

E & J I Breckon

The GateHouse Residential Care Home

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected The Gatehouse Residential Home on 31 May and 1 June 2016. The registered manager was on leave, so we returned on 6 June 2016 to speak with them. This was an unannounced inspection.

The Gatehouse Residential Home is a care home for older people, some of whom are living with dementia. The home is registered to provide accommodation for up to 21 people. At the time of this inspection there were 20 people living there. The home is set in well maintained gardens and consists of a main house with a large conservatory and separate lounge and dining room.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

People living at the home, their visitors and health care professionals were complimentary about the quality of care and the management of the home. The manager promoted a culture of openness and there was a clear management structure, with systems to monitor the quality of care and deliver improvements. Staff told us the morale at the home was good and they felt supported.

People were protected from possible harm. Staff were able to identify different types of abuse and what signs to look for. They were knowledgeable about the home's safeguarding processes and procedures and who to contact if they had any concerns and this information was also on display for people and relatives if they needed it. Staff told us they felt they would be taken seriously and concerns would be acted upon.

People told us they felt safe and staff treated them with respect and dignity. People's safety was promoted through individualised risk assessments and effective management of the premises. There were systems in place to manage, record and administer medicines safely. Staff had good knowledge of medicines and their competency was checked regularly to ensure they remained aware of their responsibilities in relation to medicines.

The provider operated safe recruitment processes. There were sufficient staff deployed to provide care and staff were supported in their roles with training, supervision and appraisals. Staff understood their responsibility to provide care in the way people wished and worked well as a team. They were encouraged to maintain and develop their skills through relevant training.

There was a strong commitment to provide personalised care, in line with people's needs and preferences, and to create a homely, welcoming environment. Staff interacted positively with people and were caring and kind. They were reassuring to people when required and supported them at a pace that suited them without rushing.

People's health needs were looked after, and medical advice and treatment was sought promptly. A range of health professionals were involved in people's care including GPs, community nurses, dentists and chiropodists. Some minor issues identified in people's care records were dealt with immediately.

Staff encouraged people to maintain their independence and provided opportunities for people to socialise. Staff supported people to make decisions and to have as much control over their lives as possible. The staff had good natured encounters with people, seemed to know them well, and had time to sit and chat with them. There was a range of activities on offer throughout the week. Most activities took place within the home, such as singing, entertainers and quiz games.

People were given choices and offered a varied diet, prepared in a way that met their specific needs. Important information, such as their likes and dislikes and allergens in food, was available to people and staff. People were given support and encouragement by staff if they needed help to eat.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood this legislation and had submitted DoLS applications for people living at the home where required. Staff were aware of their responsibilities under this legislation and under the Mental Capacity Act (2005).

We last inspected the home in September 2013 when we found no concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff had good knowledge of medicines management and people received their medicines safely.

Staff protected people from avoidable harm and understood the importance of keeping people safe. Risks were managed safely and incidents were reported and investigated.

There were sufficient suitable staff with the right skills and experience to care for people.

Is the service effective?

Good ●

The service was effective. Staff were trained and supervised to provide effective care and people were helped to maintain their health and wellbeing.

People were supported to have enough to eat and drink at a time that they chose.

People had received assessments under the Mental Capacity Act (2005) and the home met the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring. Staff had a good rapport with people, and were kind, friendly and supportive. They recognised people's right to privacy and dignity.

Staff listened to people's views and preferences and acted upon them.

Staff understood and provided sensitive and compassionate end of life care.

Is the service responsive?

Good ●

The service was responsive. Care plans were person centred and there was information about people's life histories, preferences and hobbies and interests.

People were encouraged to participate in a variety of activities.

People knew how to make a complaint if they needed to.
However, the home had not received any formal complaints.

Is the service well-led?

Good ●

The service was well led. The registered manager was visible and provided leadership and direction to staff. The home had an open and transparent culture and staff felt supported and clear about their roles.

Records were well maintained, and although we found a few minor issues, these were rectified immediately.

Quality assurance systems were in place, and monthly audits were carried out to monitor and assess the quality of care and drive improvements.

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 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 inspected The Gatehouse Residential Home on 31 May, 1 and 6 June 2016. This was an unannounced inspection and was carried out by one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is when the registered manager tells us about important issues and events which have happened at the service.

We spoke with four people and two relatives who were visiting, four care staff, the cook and the registered manager. We also spoke with two visiting health professionals. We carried out observations throughout the day in the lounge, dining room and while the lunch meal was served in the dining room and to two people who stayed in their rooms. We reviewed three people's care plans and pathway tracked two people's care to check that they had received the care they needed. (We did this by looking at care documents to show what actions staff had taken, who else they had involved such as a GP, and the outcome for the person). We looked at other records relating to the management of the service, such as medication records, quality audits, maintenance and health and safety records, and eight staff recruitment, training and development records. Following the inspection we spoke to a third health professional to gain their views of the home.

