staff member when they were attempting to provide personal care. We checked the care records for the person concerned and could not find any reference to this incident. When we discussed this with the staff member concerned, they told us they had advised senior staff on the unit that they did not wish to take any action against the person concerned and had therefore not completed any documentation in relation to the incident. There were also no updated risk assessments in place to alert staff that the person who used the service might present a risk to staff and advise them of the strategies to use to manage this risk. We raised this with the clinical services manager who immediately arranged for the incident to be reported to the local safeguarding authority. They also completed risk

assessments and risk management plans for staff to follow should the person display behaviours which might challenge others.

We recommend the provider ensures incident reporting procedures are always followed by staff.

During this inspection we completed a detailed check of the medicine administration record (MAR) charts for nine people who used the service. We found these were mostly fully completed. We noted there were a number of missing signatures on the MAR charts we reviewed on Rowan unit. However the gaps in these records had been noted and staff requested to take action to ensure the records were accurately completed.

We reviewed the systems in place to ensure the safe administration of medicines. We saw that there was a policy and procedure in place to guide staff regarding the safe handling of medicines. We saw that written protocols were in place for 'as required' medicines. These protocols provided guidance for staff to help ensure people always received the medicines they needed. Records we reviewed showed that all staff responsible for administering medicines had received training for this role. In addition we saw that the clinical services manager was regularly monitoring the competence of staff to administer medicines safely.

Appropriate measures were in place to help ensure the safe handling of controlled drugs. These are prescribed medicines which are subject to tighter legal controls because of the risk of misuse. We checked a random sample of the stock of controlled drugs held on all three units and found these corresponded accurately with the records maintained.

During our last inspection we identified a breach of Regulation 19 of the Health and Social Care Act 2008. This was because recruitment procedures were not robust enough to protect people from the risk of unsuitable staff. During this inspection we found the required improvements had been made.

We reviewed the personnel files for four staff who had been recently recruited. We noted that all of these files contained an application form which included explanation of any gaps in employment. Each file also contained evidence to confirm each individual's identity and a criminal records check called a Disclosure and Barring service check (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. All of the personnel files we reviewed contained at least two references including a reference from each person's previous employer if this was applicable. During the inspection we observed discussions between the staff member responsible for putting together recruitment records and the registered manager regarding required pre-employment checks, particularly whether references received were acceptable or whether further action was required. This level of scrutiny helped to ensure people who used the service were protected from the risk of unsuitable staff. We saw there was also a system in place to check that nurses employed in the service were registered with the Nursing and Midwifery Council.

Policies and procedures were in place to guide staff about how to recognise when people might be at risk of abuse. Staff told us they had completed training in safeguarding adults and were able to tell us of the correct action to take if they witnessed or suspected abuse. A staff member told us, "I would always report anything to the nurse in charge or the manager." We noted the registered manager maintained a central tracker of all safeguarding alerts raised with the local authority and the outcome of any investigation. They were able to tell us of the lessons learned from one alert raised; this included the need for staff to complete better documentation regarding any people seen by a GP during their regular weekly visit to the home.

We looked at the systems in place to protect people from the risk of cross infection. At the time of the inspection one of the units was closed to visitors due to an outbreak of diarrhoea and vomiting. On the first

day of the inspection we observed the handover meeting which took place on this unit. We noted staff were advised of the additional precautions required to deal with soiled laundry on the unit in order to try and control the spread of the infection. We also met with the hotel services manager to discuss the precautions which were being taken to help prevent the outbreak from spreading further. They told us they had followed all infection control procedures and had completed several deep cleans of the unit. By the second day of the inspection most people had begun to recover and there had been no new cases of infection on the unit; this demonstrated the infection control measures taken were effective. All other areas of the home were clean and free from malodour.

Records we reviewed showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home. Since the last inspection a new call bell system had been installed and we were told this was in full working order.

We saw there was a business continuity plan in place to respond to any emergencies that might arise during the daily operation of the home. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. Personal evacuation plans (PEEPS) had been completed for all people who used the service; these records should help to ensure people receive the support they require in the event of an emergency. Staff had completed fire training and were involved in regular evacuation drills. This should help ensure they knew what action to take in the event of an emergency at the home.

Good

Is the service effective?

Our findings

People we spoke with during the inspection told us they considered staff were suitably qualified and competent in their roles. Comments people made to us included, "Yes, I think the staff are all pretty well qualified", "Oh yes, the staff are very good, I think of them as friends" and "I've no complaints about the staff."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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.

The service had a policy which explained to staff what the MCA and DoLS were and guided staff on their responsibilities. Records we reviewed showed the necessary applications had been made to the relevant local authority to ensure any restrictions placed individuals who could not consent to their care in Old Gates Care Home were legally authorised. A central record was kept of all applications made. At the time of this inspection a total of 30 applications had been submitted.

