

The Franklyn Group Limited

The Gatehouse

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service effective?

Good 

Overall summary

We carried out an unannounced comprehensive inspection of this service on 28 October 2014. Breaches of legal requirements were found. After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook a focused inspection on 26 August 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Gatehouse on our website at www.cqc.org.uk

The Gatehouse is registered to provide personal care and support for up to 31 people older people in single, en suite accommodation. The home is set in attractive grounds close to Harrogate town centre.

At the inspection on 28 October 2014 we found breaches of regulations 20 and 23 of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2010, which corresponded to regulations 17(2) (d) and 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements were needed to make sure that people's care needs in relation to eating and drinking were recorded in a timely way and to ensure all staff received updated training.

There was an acting manager in post at the time. The acting manager confirmed that their application to be registered with the Care Quality Commission (CQC) was in progress. This was subsequently approved on 6 May 2015 and the manager is now registered. 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.

Following our inspection in October 2014 the manager wrote to us to confirm that they were actively addressing

Summary of findings

the issues we raised, working closely with staff to ensure more thoroughness when recording in people's care records. Training providers had been identified and retained and staff training was in progress and ongoing.

At our focused inspection on the 26 August 2015, we found that legal requirements had been met. People were encouraged to participate in the assessment process, to ensure that their care needs and dietary preferences were known and acted upon. When special nutritional care needs were identified staff maintained appropriate records, to ensure that people received safe, consistent care.

There was an effective training and development strategy in place to ensure staff received appropriate training and

support to enable them to carry out the duties they were employed to perform. A proactive management presence made sure that staff received on-going leadership and support on a daily basis to further promote good and consistent care.

Good professional relationships existed between staff and people who used the service. During our inspection we observed that staff spent time with people who needed assistance and were patient and kind. The senior manager undertaking an admission assessment was empathetic and used good communication skills to reassure the person and to promote their involvement and emotional wellbeing.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was effective.

We found that action had been taken to improve the effectiveness of the service.

People were encouraged to participate in an assessment of their care needs to ensure that their rights and preferences were understood and acted upon. This included people's nutritional care needs and their dietary choices. When people needed additional assistance with maintaining their nutritional intake, then appropriate records were kept.

Effective management systems were in place to make sure that staff received updated training, to promote people's safety and wellbeing and to enable staff to carry out the duties they were employed to perform.

This meant that the provider was now meeting legal requirements. We have revised the rating for this key question because the provider was able to demonstrate consistent good practice over a reasonable period of time.

Good



The Gatehouse

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

We undertook an unannounced focused inspection of The Gatehouse on 26 August 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 28 October 2014 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service effective. This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home. This included information from the manager, which set out the action they were taking to meet legal requirements.

At the visit to the home we spoke with the registered manager and the nominated individual. A 'nominated individual' is responsible for supervising the management of the regulated activity, and ensuring the quality of the services provided on behalf of the provider. We reviewed food and fluid charts for four people, one staff file and the staff training summary. We observed the interaction between people using the service and staff in one of the communal areas. We also observed, with their permission, an assessment for a person who had recently moved into the home.

Is the service effective?

Our findings

At our comprehensive inspection of The Gatehouse of 28 October 2014 people told us they were looked after very well. However, staff had not always updated people's daily food and fluid charts in a timely way. This meant that records were not being effectively used to support the provision of consistent, high quality care. This was in breach of regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 26 August 2015 we found that the provider had taken appropriate action to address the shortfalls. The manager had reminded staff about the importance of thoroughness and attention to detail when recording. Where people needed additional support in relation to their nutritional care needs, then suitable records were being accurately maintained. We observed the mid-morning drinks being served in a communal area and saw that staff offered people appropriate assistance when needed. For example, one member of staff sat beside a person and we saw that they gently coaxed the person to drink small amounts. We noted that when staff passed through the communal area they engaged people in conversation and there was a pleasant, open atmosphere. It was evident from our observations that staff understood about people's nutritional care needs and supported people to drink independently where possible.

During the comprehensive inspection on 28 October 2014 we identified shortfalls in relation to staff training and supervision. There was no recorded evidence of training in the Mental Capacity Act

(MCA) 2005 or Deprivation of Liberty Safeguards (DoLS). Staff did not have an understanding of what would constitute a deprivation of liberty and because staff had not received training in the MCA there was a risk staff could restrict people's freedom, choice and control.

This was in breach of regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection on 26 August 2015 we found effective management systems were in place and were working well. Both the manager and the nominated individual were an active presence in the home and provided staff with ongoing daily leadership and support. All of the staff had either completed or were in the process of completing training on MCA and DoLS. Although managers would usually deal with any matters relating to DoLS this ensured that staff also had an awareness of issues relating to people's rights and freedoms.

Staff received training through shadowing senior staff, classroom learning and e-learning. Subjects included MCA and DoLS, moving and handling, safeguarding, health and safety and medicines management. The manager explained that they also completed the staff e-learning so that they could provide additional support and guidance when needed. Evidence of training courses was maintained on staff files and on the electronic training summary. This system enabled the manager to check on staff progress with training and was used to highlight further staff development and training needs.

Good communication was used throughout the assessment process. Care was taken to ensure that people's wishes and preferences were understood and to gain consent. The nominated individual who carried out the assessment used non-verbal communication such as eye contact, a gentle manner and touch to create a good rapport. Among other things the person was asked about their preferred routines and any assistance that they might need from staff in relation to their daily activities. Care was taken to clarify if the person had any pains or wanted to discuss any issues with the GP. Dietary preferences were discussed including any likes and dislikes, portion size and whether they would like to take any meals such as breakfast in their room. The assessment process was flexible and took account of the person's needs and circumstances to ensure that they could participate fully.