

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## The Gatehouse

9 Manor Road, Harrogate, HG2 0HP

Tel: 01423535730

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	The Franklyn Group Limited
Registered Manager	Mr. Howard Woolsey
Overview of the service	<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 floors.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with stakeholders.

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### What people told us and what we found

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People who use the service told us that they knew what the service could offer them and said they consented to their care and support. We observed that staff respected people's privacy and dignity. One person said "No one makes me do anything." Another person said "It is your home. You can have what you want when you want. There are no rules and regulations."

People told us they received the care and support they wanted to receive and could live the life they chose. People said "The staff are very good they are here when needed." And "The staff listen to you and deal with my needs." People's needs were being met.

We were told by everyone we spoke with that they could raise any issues and felt these would be dealt with. People said they felt safe. One person said "If I were abused verbally I would say." Another person said "I feel safe here."

People said they were supported by staff in a timely way because there was enough staff on duty to look after them. One person said "Staff are available when I press my buzzer." Another said "I am very sure the staff know what they are doing."

The quality of the service was being monitored by the manager. Any issues found were acted upon to ensure people living at the home remained happy with the service they received. People said "On the whole I am happy here. This is the place to be. We get an excellent quality of service. They are wonderful from the bottom to the top."

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People who use the service were given appropriate information and support regarding their care and treatment. People we spoke with said that their care and support needs and choices were discussed with them by the staff and they confirmed that a full assessment of their needs had been undertaken. This ensured that the manager and staff knew people's needs. We looked at three people's care records we saw that pre admission assessments included information about people's health, social and religious needs and preferences. One person we spoke with said "I came and looked round. I felt it was like a family, people were friendly and warm."

People were supported in promoting their independence and community involvement. People were seen to be going out locally and those we spoke with said they were encouraged to lead a full life and go out to social events and activities with family and friends. We saw a newsletter was produced: this was circulated within the home and informed people about events, quizzes and helped people to reminisce. We saw that outings and celebratory events took place. Imaginative activities had been provided for example in the past a 'cruise' had been acted out over a period of time by the staff and food was served from different countries for people to enjoy. The manager said this was so people could all enjoy a holiday together. We saw a singer was providing entertainment on the day of our visit. The manager told us that relatives were invited to events to make sure everyone felt included. People commented: "I am helped to live my life. They respect and appreciate my way of living." "My friend visits me for lunch. They are provided with sandwiches and cakes. They look after my visitor who was even invited to our Christmas party. The manager tries to make it like a big family there are no rules and regulations. We can come and go as we please." People told us they really appreciated the support the manager and staff provided to them which helped them enjoy their life at the home.

We were informed by the manager that representatives from different faiths visited the home and provided regular services. This helped to make sure that people's religious needs were being met.

People's diversity, values and human rights were respected. We observed that the manager and staff put people's needs first. Residents meetings were being held. One person said

"Residents meetings are very important. They definitely take my views onboard." People we spoke with confirmed they could choose when to get up and go to bed and confirmed there was a choice of food available to them. One person we spoke with said "This is my home I can have what I want when I want." We saw staff spending quality time with people and treating them as individuals with dignity and respect.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that before people moved into the home an assessment of their needs was undertaken to ensure staff could meet their needs. During our visit we looked at three people's care records. We observed that care plans and risk assessments were in place. We saw that some people had signed their care records to say that they agreed with them and to consent to the care and support they received. People we spoke with said "The staff told me what was available to me. They come when I ring my bell. When I have rung for help the staff have done everything I have wanted. The staff encourage me to be independent." Another person said "I feel safe here helped by the staff. I can see the doctor when I want to."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We looked at three people's care records we saw that there were risk assessments in place for the risk of falls. We saw that this information was updated periodically and as people's needs changed. We saw that as people's needs changed their care records were updated and action was taken to gain help and advice from other health care professionals. This ensured that people's health and wellbeing was being maintained and protected.

There were arrangements in place to deal with foreseeable emergencies. We spoke with the manager about this. They told us that in an emergency the person's 'hospital passport' which contained information about their care and support was taken to hospital along with medication information. This helped to make sure that the person's needs could continue to be met. The manager told us that people were always accompanied by the management team, staff or relatives to help relieve their anxiety.



**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People we spoke with during our visit said they felt they could speak at any time with the manager or staff if they had any concerns to raise. One person said "I would and could complain or raise any issues. The staff always listen to me." Another person said "If I wanted to complain or raise an issue I would. The manager would say what is wrong and deal with it. I do feel safe here."

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We saw the provider had confidentiality and safeguarding policies and procedures in place for staff to follow. These helped to inform the staff about the action they must take if abuse was suspected to be occurring. The manager told us how issues would be reported appropriately to the local authority for them to be considered under their safeguarding of adults procedures. This helped to protect people.

During our visit we spoke with two staff who confirmed that they had received safeguarding training. The staff told us about the different types of abuse that may occur and said they would report issues straight away. One member of staff said "I have received safeguarding training updates regularly. I definitely feel comfortable to raise any issues with the manager." This would help to keep people safe from harm.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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### **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### **Reasons for our judgement**

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People we spoke with said "Generally there is enough staff. Just ring the bell and they come. The staff are just so nice. They listen to you. They deal with my needs and take time to chat. I don't know how the manger finds them. They are all lovely." Another person said "The staff are very good they are here when I need them."

There were enough qualified, skilled and experienced staff to meet people's needs. We saw during our visit that there was enough staff to meet people's needs in a timely way. The manager showed us a rota which helped to ensure that there was enough suitably qualified and competent staff on duty to look after people. The manager told us that staff worked with the management team to cover shifts. One member of staff said "We have enough staff to meet people's needs. The manager organises the rota. We cover and pick up extra shifts. I am comfortable picking up shifts if I need to." This ensured that people were being cared for by staff who knew their needs well and that continuity of care was provided.

The manager told us that the management team would work with the staff on the floor when people needed to be taken for appointments or when social events were being held. This ensured that people health and social care needs could be met.

Staff we spoke with during our visit said they had training to develop their skills. One member of staff said "There is lots of different training on offer. I am currently undertaking my food hygiene training." Another member of staff said "I have had training in moving and handling, infection control, food hygiene, first aid, fire and safeguarding adults. We get regular updates." This ensured the staffs skills were kept up to date. One person we spoke with said "The staff definately have training they are very sure they know what they are doing."

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who use the service, their relatives and staff were asked for their views about their care and treatment and these were acted upon. The care records of people who resided in the home had been reviewed. We saw that the manager and staff reviewed the risk of falls and other identified risks for people and took action to address these. We saw that people's risk assessments had been updated. This helped to help keep people safe.

During our visit we spoke with the manager about the audits that were being undertaken to help monitor the quality of the service being provided. We were shown evidence that people's care files were regularly audited and saw a training matrix to help keep the staffs skills up to date. The manager informed us that the proprietor visited regularly and spoke with people living at the home and with staff to gain their views. We saw that the manager and staff asked people for their views about the home and the care that they received. People we spoke with said they were very satisfied with all the services provided to them. People we spoke with said "I am quite satisfied with what goes on here." Another person said "On the whole I am very happy here. If you had to be in a home this is the place to be. They are wonderful. I mean that from the bottom of my heart." Residents meetings were being held. We saw that issues raised were dealt with. The people we spoke with said they felt listened to.

The provider took account of complaints and comments to improve the service. We saw the home had received many letters of thanks and compliments from people. We saw that there was a complaints procedure in place. People we spoke with said they could raise any issues at any time. They all said issues raised would be dealt with. We saw that there had been no complaints received since our last inspection. The manager told us how complaints would be investigated and the outcome would be shared with the person raising the issue. This would help to keep people informed.

Staff we spoke with said the manager was approachable. We spoke with two staff they said they were asked for their views at staff meetings. This also helped to identify how the services provided could be developed. We were told that the manager was able to be contacted at any time for help and advice. Staff said this helped them to feel supported.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.



## Contact us

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