

# Review of compliance

<p>The Franklyn Group Limited The Gatehouse</p>	
<p><b>Region:</b></p>	<p>Yorkshire &amp; Humberside</p>
<p><b>Location address:</b></p>	<p>9 Manor Road Harrogate North Yorkshire HG2 0HP</p>
<p><b>Type of service:</b></p>	<p>Care home service without nursing</p>
<p><b>Date of Publication:</b></p>	<p>April 2012</p>
<p><b>Overview of the service:</b></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>

	floors.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**The Gatehouse was meeting all the essential standards of quality and safety.**

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 to check whether The Gatehouse had made improvements in relation to:

Outcome 14 - Supporting staff

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 March 2012, observed how people were being cared for, looked at records of people who use services and talked to staff.

### What people told us

We did not speak with people using the service at this inspection due to the nature of the compliance action we were reviewing. Instead we spoke with the manager and staff working at The Gatehouse.

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

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

People's health and welfare needs are met by appropriately trained, supervised, appraised and competent staff.

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

### 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 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

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We did not speak with people about this outcome due to the nature of the compliance action that was set at the previous inspection. Instead we spoke with the manager and staff working at The Gatehouse. We also looked at records of staff training, supervision and appraisal.

##### Other evidence

At the previous inspection we found that although staff were suitably trained and appraised, they were not receiving regular supervision from the management at The Gatehouse.

At this inspection we spoke with the manager and two care assistants on duty, as well as looking at staff files and training records. We found that since our last inspection, systems had been put in place to monitor and record appraisals, supervisions and training completed by staff. These systems were still relatively new and will take a little time to become fully embedded.

The manager told us that supervisions had started to be given to staff. They also said they plan to deliver supervisions to staff every other month, using a combination of group and 1-2-1 sessions as appropriate.

A group supervision session was recorded to have taken place on 23 February 2012, with another planned for the week after our inspection. The session was run by management from both the provider and The Gatehouse, and was attended by seven members of staff. We spoke with two members of staff who had attended the session.

They were both able to recall the content of the session and provide examples of how they had put into practice what they had learned. They also said they had been provided with a form to complete after the session. This was to encourage them to reflect on what they had learned ahead of their next supervision. Both of the staff that we spoke with said they believed the session had been beneficial to them in their roles.

Training for staff had continued to be provided since our last inspection, including fire safety and medication training. We also saw evidence of training sessions planned for the coming months, including health and safety, safeguarding and infection control.

We saw evidence of appraisals continuing to be delivered, with four members of staff being appraised in February 2012. There was also evidence of newly recruited staff having a review of their performance after eight weeks.

**Our judgement**

People's health and welfare needs are met by appropriately trained, supervised, appraised and competent staff.

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

# 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

<b>Document purpose</b>	Review of compliance report
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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA