

The Franklyn Group Limited

The Gatehouse

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

At the last inspection, the service was rated as good, with one domain as outstanding. At this inspection we found the service had maintained their rating.

This inspection took place on 14 March 2017 and was unannounced, which meant the registered provider did not know we would be visiting the service.

The Gatehouse is registered to provide personal care and support for up to 31 older people. It is a large converted and extended, detached property, previously a private residence and is located in a residential area of Harrogate. The home is set in attractive grounds. A range of local amenities are a short walk away, including the Valley Gardens. The Gatehouse is approximately one mile from the town centre. All of the bedrooms are equipped with en-suite facilities. There is a passenger lift.

The home provides accommodation over three floors. There are bedrooms and bathrooms on the first and second floors, with a hairdressing area on the second floor. People have access to a communal dining room, lounge and various seating areas on the ground floor. There was also access to an enclosed garden area which people and their relatives enjoyed. At the time of our inspection there were 30 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

There was an open welcoming atmosphere on entering the premises. All areas within the home had been designed for the needs of the people and planned works to some of the bathroom areas will enhance the facilities available. We observed that this was a safe home with a well-designed system enabling staff and visitors to move freely within the home.

The registered manager and registered provider were inspiring and committed to providing care, which met the highest of standards. They strived for excellence through consultation; they were passionate and dedicated to providing an excellent service for people. They led with a dynamic approach and continually reflected on how to improve the service further. They demonstrated a strong and supportive leadership style, seeking feedback in order to further improve what was offered. The registered provider's vision and values were understood and shared across the staff team, and they were fully supportive of development plans. The culture of the service was open, transparent and progressive. All the staff were committed to continuous improvement of the service and individual care.

People's care plans were tailored for them as individuals with the involvement of their families at all stages. People were cared for by staff that knew them well and understood how to support them to maximise their

potential. People's progress was monitored and any changes in their circumstances or health were promptly acted upon. Staff looked for opportunities to offer to people that would help them retain their independence.

People, staff, relatives and a healthcare professional gave us positive comments about the service and what it provided. Staffing levels were adequate to meet people's needs. New staff were recruited in a safe way; all checks were in place before they started work and they received an induction. A programme of training was in place to make sure staff were competent in their work.

Activities were meaningful to people and designed around people's own interests. Staff ensured people received a nutritious, balanced diet. People who required it were supported to eat their meals. People told us they were given enough to eat and drink.

Staff made sure risk assessments were carried out and took steps to minimise risks without taking away people's right to make decisions. There was a system of audits, checks and analysis to identify shortfalls and to rectify them so as to continually improve and develop.

Staff demonstrated an in-depth awareness of the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DOLS).

Medicines were administered safely.

There was a procedure in place to deal with complaints. However, there had been no complaints in the last two years.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains Good.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service was extremely responsive and remains Outstanding.

People's care was based around their individual needs. People who used the service and relatives were always involved in decisions about their care and support needs. Staff understood individual's communication needs and supported them appropriately.

There was a wide range of activities available to people. These were individualised and meaningful for people as well as creative and innovative.

Links with the local community ensured people were not socially isolated.

People's concerns and complaints were listened to and acted on in a timely manner. Feedback was valued and used to make improvements.

Outstanding ☆

Is the service well-led?

The service remains Good.

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 registered 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.

The inspection took place on 14 March 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to the inspection the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning for the inspection visit. We also reviewed all the information we held about the service and contacted the local authority who funds some of the care provided. We looked at the notifications we had received for this service and any other information CQC had received.

We spoke with nine people who used the service, the relatives of four people who used the service and one healthcare professional. We also spoke with the nominated individual, the registered manager, the deputy manager, the head of care, a care assistant and the chef.

To help us assess how people's care needs were being met we reviewed five people's care records and other information, for example their risk assessments and medicines records.

We reviewed three staff files, maintenance files and a selection of records which monitored the safety and quality of the service. We also looked around the premises and observed the main meal of the day being served in the communal dining room.

Is the service safe?

Our findings

Everyone we spoke with confirmed they felt safe living at The Gatehouse. One person told us, "I feel very safe living here. I am treated well and staff do everything for me." Another person commented, "It is the best place. Good in every way."

Staff were able to describe to us how they would protect people from abuse and what signs may be presented when they were being subjected to abuse. One member of staff told us, "We are here to protect the residents and to make sure they are safe." Another member of staff said, "I would report it straight away to the manager or the owner. It is our duty to protect people from harm." Staff also told us they had received training in how to identify and report abuse, this was updated regularly. Training records we saw confirmed staff had received training in how to protect people from harm.

