

Review of compliance

<p>The Franklyn Group Limited The Gatehouse</p>	
<p>Region:</p>	<p>Yorkshire & Humberside</p>
<p>Location address:</p>	<p>9 Manor Road Harrogate North Yorkshire HG2 0HP</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>December 2011</p>
<p>Overview of the service:</p>	<p>The Gatehouse is registered to provide personal care and support for up to 31 people who do not have any specialist needs. It is a large converted and extended detached property, previously a private residence and located in a residential area of Harrogate. It is a short walk to local amenities and approximately one mile from the town centre, with its major transport links. Accommodation is spread over three</p>

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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Gatehouse was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 1 December 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us they were very happy at The Gatehouse. One person said "I like it here" and another commented "It's very nice". They also said their views and preferences are listened to and these are taken into consideration.

People said they were pleased with the care they were receiving. One person said "I've never been happier" and another told us they felt "looked after." They also said they felt safe and trusted the staff that work there.

People said they were happy with the staff and the care that they provided. One person said "The staff look after me very well." We also spoke with peoples relatives who were visiting and they gave positive feedback on the staff.

People told us they were happy with the service and knew how to raise issues, should they have any. They also said that the manager is prepared to see people at any time and operates an open door policy.

What we found about the standards we reviewed and how well The Gatehouse was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who use the service can express their views and are involved in making decisions about their care and support. People have their privacy, dignity and independence protected.

Overall, we found that The Gatehouse was meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People are well cared for, with treatment and support meeting their individual needs and protecting their rights.

Overall, we found that The Gatehouse was meeting this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service are protected from abuse and their human rights are protected and upheld. In order to maintain this, all staff should receive regular training and updates on safeguarding vulnerable people so that they remain confident to deal with such matters should they arise.

Overall, we found that The Gatehouse was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff are suitably trained and appraised, however they are not receiving regular supervision from the management at The Gatehouse.

Overall, we found that improvements are needed for this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Quality assurance systems are in place that ensures people are in receipt of a safe and good quality service.

Overall, we found that The Gatehouse was meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Personal records including care plans are fit for purpose. In order to maintain this, all care plans should be reviewed and updated in line with the timescales stated within them.

Records of mandatory training completed by staff are held, however they are not held in a way that allows them to be located or maintained easily.

Overall, we found that The Gatehouse was meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us they were very happy at The Gatehouse. One person said "I like it here" and another commented "It's very nice". They also said their views and preferences are listened to and these are taken into consideration. One person said "I can take part in things if I want to."

Other evidence

People can express their views and are involved in making decisions about their care. We spoke with a number of people who live at The Gatehouse. They were all able to express their views freely. Residents meetings take place on a regular basis where people are free to voice their opinions and make suggestions. We also spoke with some family visitors who told us they can visit at any time of day.

We saw that people were encouraged to make decisions for themselves and choose what they wanted to do. A hairdresser was visiting on the day we visited. A member of staff told us that people can retain their own personal hairdresser, should they wish to do so.

We spoke with staff who were able to explain to us how they would respect people's privacy and dignity in their work. We observed staff treating people with respect and responding to people's requests appropriately.

Our judgement

People who use the service can express their views and are involved in making decisions about their care and support. People have their privacy, dignity and independence protected.

Overall, we found that The Gatehouse was meeting this essential standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People said they were pleased with the care they were receiving. One person said "I've never been happier" and another told us they felt "looked after." People told us if they wanted anything, they would ask the staff who would see to this for them.

Everybody that we observed looked clean, tidy and well cared for.

Other evidence

Records showed that people were involved in their care assessments. During our visit we looked at a number of care plans and assessments. They contained risk assessments and information about how peoples needs were to be met, including peoples lifestyle choices. We found that risk assessments were well completed and most of these had been reviewed and updated on a monthly basis. Examples of risk assessments included moving and handling, risk of falls and nutritional assessments. We saw that where risk had been identified, there was a plan in place stating what was to be done to minimise this.

We also looked at daily record sheets that were completed by the care staff. They were generally detailed, well completed and person centred.

We spoke with staff who told us they believed they delivered good care to people. One member of staff commented "We're here for the residents" and that "I'm a visitor in their home." We observed staff providing care and support to people throughout the inspection. People were helped to move around the home as they wished.

We spoke with relatives of people living at The Gatehouse. They all told us they were very happy with the care provided to members of their family. One person said "It's small enough to be personal."

Our judgement

People are well cared for, with treatment and support meeting their individual needs and protecting their rights.

Overall, we found that The Gatehouse was meeting this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People told us they felt safe at The Gatehouse and trusted the staff that work there. One person said "I feel safe in here."