We saw there were appropriate arrangements in place to record people's capacity to make particular decisions. We saw meetings had taken place with family members and professionals as necessary to ensure any decisions made about the care individuals received was in their best interests.

All the staff we spoke with demonstrated their understanding of the principles of the MCA. They were able to tell us how they helped people to make their own decisions and gained consent from people who used the service, including recognising facial gestures and other non-verbal communication where people were unable to express their consent verbally. One staff member told us how they would regularly check care records to help ensure they were providing the care people required.

We looked to see how staff were supported to develop their knowledge and skills. Records we reviewed showed staff completed a five day induction when they started work at the service. This induction helped to ensure staff had an understanding of their role and how they should support people. The induction included training on topics such as safeguarding, moving and handling, food safety, fire safety, infection control, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), basic life support and health and safety. We saw that staff were required to complete a knowledge check on each subject area after they had completed the training; this helped to ensure staff fully understood the content of the training. Staff we

spoke with told us they had enjoyed the induction and felt it had prepared them well for working at Old Gates. One staff member commented, "The induction was good. It was a mixture of classroom based and practical training. I also looked at policies and procedures. At the end of the induction I was asked if I felt comfortable to go on the rota."

We saw that there was a programme of refresher training in place. A central record was held by the area trainer to confirm what training staff had completed. At the time of this inspection we saw there had been an increase in the numbers of staff who had completed required refresher training in areas including caring for people living with a dementia, medication awareness and safeguarding people from abuse. The registered manager told us there were sufficient numbers of places available on planned refresher training courses to ensure all staff had the opportunity to bring their knowledge and skills up to date. One staff member told us, "All my training is up to date. They are also supporting me to do my NVQ3 at the minute."

We asked the registered manager about the supervision of staff; supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. We noted unit managers were required to complete a supervision matrix to show when they had met with each individual member of staff. We were shown this completed matrix for two of the units. The unit manager on Rowan was unable to locate the matrix for this unit although we saw evidence that supervision sessions were planned with staff during the week of the inspection. We were told that appraisal meetings had not yet taken place with any staff although the registered manager had a plan in place to introduce these.

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained a care plan which identified each person's needs and risks in relation to their nutritional intake. Where necessary staff had made referrals to specialist services including dieticians and speech and language therapists (SALT). One newly appointed staff member on Rowan unit told us, "I am passionate about improving nutrition for people and have plans for improving things throughout the home."

People we spoke with gave us mixed responses regarding the quality of the food. Comments people made to us included, "It's excellent I enjoy it", "On the whole it's quite good. There are certain things I'm not keen on and if I don't like it I can have something different", "I'm on a soft diet and the food is ample and there's reasonable choice", "I don't like some of the food. I can't chew it; the meat could do with cooking longer. They will give me something different if they have enough" and "Sometimes it's alright, sometimes it's not. If I get fed up of sandwiches I'll have sausage egg and chips."

During the inspection we observed the mealtime experience on Rowan unit. We observed staff sat with people to provide the individual assistance they required to eat their meals. Staff also provided gentle encouragement where necessary to help ensure people's nutritional needs were met. We noted a record was maintained of the food and fluid intake of those people where there was an identified risk in relation to their nutritional needs.

We saw that drinks were made available to people both at mealtimes and throughout the day. We noted from the menus we reviewed that the lunchtime meal provided was a lighter option as the main meal was served in the evenings. The menu also offered a "Night Bite" option of dishes which staff could prepare in the small kitchenettes located on each unit when the main kitchen was closed.

The chef manager told us they were aware of the likes, dislikes and any allergies people who used the service might have. They told us people were asked about their meal choices on a daily basis and that if they did not want what was on the menu alternatives were always available. They told us they visited each unit

on a daily basis to check that people were happy with the quality of the food.

We found the kitchen was clean and well stocked. We saw that checks were carried out to ensure food was stored and prepared at the correct temperatures. The service had received a 5 rating from the national food hygiene rating scheme in January 2016 which meant they followed safe food storage and preparation practices. We were told the kitchen was due to be refurbished and that a plan was in place to install a temporary kitchen at the front of the home to ensure people's nutritional needs could continue to be met. The chef manager told us they had been through this process at another service and did not envisage any difficulties with the proposed arrangements.

Since the last inspection we noted improvements had been made to the environment on Rowan unit. With the support of a specialist Admiral nurse, a memory boxes had been placed next to most bedroom doors. These boxes can help people living with a dementia to recognise people and events which are important to them. 'Conversation starters' had also been displayed on each person's bedroom door. These provided information about people's social history and interests to help staff engage people in conversations when providing care.