People's care plans were tailored for them as individuals with the involvement of their families at all stages. The care plans we saw contained risk assessments which were updated on a regular basis or when the person's needs changed. For example, following an illness or a stay in hospital. The risk assessments covered areas of daily life which the person may need support with. For example, personal hygiene, mobility and behaviours which may challenge the service and place the person and others at risk. These risk assessments were detailed and instructed the staff in how to keep the person safe.

The registered manager reviewed the staffing arrangements on a daily basis to make sure there were the right numbers of staff on duty to meet people's needs effectively. The staffing levels on the day of the inspection were adequate to meet people's needs and staff told us there were enough staff on duty so they could spend time with the people who used the service. Everyone we spoke with told us there were always staff to call on if they needed support and that staffing levels were appropriate for their needs.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. Recruitment processes ensured people were not exposed to staff who had been barred from working with vulnerable adults.

Systems were in place to ensure medicines were ordered, stored and administered safely. Suitable arrangements were in place for the storage of specific medicines that required cooler temperatures and checks were carried out on a daily basis to ensure medicines were being stored at the correct temperature.

We observed a medicines round and saw people who used the service received their medicines as prescribed. Medicines Administration Records (MARs) were used to record when people had taken their prescribed medicines. The MARs we saw had been completed accurately. People's abilities to self-administer had been assessed and action had been taken to support people who were able to do so.

Staff had access to personal protective equipment such as disposable gloves and aprons. The service was clean and tidy and free from offensive odours.

Is the service effective?

Our findings

People who used the service told us they enjoyed the food and that they had a choice at each mealtime. One person told us, "We have an excellent chef. The food is good. I eat in my room because that is my choice." Another person said, "The food is restaurant quality. Lots of choice, it's delicious." Relatives also commented about the quality of the food, they told us it always looked appetising and they were welcome to share a meal with their relative when visiting.

Records showed staff received training which was relevant to their role and gave them the skills and knowledge to meet the needs of the people who used the service. Staff confirmed they received training on a regular basis, this included health and safety, moving and handling, safeguarding and fire training. Staff told us they thought the training was good and equipped them to do their job effectively. Comments included, "The training is good, I've learnt a lot." Another member of staff told us, "My training is up to date. The manager reminds me when I am due to do refreshers."

Newly recruited staff completed induction training which was based on good practise guidelines. During the induction their competency was assessed and any on-going support or training was provided. Staff received supervision as required. Staff told us this was enough as they had access to the management team on a daily basis and had a comprehensive handover on each shift change and when they had been away from work.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. At the time of our visit no applications had been made to the supervisory body because no one had been assessed as needing to be deprived of their liberty.

Throughout the inspection we saw staff gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan.

People's dietary intake was monitored by the staff and healthy eating was promoted. There was a choice at all meal times and drinks and snacks were offered throughout the day. Records showed that health care professionals were involved with people's dietary needs and visits were made when required. For example, if someone was at risk of losing weight or having swallowing difficulties.

We saw people's care plans contained information about their health needs and how staff were to support the person to maintain a healthy life style. Previous and current health issues were documented in people's care plans and health care professionals were contacted when support was needed. People were supported to access their doctor when required and regular reviews were carried out to ensure people were healthy.

A visiting district nurse told us, "The staff here are very good at recognising when they need advice. They call us in for valid reasons. The staff are very helpful and friendly."

Is the service caring?

Our findings

People told us they liked the staff and they trusted them to look after them properly. One person told us, "All the staff are brilliant here. We get excellent care." A relative told us, "They are fab staff, all of them. [Relative] has a landline, I can ring her and she would tell me if she wasn't happy with something. That has never happened."

We saw people who used the service and the staff had good, respectful relationships. Staff were well aware of people's needs and the support they required to lead a fulfilling life. There was lots of laughter and good humoured banter around the service and people clearly enjoyed the staff and each other's company.

Care plans we looked at clearly showed the people who used the service, and their representatives, had been involved with planning their care and support. Meetings had been held where the person's care needs had been discussed and their input was recorded. Staff were also heard to discretely ask people what they would like to do and how they would like to be supported.

Staff could describe to us how they would uphold someone's dignity when attending to their personal care needs. They explained how curtains and doors would be closed and the person would be covered at all times when undressed. One person confirmed this when they were bathed by staff. They said "I don't care about it but the staff are very careful to make sure I am covered when being dressed or undressed. They always knock on my door before entering."

