

E & J I Breckon

The GateHouse Residential Care Home

Inspection report

64 Becton Lane
Barton-on-Sea
New Milton
Hampshire
BH25 7AG

Tel: 01425613465

Website: www.thegatehouse.biz

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Gatehouse provides accommodation and personal care for up to 28 older people, some of whom are living with dementia. The home is set in its own grounds near to the beach, a cafe and close to the town. The accommodation comprises a large lounge, dining room and conservatory which overlooks the garden. A new extension had been completed which provided further bedrooms and a second lounge. At the time of our inspection there were 22 people living at the home.

The inspection was unannounced and was carried out on 7 and 10 August 2018 by one inspector.

The Gatehouse is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The management of people's medicines required improvement. The storage of some medicines was confusing and some people's medicines were unaccounted for. We could not be assured that people received their medicines as prescribed.

People's rights were protected because staff understood the principles of the Mental Capacity Act (MCA) 2005 and consent, although annual reviews of MCA assessments were a little confusing. Deprivation of liberty safeguards had been submitted to the local authority for authorisation when required.

Recruitment procedures were safe and ensured only suitable staff were employed to work at the home. There were sufficient staff deployed to meet people's needs and keep them safe.

People were protected from abuse. Staff understood how to identify and report abuse if they suspected abuse was taking place.

Staff received training, supervision and appraisal to support them in their roles and to provide them with the required skills, knowledge and competencies.

Risks associated with people's health, safety and welfare had been identified and assessed, and guidance was in place to help staff to reduce those risks.

Staff followed infection prevention and control procedures which minimised risks of cross infection. Effective cleaning routines ensured the home was clean and tidy.

Emergency evacuation procedures were in place and staff understood what to do in the event of an emergency. Health and safety checks, including fire safety were carried out regularly.

People had access to health care services when required and were supported by staff to maintain their health and wellbeing. People were offered a choice of food and drink that met their preferences and dietary needs.

Staff were kind and caring and treated people with dignity and respect. People were encouraged to maintain important relationships with family and friends who could visit at any time.

Staff empowered people to make choices and maintain their independence. People took part in a wide range of activities in line with their interests.

People and their relatives were involved in planning their care. Care plans provided clear guidance for staff in how people wanted to receive their care.

The provider met the Accessible Information Standards. Staff used a range of communication and provided information to people in a way they could understand, such as signs and gestures which helped them to make informed choices.

Systems were in place to monitor and assess the quality and safety of the service. People and relatives were offered opportunities to feedback their views about their care and this was used to improve the service.

Complaints procedures were available and displayed throughout the home in picture format. People knew who to speak to if they wanted to complain, although the home had not received any complaints.

There was a positive, supportive and open culture within the home. Staff felt supported by the registered manager who was approachable and involved them in the development of the service.

The registered manager understood their responsibilities under the Health and Social Care Act 2008, including submitting notifications of events as required to the Commission.

We last inspected the service in May 2016 when we found no concerns and rated the service as good. At this inspection we found one breach of regulations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The management of medicines required improvement. Although the registered manager had started to review medicines management, we found medicines could not always be accounted for and the provider could not be assured that people had always received their medicines as prescribed.

Recruitment processes ensured only suitable staff were employed. There were sufficient staff deployed to meet people's needs and keep them safe. Safeguarding procedures were in place and understood by staff.

Individual and environmental risks had been identified and action put in place to mitigate risks. Infection prevention and control procedures ensured people were protected from infection risks. Health and safety, including fire safety, was well managed within the home.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive

Is the service well-led?

Requires Improvement ●

The service was not always well led.

We had identified a breach of Regulation 12, safe care and treatment in relation to medicines, in the safe domain.

There was an open and supportive culture within the home. Staff felt very well supported, valued and listened to by the management team.

Quality assurance systems were in place to seek feedback from people and relatives to help drive improvement. People, relatives and health care professionals spoke highly of the home.

The home had strong links with community organisations to help support and develop good practice.

The GateHouse Residential Care Home

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 checked 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.