The registered manager told us there was a refurbishment plan in place for Rowan unit to help ensure the environment was more appropriate for people living with a dementia. We were told this refurbishment work was intended to commence at the end of June 2017.

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. All the staff told us they attended handover meetings at the start of each shift; records we reviewed confirmed this. Staff told us that all important information was also recorded in the diary held on each unit so that staff could refer to this throughout their shifts.

People who used the service had access to healthcare services and received on-going healthcare support. Care records contained evidence of visits from district nurses, GPs, speech and language therapists, dieticians and mental health professionals.

Good

Is the service caring?

Our findings

All the people we spoke with told us staff were always kind, caring and respectful of their dignity and privacy. Comments people made to us included, "I would say they're very kind", "They are most kind", "They're great, kind" and "They are very polite, nice, helpful and kind." People spoken with also told us staff always promoted their independence as much as possible.

We noted there were policies and procedures in place for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. In addition care records included information about how staff should support people to maintain their independence as much as possible.

Our observations during the inspection showed staff responded warmly to people who used the service and demonstrated kindness and respect when providing care. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected. We noted that staff spoke with people discreetly to ensure their personal care needs were met in a timely manner.

During the inspection we noted visitors were welcomed in to the service. People who used the service were able to meet with their visitors in the communal areas or in their own room if they preferred. Relatives we spoke with confirmed staff were kind and caring in their approach. One visitor commented, "They spend time with [name of relative]."

Care records we reviewed contained information about people's likes and dislikes as well as recording important social relationships and interests. This information should help staff form meaningful and caring relationships with people who used the service. The staff we spoke with knew people who used the service well. They were able to tell us about people's likes and dislikes, their care needs and also about what support they required. They spoke about people affectionately and compassionately. Staff also demonstrated a commitment to providing personalised care. One staff member told us person centred care meant, "You put their needs first and it's individual." Another staff member commented, "People get good care. I would be happy for a relative to live here."

We noted there was a 'resident of the day' system in place. This meant that each person's records were reviewed and updated on the same day each month. Staff told us, wherever possible, they would sit with people who used the service or their relatives to discuss what was included in the care records and check this remained appropriate to people's needs and wishes.

Records we reviewed included a 'Future Decisions' section; this contained information about the care and support people wished to receive at the end of their life. Some staff had completed training in end of life care to help ensure they were able to provide the best care possible at this important time. The registered manager told us there was a plan in place to support more staff to undertake training in end of life care.

We noted that Information was on display on all the units regarding the advocacy service people were able to contact should they want independent advice or support.

We noted that all care records were held securely; this helped to ensure that the confidentiality of people who used the service was maintained.

Good

Is the service responsive?

Our findings

During our previous inspection in February 2017 we identified a breach of Regulation 9 of the Health and Social Care Act 2008. This was due to a lack of planned, individualised and person centred interventions for people who lived with a dementia. Since the last inspection the provider had employed a full time activity coordinator whose role initially was to improve the range and quality of activities available to people who lived on Rowan unit. When we spoke with this staff member they told us they had introduced a number of different activities on this unit including music sessions, reminiscence groups and pampering sessions. They told us they also spent individual time with people discussing past and current events and other areas of interest.

The registered manager showed us a weekly newspaper which was now produced for people who used the service. They told us this was used by staff engage people in meaningful conversations. We observed this being put into practice by several staff members during the inspection. A 'pet for therapy' session was also held on the second day of the inspection.

We asked people who used the service how they spent their time. Comments people made to us included, "We do a lot of talking and play games sometimes. We do watch a lot of telly but we always talk to each other", "I watch television, there are some good programmes on. The activity coordinator comes on and chats to me" and "I do quite a lot of reading, my main hobby is stamp collecting." During the inspection we observed the activity coordinator spent time with individuals on all three units. A bingo session was also provided on Rowan unit to which people who lived on other units were also invited. We saw this session was well supported by staff and enjoyed by all people who participated.

The activity coordinator told us they intended to start working at weekends to ensure people who used the service had access to planned activities throughout the week. They also had plans in place to do at least one activity outside of the home each month. They told us they had supported people to attend a variety show at a local theatre and to go for lunch over the previous two months. The activity coordinator told us they thoroughly enjoyed their role. They commented, "This feels like my hobby. I enjoy coming to work, spending time with people and being able to put a smile on their face."

The registered manager told us that before people moved into the home, an initial assessment of their needs was undertaken. We found the completed assessments covered all aspects of the person's needs; this helped to ensure the service was able to meet people's individual needs. During the inspection we observed the registered manager appropriately refuse to accept a referral for a person who had complex medical needs as they did not feel staff in the service had the up to date skills required to deal with the person's condition.