Staff also told us they asked people what they would like to do and provided them with options. For example, when to get up, what activities they would like to be involved in or where they would like to spend their day.

From speaking with staff we could see that people received care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010. This included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

People's wishes for end of life care had been recorded in their care plans if they had provided this information. This was dealt with in a sensitive way and staff were tactful about when to discuss it and with whom. Staff told us they had recently supported people with end of life care and although this was emotionally demanding they found it extremely rewarding.

Is the service responsive?

Our findings

Everyone who lived at The Gatehouse received care and support that was extremely personalised to their individual needs, wishes and aspirations. Each person had a detailed care and support plan in place. One relative told us, "I wouldn't hesitate in recommending this place to anyone. It is extremely good and the care staff are fabulous." Another relative told us, "I was unsure about the care sector but have not regretted moving [relative] in. I have recommended it to friends. It has a good reputation in the area."

One of the main focuses for staff was to provide people with the support to lead as full a life as possible and this was evident throughout the day. Comments received from one person included, "The staff are quick to provide everything we need. I don't know what I would have done without the support of the staff." A member of staff told us, "The care here is fantastic. Everyone is treated as an individual so we do things differently for everyone according to what they want. That means how we wake them on a morning, bathe them, support them to dress, everything." This meant staff had taken responsibility for delivering person centred care. Another member of staff told us, "We work as a team extremely well. We know everyone really well and how to care for them in a professional and proactive way."

Relatives described how responsive staff were. They told us staff always contacted them immediately if there were any problems or any changes in their relative's conditions. People's preferred routines and interests had been recorded as was their preferred communication methods. For example, one person could become anxious with particular triggers. Staff were able to describe to us the way this was demonstrated by the person and how they consistently dealt with it. Their responses were successful and meant the person's anxiety was kept under control and well managed. Staff also consulted extremely effectively with outside agencies to make sure they were using recognised methods to maintain the person's well-being. For example, district nurses were consulted about pressure ulcer prevention where people were at risk of developing these due to immobility or chronic conditions. We observed staff used people's body language and behaviours to respond to people's needs. For example, staff noticed subtle changes in a person's mood or facial expression and were able to respond to these changes, making sure the person was not in pain or uncomfortable. This was a skill staff used when people were unable to express themselves verbally.

Information in care plans and records showed that family had been involved with planning their relative's care needs as appropriate. One relative told us, "The service in my opinion is excellent throughout. There are health people on hand and they use them when necessary. I cannot fault the staff in any areas. They have dealt with my [relatives] conditions well and quickly."

People received care which was in line with their needs and preferences. Care plans we reviewed had a good level of detail within them, including what activities people enjoyed, sleep patterns, foods they liked to eat, medical condition action plans, and daily records which included monitoring of people's emotional state and dietary intake on each shift. Care plans were reviewed monthly with the person and their family members as required. This meant that care was adjusted to meet people's changing needs, in a timely and responsive manner. One visiting district nurse told us, "They are very good actually. They are really good at

recognising when issues are about to arise and get us in for advice straightaway so that we can get specialist equipment in place quickly." She went on to say, "The staff are extremely helpful and we support them with dressings and pressure relief checks. I can't fault the staff or the care here."

We observed from looking at five people's care records that speech and language therapists, dieticians, general practitioners, dentist, opticians and chiropodists and mental health workers visited people living at the care home, when this was required. People attended hospital appointments escorted by family or staff. The care plans we reviewed were person centred and they included a person's life history. This helped guide staff and meant that people received care that met their preferences. For example, one care plan detailed how a person liked to maintain a smart appearance and what they liked to wear. Staff were able to describe in detail people's preferences, likes and dislikes. This meant people received the care and support they wanted in the way they chose.

Staff made strenuous efforts to make sure they had the necessary information and equipment to enhance confidence and independence of people who used the service. For example, they used hoisting aids and other mobility aids so that people could use different parts of the premises and maintain contact with their peer group and join in activities. One person also told us they had their own telephone so they could keep in contact with family and friends. The registered manager told us the home was fitted with broadband access which enabled people to communicate with family using the internet. The use of technology enhanced existing activities and enabled people to keep in touch with family and friends.