The Gatehouse Residential Home is a care home for older people some of whom are living with a dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection was carried out on 7 & 10 August 2018 by a lead inspector. The inspection was unannounced.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and notifications. Notifications are events that happen in the home which the provider is required to tell us about law. The provider completed 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 all of this information to help us decide what areas to focus on during our inspection.

We spoke with two people who lived at the home and six relatives, three care staff members, the activities co-ordinator, the deputy manager and the registered manager. We also spoke with a visiting health care professional and the provider who was present in the home. We observed people being supported on both days of the inspection to help us understand their experiences of daily life in the home. Following the inspection, we received feedback from two further health care professionals.

We looked at four people's care records and pathway tracked two people's care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We looked at records related to the running of the home, including medicines management, incidents and accidents, complaints and compliments, staff recruitment and training records and systems for assessing and improving the quality of the service provided.

Is the service safe?

Our findings

People and their relatives consistently told us they felt safe. One person told us, "Yes, I feel safe. The staff help me out." Another person said, "I have no concerns about anything." Comments from relatives included, "The door is always open. They have nothing to hide" and "We have no concerns." Health care professionals all commented that they felt people who lived at the Gatehouse were safely cared for.

We found that most areas of safety within the home were well managed. However, we did identify some concerns with the management of medicines.

The storage and recording of medicines was not always safe. During a spot check of medicines we noted that the storage of medicines was very confusing. Medicines which were kept in their original packets had people's room numbers written on the ends of the packets. All packets were then stored in a large plastic box in the medicine cupboard with the ends of the packets showing. Where people had the same medicine, for example a brand of pain relief and laxative, there was a risk that staff might pick up the wrong person's medicines. Medicine administration records (MAR) did not show an accurate and up to date record of how many tablets each person should have left. Previous stock was not carried forward when new stock was received to provide a running total. We completed a re-conciliation of three people's medicines in the medicine cupboard and noted that none of them matched the amount stated on the MAR. The registered manager went back through previous MAR and medicine receipts and totalled up what they thought there should be, however, these still did not tally with the medicines in the cupboard. The registered manager told us they thought that people may have been given their medicines from other people's packets. The registered manager told us they didn't have a system in place for checking and reconciling medicines. They completed medicines audits, but these only checked for any gaps in signatures on the MAR charts. When asked, they told us they would not be able to identify from their current systems if any medicines were unaccounted for and this was confirmed by what we found.

People's MARs were not always fully completed to reflect what people had received. One person required PRN medicine (as and when required) for pain relief. The instruction was one or two tablets to be given when required. However, staff had not always recorded on the MAR if the person had been given one or two tablets. This was important because there was a maximum number of tablets the person could safely receive within 24 hours. Staff had also not always recorded the reason the person had required the medicine.

Where people had been prescribed topical creams for skin conditions, daily records did not always show these had been applied as prescribed. The registered manager explained that as charts were kept in people's care plans, staff sometimes forgot to record when they had applied creams and this was an on-going issue they were trying to address. They also explained that some people sometimes refused for their creams to be applied. We noted records did not reflect where people had refused. The registered manager told us they would review their recording systems for creams.

The above evidence demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008

The registered manager told us they were in the process of reviewing medicine management. Medicines had previously been over-ordered and they had sent back excess stocks to the pharmacy. They told us, following the additional concerns we identified, that they would be changing to a new pharmacy and would request a full medicines audit to help identify areas for improvement.

We observed the administration of one medicines round and found on this occasion that it was carried out competently and sensitively. Staff checked the MAR against the label on the medicine packet. People were asked if they wanted to take their medicine and staff waited to make sure they had taken it completely before recording this on the MAR.

There were sufficient staff deployed within the home who worked as a team to keep people safe and meet their assessed needs. The home employed 42 members of staff including an operations manager, care staff (including four shift leaders), two laundry staff, a full time cleaner, a full time cook and a supper cook. The registered manager and deputy manager worked shifts when required to cover sickness and holidays. We observed when we arrived on the first day of our inspection that the registered manager was covering for the cook in the kitchen. As our inspection was unannounced, they called the provider who attended the home to take over the cooking while the registered manager facilitated the inspection.