We reviewed the systems for managing complaints received in the service. A copy of the complaints procedure was displayed in the reception area and was included in the service user guide. Most people who used the service and their relatives told us they were aware of the complaints procedure and would feel confident to approach staff if they had any concerns. Comments people made to us included, "I would go to

the unit manager, she sorts everything out" and "I'd complain to the Matron on duty, or go to the office by the door". One relative told us, "We are struggling to get the address of the Head Office to complain about [name of person's] clothes going missing."

We saw a total of 6 complaints had been received at the home since our last inspection. Records we reviewed showed that all complaints had been investigated and responded to by the registered manager with appropriate action taken to resolve matters. The provider also maintained a central record of all complaints so that any themes could be identified and addressed.

Since the last inspection there had been resident/relative meetings held on each of the units. We looked at the minutes from these meetings and noted areas discussed included activities, the quality of food, laundry and the most recent CQC inspection. The registered manager told us these had not always been well attended, particularly on Rowan unit. As a result the registered manager had spent time with individual relatives when they visited the home to gather their views about the care provided. Records we reviewed from these meetings showed relatives were happy with the care their family members were receiving in the home.

The provider conducted an annual satisfaction survey with people who used the service. The results from the most recent survey undertaken in December 2016 showed 100% of respondents felt safe in Old Gates and that they were treated as individuals by staff.

Good

Is the service well-led?

Our findings

At our last inspection we found there was a lack of effective leadership on Rowan and Cherry units. Our findings from this inspection in June 2017 showed the required improvements had been made.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of accidents, serious incidents, safeguarding allegations and DoLS applications as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating. This was to inform people of the outcome of our last inspection. Since the last inspection the manager had successfully registered with CQC as manager for the service. A registered manager is a person who has registered with the CQC 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. The registered manager was supported in the running of the service by a clinical services manager and three unit managers.

Most people we spoke with during the inspection were aware that a new registered manager had been in post since January 2017, although not everyone was aware of the registered manager's name. However all expressed confidence in the relevant unit manager and told us they were confident their views would be listened to if they were to raise any concerns. One person commented, "I can talk to [name of unit manager] about anything."

We spoke with two of the unit managers during the course of the inspection. They told us they had worked hard to improve both the quality of care and documentation in care records since the last inspection. One unit manager told us, "We are a really good care team and have worked really hard to get things up to standard." The second unit manager told us, "Since the last inspection I think we have improved the care planning side of things."

We saw that the clinical services manager completed a daily walk round on all three units. This allowed them to check on the quality of care people received and to obtain timely information about any incidents or accidents which had occurred since the previous day. The unit managers we spoke with told us they appreciated the support they received from the clinical services manager and the registered manager.

All the staff we spoke with told us they enjoyed working in the service and felt leadership in the home had improved since the appointment of the registered manager and clinical services manager. One staff member commented, "The clinical services manager is very nice and my unit manager is good. Staff are all supportive and we work well together."

During the first day of the inspection we observed the daily 'Take 10' meeting. This was a meeting between

the manager and senior staff from all departments which was used to check on issues including staffing, customer feedback, resident of the day reviews and planned activities. We noted the registered manager provided direction to staff where necessary to help ensure people received high quality care.

We looked at the systems in place to monitor the quality and safety of the care people received. We saw that a regular system of audits was in place. These were undertaken by the clinical services manager and the unit managers. Action plans had been developed to address shortfalls with progress against these regularly reviewed by the clinical services manager. The results from the audits we reviewed showed a gradual improvement in the performance of the service, particularly in relation to the management of medicines and the recording in care plans. The provider also undertook monthly quality monitoring visits at the home. We saw that the registered manager had used the findings from these visits to review and develop the home improvement plan (HIP).

Records showed that staff meetings were held regularly in all three units. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff we spoke with told us they were encouraged to contribute to discussions at staff meetings and that their ideas were always listened to. One staff member commented, "We have had staff meetings and we all get time to make suggestions. The agenda is put up before the meetings and we can add to it if we want."

During the inspection we observed a staff meeting taking place on Rowan unit. Due to the lack of meeting rooms on the unit, the meeting was held in the communal lounge/dining area. Because of this the registered manager reminded staff of the need to maintain confidentiality when discussing issues. Staff were also expected to leave the meeting to meet the needs of people living on the unit. We noted the managers in the service used the meeting as an opportunity to provide positive feedback to staff regarding their performance. Staff were also asked if they wished to make any contribution to the discussions.

We looked at the responses from the most recent staff survey which had been completed in June 2017. We saw that these reported an upward trend in the numbers of staff who considered Old Gates was a positive place in which to work. 65% of the staff who responded reported they were motivated to go above and beyond their role in the home. We noted one staff member had commented, "I like working here and have always been treated well by colleagues and management. I find it a very fair place to work."