We saw that people were cared for in comfortable surroundings with a high standard of furnishings and fittings. The plans to refurbish bathrooms will further enhance the facilities available. The dining arrangements encouraged people to sit together and to enjoy a social occasion with each other. Attention to detail included tables set with linen tablecloths, wine glasses and fresh flowers, which were brought in each week from a local market. Menus displayed on each table were titled 'Dining at No 9' and included the source of the meat provided, which gave people a topic for conversation. The registered manager told us that all the food was locally sourced and home cooked from fresh ingredients. People choose where to dine and some people chose to eat in their own rooms and this was respected. One relative told us, "They even provide a warm mandarin orange for my relative. Where else would they give people something so specific? I am more than happy with the way they cater for individual tastes."

We were given examples of when the care home had made it possible for people to move into the service at short notice, therefore responding to an immediate need to prevent the person being left in a vulnerable position. Staff carrying out a preadmission assessment made a judgement that the person would be at significant risk if they remained at home so they made the necessary arrangements to move the person into The Gatehouse. The move to the care home, the same day, was well planned and the transition was done smoothly. Staff made sure they liaised with other agencies, health care professionals and family members to make there was minimal disruption to the person and the person settled straightaway.

A daily and monthly newsletter was created that provided information along with forthcoming activities so that people were kept informed about events in the care home.

Activities were either individualised or in groups. People were seen to enjoy activities and they told us they found these meaningful and well thought out. The focus of activities was based on people's individual interests or hobbies. Some people had been introduced to new hobbies, such as hen keeping and crafts, which they had gained huge benefits from. One relative told us, "There is always plenty going on. My [relative] joins in but can choose to watch if she isn't up to it. They enjoy the music very much and sitting watching the hens." Another relative told us, "They know when to engage my [relative] to keep her busy and

distracted. Other times she likes to sit quietly. They know her so well, when she needs to be quiet they make sure she is comfortable and in her own room."

People also told us they enjoyed being involved with the poultry, which had been incubated and reared at the care home. Other people told us they were very happy with the craft workshops which were organised in small groups which they liked.

The service had developed an activities team rather than assigning activities management to one or two staff. This way, the registered manager told us, meant that social activities was 'everybody's' business. The staff team planned with everyone, including the kitchen staff to organise themed days for example, a Caribbean day was held in September which included staff dressing up, family involvement and traditional dishes from the region. Staff made sure people knew what events were planned for the day and supported people to remember where the activities were happening. This included people who were living with dementia, to make sure they were not left out. People were seen to be alert and interested in their environment and people within it. This demonstrated people had good social stimulation. Other work was being done to create "My personal folder" which detailed how people had lived and how they wanted to live whilst at the care home. The folders acted as a reminiscence source and helped staff understand people's individual stories and wishes. There were strong links to the community, including visits from local church groups and the local primary school.

There was a robust and comprehensive policy about dealing with complaints that staff and the registered manager followed. This ensured that complaints were responded to. If they could not be resolved to peoples' satisfaction, there was a mechanism for people in the organisation who were not based at the home to get involved to try and resolve the issues. The registered manager confirmed to us that they had not received a complaint within the last two years. However, it was also stressed to us that the management team wanted an open and transparent service where people felt comfortable and relaxed to speak out at any time.

People told us they would speak to the nominated individual or the registered manager if they were worried or unhappy about anything. However, everyone we spoke with told us they were completely satisfied with the service and had not had to raise a complaint. We were shown the compliments file which contained a significant number of letters and cards from people who wanted to show their appreciation for the care provided at The Gatehouse both for themselves or their relatives.

Is the service well-led?

Our findings

People we spoke with told us The Gatehouse had excellent leadership. One relative said, "The staff and management team are exceptional. Nothing is too much trouble and they make sure everything is just right." Another relative commented, "I visit at any time, it never alters it is always top class." A third relative added, "Every member of staff from the top down makes this place what it is. The best in the area."

The home had the benefit of strong focused leadership. The registered manager was supported by a deputy manager and a head of care. The registered manager said they had an excellent relationship with the management team, and staff at the home. Staff and management told us they were all comfortable about challenging each other's practice as needed and would try different ways to enhance and improve the service if that was required. A member of staff said "The manager and deputy are hands on and know everyone by name, including the residents and relatives."

During the inspection the registered manager continuously demonstrated their in-depth knowledge of each person living at The Gatehouse, the staff team, relatives and people who used the service. Any question we asked was met with detailed information. For example, during our tour of the premises the registered manager stopped on many occasions to speak with people and provide reassurances where necessary. People were encouraged by the management team to be involved in the inspection process as much as they wanted. Including informing the inspector when visitors had arrived and making it possible for them to speak in private about their views about the care home .