Staff told us they thought there were enough staff on duty most of the time. One staff member said, "It's fine most of the time. We work together. It can be a bit of a rush and Saturdays can be a struggle sometimes but normally [the registered manager or deputy manager] will cover. They pitch in, they won't leave you. We don't use agency." People and relatives told us there were enough staff to help them. One relative said the staff worked together as a team and commented, "There are a lot of staff. There's no rushing. They have enough time to give to every resident and enough staff to cover all the other duties."

Recruitment processes were in place which ensured only staff suitable to work in social care were employed. This included an application form, interview and satisfactory employment references from previous employers. All staff had a Disclosure and Barring Service (DBS) check before their appointment was approved. DBS checks allow employers to make safer recruitment decisions.

People were protected from abuse and improper treatment. The provider had safeguarding systems in place. Staff received training, knew how to identify suspected abuse and understood their responsibilities to report any concerns. The provider had referred any issues to the local authority safeguarding team and had submitted notifications to the commission as required.

Risks associated with people's care needs, for example where people were at risk of falls, malnutrition or skin breakdown, had been identified and actions taken to mitigate these risks. A relative told us their family member did not remember how to use their call bell, but could call out and staff made regular checks to ensure their safety and welfare. Risk assessments were kept under regular review and any changes communicated to staff to ensure appropriate actions were maintained. Staff knew people well and understood the actions required to reduce any risks to people's wellbeing.

Environmental risks had been identified and actions were in place to reduce any risks. For example, for people's rooms, window restrictors and activities. Regular health and safety checks were completed throughout the home and appropriate fire safety systems were in place and checked regularly. Staff received fire training and fire drills were carried out which ensured staff would know what to do in the event of an emergency evacuation.

Staff followed infection prevention and control procedures, such as wearing gloves and aprons when required, which reduced the risks of cross infection. Cleaning schedules ensured each person's room and communal areas were clean and tidy. Bathrooms were hygienically cleaned and free of odours. People and relatives told us they thought the home was clean and well kept. The provider had employed a specialist to manage the water systems. A legionella risk assessment had been completed in January 2018 and a follow up visit had taken place in July 2018 to review progress towards actions.

Is the service effective?

Our findings

People told us they had support to manage their healthcare needs and that staff always asked for consent before providing care. One person said, "The nurse visits [for health condition]. They keep an eye on it." A relative told us their family member had developed an eye problem and said, "[The registered manager] sorted it and they were prescribed eye drops." Another relative said, "They [staff] called the doctor in to see [my family member when needed]."

People's social, emotional and healthcare needs were assessed before they moved into the home which ensured their needs could be met. One person's relative told us they had been involved in their family member's assessment and confirmed it had been thorough and the staff had been very informative and helpful during the process. People had good access to routine and preventative healthcare, for example, doctors, dentists, opticians and chiropodists. Referrals to specialist support teams, such as speech and language therapists and the community mental health team, were made promptly. Staff recorded details of telephone calls and appointments with healthcare professionals which confirmed that any recommendations were followed up. A healthcare professional told us, "I have always found them to work in partnership with myself and other colleagues.they follow recommendations very accurately. I have also witnessed they have a very good relationship with the district nursing team too." Another health care professional told us, "They [staff] will contact me if there are any issues whatsoever. They know people well and when people need [health care] support."

People were supported to eat healthily and in line with their dietary needs and food preferences. A relative told us, "[My family member] can have what he wants. He has made requests and [the registered manager] got it." Another relative said, "She loves the food. It's all home cooked." Staff were knowledgeable about people's likes and dislikes and any specific dietary requirements. For example, one person required a soft diet and their meals were prepared appropriately. Their care plan stated that staff should prepare food for the person during the night if required and that they liked a glass of wine with their meals. Another person was at risk of malnutrition and had been prescribed fortified drinks which they were offered at appropriate intervals along with regular meals and drinks. The dining room was nicely laid out with table cloths, napkins neatly folded in napkin rings and flowers on the tables. The lunch service was calm and person centred. Each person's meal was brought to the table individually and staff described the meal for each person. Staff encouraged and supported people to eat, offering assistance when required. For example, cutting up food or suggesting to one person they use a spoon instead of a fork to make eating easier. One person told us, "The food is good. It's well cooked. You can go to the dining room or have it brought to your room."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A healthcare professional told us, "One person didn't have the mental capacity to consent to prescribed treatment. [The registered manager] discussed it with me and had a best interest meeting with me." Another health care professional told us, "I have not witnessed anything to make me think they do not [take account