Other evidence

Staff were aware of their roles and responsibilities with regards to protecting people from abuse or the risk of abuse. We spoke with a number of staff who cover different roles within The Gatehouse about safeguarding. When presented with a scenario of mistreatment, every member of staff that we spoke with demonstrated that they knew how to react appropriately to this.

We spoke with the manager at The Gatehouse who told us that staff had received safeguarding training. The most recent session had taken place in September 2011. Following completion of the training, staff are given a questionnaire by the training provider to check for understanding. Most staff had received an update in the last 12 months, however records indicated that one person hadn't. We spoke with this member of staff who was unable to confirm when they last attended safeguarding training.

Our judgement

People who use the service are protected from abuse and their human rights are protected and upheld. In order to maintain this, all staff should receive regular training and updates on safeguarding vulnerable people so that they remain confident to deal with such matters should they arise.

Overall, we found that The Gatehouse was meeting this essential standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We spoke with people who told us they were happy with the staff at The Gatehouse and the care that they provided. One person said "The staff look after me very well." We also spoke with peoples relatives who were visiting and they gave positive feedback on the staff. One person told us there were always plenty of staff around.

Other evidence

We talked with staff who told us they feel supported by the management at The Gatehouse. They told us that the manager operated an open door policy and they were happy to be approached by staff on any matter at any time.

We looked at staff files and training records during our visit. We also looked at a training plan for updates to mandatory training, however a matrix showing dates of training completed by staff was not present. We spoke with the manager about this who said that this needs to be done. Updates to manadatory training were recorded within staff files, including moving and handling, emergency first aid and fire safety.

We looked at records of appraisal and supervision. Evidence of appraisals being held with staff was available, however there was no evidence of staff receiving supervision. We spoke with the manager and a number of staff about this. They all confirmed that regular supervision sessions were not taking place.

Our judgement

Staff are suitably trained and appraised, however they are not receiving regular supervision from the management at The Gatehouse.

Overall, we found that improvements are needed for this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us they were happy with the service and knew how to raise issues, should they have any. They also said that the manager is prepared to see people at any time and operates an open door policy. We also spoke with relatives of people living at The Gatehouse who told us they knew how to raise concerns if they had any.

Other evidence

We looked at the quality monitoring systems that The Gatehouse has in place during our visit. We found that systems are in place to capture feedback from residents and relatives. Questionnaires are sent out annually to residents and their relatives about the service provided. The manager told us that they felt the questionnaire issued in 2010 hadn't generated enough feedback or comments from people. As a result, the format of the 2011 survey had been amended. Evidence was seen that concerns raised were being addressed, for example about the lack of outdoor lighting at the front of the property. Compliments and complaints files were viewed. The Gatehouse had regularly received compliments and thank you cards from relatives and had received very few complaints. Any complaints that had been received had been investigated and resolved.

Evidence of audit activity was viewed. This included audits of moving and handling equipment and weekly fire alarm tests. The home had introduced an internal audit tool in November 2011. Areas audited included carers, catering, housekeeping, laundry and the manager. The audit is completed by a senior manager, with agreed areas for improvement identified for action.

Our judgement

Quality assurance systems are in place that ensures people are in receipt of a safe and good quality service.

Overall, we found that The Gatehouse was meeting this essential standard.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not speak directly with people using the service regarding their records. Instead we talked to staff and looked at records that relate to users of the service, such as care plans.

Other evidence

We spoke with staff, who said that peoples care plans were reviewed on a monthly basis. We looked at 3 peoples care plans during the course of the inspection in detail, in addition to other peoples care plans. We found that most of these had been reviewed monthly, however some of the care plans we viewed showed no evidence of having been reviewed for 3 months.

We also looked at records of mandatory training for staff. Some records were found to be present within staff files and a training plan showed details of sessions that had been planned during the year. Details of staff attending these sessions was held within a paper diary. There was no centralised record being maintained to record the dates that staff had completed manadatory training sessions. This makes it difficult for the manager to assure themselves that mandatory training for all staff is updated in line with requirements.

Our judgement

Personal records including care plans are fit for purpose. In order to maintain this, all care plans should be reviewed and updated in line with the timescales stated within

them.

Records of mandatory training completed by staff are held, however they are not held in a way that allows them to be located or maintained easily.

Overall, we found that The Gatehouse was meeting this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns: People who use the service are protected from abuse and their human rights are protected and upheld. In order to maintain this, all staff should receive regular training and updates on safeguarding vulnerable people so that they remain confident to deal with such matters should they arise.</p>	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>Why we have concerns: Personal records including care plans are fit for purpose. In order to maintain this, all care plans should be reviewed and updated in line with the timescales stated within them. Records of mandatory training completed by staff are held, however they are not held in a way that allows them to be located or maintained easily.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: Staff are suitably trained and appraised, however they are not receiving regular supervision from the management at The Gatehouse.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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