There was an open, positive culture within the care home. This was led from the top down. Staff told us the registered manager was visible and involved. One staff member told us, "The management team and owners are all dedicated and are always willing to pitch in when needed." We were told, "The managers care about the people living here but also about us, the staff." We were given examples of how the managers had been supportive and flexible when staff needed time off or had events in their own lives which could impact on their availability for work in the short term. It was extremely evident that the staff team supported one another and this had a positive effect on the care home.

The registered manager and nominated individual told us that what they had achieved to date was down to the whole staff team. Not only working together with a shared commitment to the care home but demonstrating a respect for others input into the service. There was a culture of continual reflection by the staff and management team. They were dedicated, enthusiastic and committed in their approach to the improvement of the service. Managers had a visible presence in the service, were accessible at all times and operated an 'open door' policy. We observed this during the day. For example, staff reported regularly to the management team; asked questions and passed on important information about people and their well-being. We sat in on a handover between the day and the afternoon staff. Each person who used the service was named and a report given of how their day had been so far; if they required medicines; where they were in the building and if they needed attention.

There was a positive culture at the care home which encouraged staff and people to express their opinions,

which were acted upon. Staff on duty were calm and professional and they fully understood their roles and the ethos of the organisation. They were committed to reflective practice where they reviewed and monitored the service they provided. They also demonstrated an understanding and commitment to personalised care where people living at the service were at the heart of every decision. They demonstrated this through their discussions about the work they were undertaking for each person, and the pleasure they felt when people living at the service had a positive experience. The registered manager worked alongside staff and people who used the service, were clearly used to speaking with them and visa versa.

Other senior support staff were also visible and well known to people using the service and the staff. We witnessed interactions between people and senior staff which demonstrated they had positive relationships where people felt valued and respected. For example, staff asked pertinent questions about people's family and events which had occurred in the recent past. They also greeted visitors by name and were able to give an up to date account of how the person was and if there had been any recent visits by the doctor, for example, and the outcome. This meant they had a good grasp of what was happening in the service and were able to reiterate this without having to refer to notes or other staff.

The registered manager carried out a programme of weekly and monthly audits and safety checks. A quarterly audit was carried out of all areas of the service and service provision. There was a systematic cycle of planning, review and action. The registered manager provided evidence of completed weekly and monthly audits which included care plan audits, infection control, fire systems and maintenance logs. The results of this monitoring were continuously delivered through changes and improvements in the way they worked with people to improve their wellbeing, health and experience of the service. This was evidenced through records of the care provided and the positive impact this had for each person.

The registered manager spoke positively about how they were fully supported by the registered provider, who responded immediately to any situation when requested. They met at least monthly to discuss quality assurance and other relevant updates. The registered provider fully supported continued improvement plans. For example, new carpets, installation of shower wet rooms and plans to refurbish shared bathing areas.

People and staff were seen as an integral part of developing and shaping the service, there was a strong emphasis on continually striving to improve. The service empowered people and placed them at the centre of all their planning and focus. This demonstrated a commitment to working in partnership with people, to ensure they felt valued, in control and considered.

As part of the interview process, potential employees were invited to spend a morning or afternoon at the care home. This gave people who used the service to get to know the interviewee and give feedback to the staff about their impressions. It also gave the staff team an opportunity to see how the interviewee related to people at The Gatehouse. This was considered as part of the interview and selection process and has paid dividends when selecting new staff.

The service worked in partnership with other organisations to make sure they followed current best practice and provided a high quality service. They consulted district nurses, for example, to make sure they were following current guidelines with regard to the prevention of pressure ulcers. The management team shared good practice across all the organisation's services and referred to recent publications and journals to check out their own practices and adopt new ways of working where relevant.

The care home has an open and transparent culture, with clear values and vision for the future. Staff shared this commitment and vision and were supported through training and clear leadership from the registered

manager to provide this for the people who used the service.

Staff meetings gave opportunities for them to contribute to the running of the home . We saw the meeting minutes from the last one in September 2016 and discussions included people who used the service, health and safety, recruitment and staffing. The registered manager told us that staff meetings were held when they had a lot of information to share but felt that the handover sessions and regular discussions in the service served to keep staff up dated.

Staff received supervision as required and were aware of the whistle blowing procedures should they wish to raise any concerns about others or the organisation.

The staff team and managers met with relatives regularly, usually on a one to one basis to discuss the service and hear any suggestions about improving the service. The relatives we spoke with told us they were more than happy with the approach from the staff team and that they had access to staff at all times if they needed to discuss anything.