of people's mental capacity and consent]. I have always felt the way that staff are with their residents that they do respect them." The registered manager had developed a system to review people's mental capacity, however it was a little confusing. They have requested further advice and guidance on this matter. Where people had capacity to give their consent, we observed staff asked for this before providing their support.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the deprivation of liberty safeguards (DoLS). The registered manager had submitted appropriate applications to the local authority for authorisation where required.

Staff received regular training in key topics such as, moving and handling, health and safety and infection control. Face to face training was provided for certain topics such as fire safety. The provider had recently changed over to on-line training for staff and this showed that overall completion was over 70%. Some staff were not so confident in completing computer based training so the provider continued to purchase workbooks for those who preferred them. New staff received an in-house induction and were also required to complete the Care Certificate. This is a national set of standards which staff are required to meet when working in social care. New staff induction included shadowing experienced staff, attending training and completing a probation period. Their performance was reviewed regularly during probation and any additional training needs were addressed. New staff we spoke with told us they had been made very welcome and that existing staff had been helpful and supportive in helping them to settle in.

Staff received regular supervision, observed practice and appraisal to support them in their roles. Supervision and appraisals are formal opportunities for staff to raise any issues or concerns, identify training needs and review their performance. Observed practice sessions were opportunities for staff to be assessed for on-going competency in areas such as communication and personal care. Staff told us they felt very well supported by the registered manager and deputy manager who provided support, advice and guidance when needed.

The home had been converted from a large family house. It provided a large communal lounge, dining room and conservatory with direct access to a large garden which was fully accessible. A recent extension had created additional bedrooms and a quiet lounge area which people were able to use to entertain visitors in privacy. The registered manager had consulted a dementia specialist supplier for the new furniture and furnishings. They told us they were in the process of planning a refurbishment of the large lounge to include new carpets and furniture which was more dementia friendly.

Is the service caring?

Our findings

People and their relatives told us they were very happy at The Gatehouse. One person said, "I'm happy here. My daughter is happy. They look after me very well." Another person said, "I like it here. The staff are good." A relative told us, "The staff are so kind." Another relative said, "It's genuine and caring. It's about memories; for my children to see their nanny looking nice, for them to see her happy." A third relative said, "They [staff] are lovely, kind, caring, good natured girls. They [the provider] choose staff who are made for this work. They treat residents as part of their family." Feedback from health care professionals was very positive. Comments included, "They have always been kind, caring and respectful when I have been there" and "I genuinely feel the care home has a very homely feel."

The atmosphere in the home was calm, relaxed and homely. People had positive relationships with staff. We observed there was laughter, smiles and banter and people seemed relaxed and happy in the company of staff. A relative told us, "This is the best place in the world. It's amazing. I want to live here. I can't praise them [staff] enough. [Our family member] loves all the staff. She knows them all by name. There's not one she doesn't like." Another relative said, "The atmosphere is lovely." A third relative said, "When I first came here I walked in and it just felt right. When I come in [to visit] they make me a cup of tea."

There was a strong, person-centred culture within the home. Staff respected people's choices and wishes, encouraged them to maintain their independence and make day to day decisions about how they lived their lives. For example, three people were sitting outside in the front garden enjoying the sunshine, another person went out with relatives and a third person sat watching TV in the lounge. A staff member gave them the remote control which enabled them to choose what they wanted to watch. Some people liked to sit in the conservatory whilst others preferred to stay in their rooms and read or watch TV. One person, who was sitting in their room, told us, "I'm happy here looking out on the garden. A hairdresser comes here but I like going to the one in town." A relative told us, "[Our family member] is a night bird. She likes to sit up and whenever she wants a cup of tea at night she can have one. Night staff knows she likes a cup of tea and a biscuit."

Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Staff were always learning about people and trying to find ways to improve the support they offered. One person had moved into the home on the first day of our inspection and staff were sensitive to how they may be feeling. They gave the person space and time to wander around and get their bearings, as well as chatting to them, providing re-assurance and checking regularly that they were okay. Their relative arrived in the afternoon and told us, "I'm really happy with it all. It's great and re-assuring that they [staff] know what she's been doing and what she's had to eat and can tell me."

Staff made time for people and listened attentively and patiently to what they had to say, ensuring they felt valued and important. Staff responded with kindness and compassion when people became anxious, upset or tired. One person had been walking around the home and looked a little breathless. A staff member said, "Have you puffed yourself out now? I've got a seat for you here?" They encouraged the person to sit down in

the conservatory and watch the visiting entertainer.

Staff treated people with dignity and respect, understood that The Gatehouse was people's home and their rooms were their own private spaces and they respected this. For example, one staff member told us, "We work in their home. They don't live in our workplace." People's family and friends were welcome to visit when they wanted and could meet in communal areas or in their family member's rooms. A relative told us, "We can visit when we like and we can have a meal [with our family member] if we wanted to." Another relative said, "When they have events we are made aware. You can bring your kids, it's a family place, we're all very welcome. We've never not felt welcome."

Staff understood the importance of maintaining confidentiality. People's paper records were locked away and not left out on view. Computer systems were password protected and could only be accessed by staff with appropriate authority to do so.

Is the service responsive?

Our findings

People told us they felt involved with planning their care and support and relatives agreed. One relative told us how the pre-admission assessment had been very helpful in sharing important information and reaching the decision for their family member to come to The Gatehouse. They told us, "I explained what [my family member] likes and what she wants." They went on to tell us how they had agreed the moving in process with the deputy manager and said, "It's been pretty good. I'm really happy with it."

People's support was planned with them and with people who knew them well, such as relatives and staff. People's care plans included information about their life histories and the people and things which were important to them. There was detailed guidance for staff about how people would like to receive their support, such as with personal care, communication, mobility and skin integrity. Care plans also included information about how to promote people's independence and choice. We observed staff understood people very well and supported them in line with their wishes. One relative told us, "They always remember to bring her a little pot of sugar for her grapefruit. It's the little things like that." A health care professional confirmed, "They know people well and when people need support."

People told us they were supported by staff to take part in activities if they wanted to. One person told us, "There are a lot of different things going on. We go on trips out. We're very lucky here. We get to go to the sea and the countryside. We went to the pub for lunch. I have one [activity schedule] on the wall. You can join in if you want to." We looked at the activity schedule and saw a range of activities were provided, such as bingo, quizzes, hoopla, sing alongs, arts and crafts and nail manicures. A staff member told us about 'Music Friday' where they sang old songs and ate popcorn and old-style sweets, which people enjoyed. A singer visited on the first day of our inspection and sang old songs which most people remembered. The singer provided tambourines for people to shake and we saw most people joined in, enjoying themselves, tapping their feet and singing. A relative told us about other activities and events and said, "They had a garden party which we were all invited to and they take them out for cream teas or for a drive in the minibus. [My family member] enjoys the ride." People were also able to access a local community allotment with staff support to do gardening. We heard how people had been involved in raising some ducklings from eggs. A staff member said, "They [people] adored it. When they were born they [people] chose the names."

The provider was working towards meeting the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. A range of communication methods were used by staff which ensured people had information in a way they could understand. For example, gestures, hand signs, flashcards and showing objects. Staff ensured that where people required reading glasses or hearing aids, these were kept clean and accessible for them to use.

The home had a complaints procedure which was included in the welcome pack for new residents and was also on display in the reception area. People told us they would speak with the registered manager or staff if they had any complaints. The home had not received any formal complaints. Any minor issues raised were discussed and addressed at the time which meant they had not escalated to a formal complaint. A relative

told us, "If I had a complaint I would go straight to [the registered manager] and it would be sorted. The girls [staff] know me. I can say anything." Another relative told us they had no concerns and said, "If I did have to give them negative feedback they wouldn't hold it against you."

Is the service well-led?

Our findings

We have rated this domain as requires improvement. A service cannot be rated 'good' in the well led domain when it is in breach of a regulation. We identified that there was a breach of Regulation 12, safe care and treatment in relation to medicines, in the safe domain.

People and relatives knew the registered manager and deputy manager very well. It was evident that people and relatives felt relaxed and comfortable with the registered manager who was visible within the home and was actively involved in people's care. A relative told us, "[the registered manager] was born to do this job. I have 100% trust in everything. It's such a weight off my mind." Another relative said, "[The registered manager] is open and approachable." A health care professional told us, "We have a good relationship with [The registered manager]. They will contact us if there are any issues whatsoever. They appear to be organised and we never have any concerns with the Gatehouse." Another health care professional told us, "I have always felt the Gatehouse is well led. I feel that [the registered manager] is a very respected and hands on leader."

The provider lived within the grounds of the home and was visible, well known by people and relatives and helped to support the staff when needed. A relative told us, "[The provider] is in the kitchen now!" The registered manager had started to prepare the main meal as the chef had been unable to come into work. However, upon our arrival they had called the provider who took over in the kitchen to enable the registered manager to fully participate in the inspection. The management team had been restructured to include an operations manager who supported the registered manager in running the home.

We observed throughout our inspection that all staff worked well as a team. A staff member told us, "We are very good team. [The registered manager and deputy manager] step in if needed." Another staff member said, "[The provider] was cooking. They're all hands on. It doesn't matter what you are, your status, they all get involved." Staff consistently told us they felt valued, listened to and respected. A staff member told us, "I love working in a team. We all get treated the same, the respect is just lovely."

There was an open, transparent and supportive culture within the home. Staff consistently told us they felt supported by the management team. One staff member told us, "This is the best care home ever. The management make it so good. They work for us, they support us. They're here for you." Another staff member said, "I love my job." A third staff member said, "It's very good here. I feel supported and can talk to management if I need to. I love my job."

Communication within the team was effective and enabled staff to keep up to date with any changes within the home. A team diary was used to share information and updates and to record people's health appointments or important dates. A handover meeting took place at each change of shift which ensured all staff had up to date information about any changes to people's care needs. Staff attended team meetings which provided opportunities to get together and raise any issues and share ideas. Minutes from a recent meeting in July 2018 showed that staff had been updated about shift patterns, call bells and the importance of fluids in hot weather.

The home had strong links with the community and other agencies, for example, the dementia allotment, the local church, hospice and the Hampshire Care Association. This supported the staff to learn, share and develop good practice, and also provided additional community opportunities for people.

Systems were in place to help monitor the quality and safety of the home and identify areas for improvement. People and relatives were involved in how the home was run and were encouraged to feedback their views and share their ideas for how they could improve the home. Residents' and relatives' meetings took place regularly. Minutes from a recent meeting in June 2017, showed discussions had taken place about a summer barbeque lunch outings and the menus. The registered manager finished by reminding everyone that her door was always open if anyone would like to see her. This was confirmed by people and relatives we spoke with who told us they could speak to the registered manager at any time. The most recent satisfaction survey showed sixteen responses had been received. These were all rated as good or excellent. Comments included, 'I can't fault the Gatehouse' and 'All very helpful and kind' and "homely and cosy."

Management meetings took place regularly which ensured operational updates and actions were discussed and any actions monitored for progress. Recent minutes of a meeting held in July 2018 showed that the management team had discussed staffing, training, fire safety and reporting processes. Audits were carried out to assess the effectiveness of systems and processes, such as for accidents, bedrooms and risk assessments and any remedial actions were taken. The management team had taken steps to review and implement new systems and procedures to improve the home and were in the process of researching electronic computer software systems which would help to improve the quality of care planning. The provider had engaged an external consultant to support the registered manager with the management of their health and safety arrangements.

Incidents and accidents were recorded by staff which were reviewed by the registered manager to try to identify any patterns, share any learning with staff and reduce the likelihood of reoccurrence.

The registered manager had a good knowledge of their responsibilities under the Health and Social Care Act 2008 and submitted relevant notifications of events to the commission when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that people's medicines were stored safely and administered as prescribed.</p>