Is the service safe?

Our findings

People told us they thought there were enough staff on duty to keep them safe and had no concerns. One person showed us their call bell and said "I will ask if I need help. If I need anything they'll come. Quickly, yes." Other people confirmed that staff came quickly if they used their call bell, although a visitor said they had to remind staff to make sure their relative's call bell was within reach.

Staff confirmed they thought there were enough staff on duty and were able to respond to people quickly. We observed this in practice when staff heard call bells going and attended to people in their rooms promptly. Throughout the inspection we checked people's call bells were within their reach and found at all times they were. We observed in the lounge that one person was a little confused and was trying to sit down on the arm of a chair, instead of on the seat. Staff quickly noticed and went over and guided them to move around to the front of the chair and assisted them to sit down safely. The registered manager had systems in place to assist in determining safe staffing levels and listened to feedback from staff. The morning shift had been increased with an additional staff member starting at 7am following feedback from night staff that it was hard to get people up in the mornings and complete the early morning medicines rounds.

People were protected from abuse because safeguarding procedures were in place and staff understood them. Staff told us they had received safeguarding training and their training records confirmed this. Staff were able to tell us how they would identify and report suspected abuse. They had access to the registered manager and felt confident they would act if concerns were raised. Staff knew about the safeguarding policy, including the whistleblowing procedure and confirmed they would use it if they had to. Staff also knew who they could report concerns to outside of the home if they needed to such as the Care Quality Commission or Hampshire County Council safeguarding team. Information about safeguarding and who to report any concerns to was also made available for people who used the service.

The registered manager had arrangements in place to manage medicines effectively. All medicine administration trained staff had undergone a competency assessment to ensure they were administering medicines safely and recording accurately. We observed staff dispensing medicines to people with patience and understanding. They gave people time, did not rush them, and asked them for their consent before giving their medicines. They ensured each person had a drink to assist them to take their medicines. Medicine administration records (MAR) were signed after each medicine was successfully dispensed. Medicines were safely and appropriately stored and any unused or expired medicines were disposed of when necessary, including controlled drugs (CDs). CDs are regulated under the Misuse of Drugs Act and require additional safeguards to be in place. Regular audits were carried out to ensure medicines management remained safe and effective.

Risks to people had been identified, assessed and actions had been taken to minimise any risks identified, such as the risks of people falling, becoming malnourished or developing pressure sores. This information was recorded in each person's care records and updated regularly with any changes to the level of risk or changes to health. For example, one person had had a number of falls and an occupational health professional had visited and assessed them which resulted in them getting a new recliner chair.

People were cared for by staff who had demonstrated their suitability for the role. Recruitment procedures were safe, and included checks on staff suitability, skills and experience. Each member of staff had been through an application and interview process and had completed a criminal record check. The provider had sought references from previous employers to check people's work history. This ensured only staff who were suitable to work in a social care setting were employed.

The home and equipment was maintained to a safe standard. Day-to-day repairs were attended to promptly by maintenance staff. There were contracts for the servicing of utilities and equipment within the home. There were emergency procedures within the home and staff carried out regular tests of fire equipment.

Is the service effective?

Our findings

People said that staff gained their consent before providing any care or treatment. One person said "They [staff] always ask." People told us the food was good. One person told us "We get a choice. Food is very good. They come and ask what I want for my evening meal and sweet." Another person told us staff knew what food they liked and said "I love my food. I love salmon. I get it here quite a bit because I like it."

People told us they were cared for by staff who knew them well. Comments from people included "Staff are very good. [Staff member] is so efficient." People told us they were supported to maintain their health. One person said "I fell and hurt my head. The nurse came yesterday and it feels much better." Another person told us their doctor had sent them to hospital for an x-ray. A relative told us "Health care is pretty good. They [staff] do react and call a doctor and will call me." Health professionals told us "They've always been confident in managing people's health care," and "They're quick to identify when to call in the districts nurses."

People were supported with their specific health needs. Staff monitored people's health effectively and were knowledgeable about any changes. Health professionals were called promptly if there were concerns about people's health and referrals were made when necessary to assist with people's care. For example to the speech and language therapists and chiropodists. There were effective handover meetings at shift-changes to pass on information about people's health and welfare. Staff talked knowledgeably about individuals and shared any recent observations or changes in people's wellbeing. Information was recorded in hand over records and the daily diary which ensured all staff were aware of any health appointments on the day.

People were cared for by staff who were trained to provide effective care. Staff told us the registered manager had made training a priority. A senior carer had been given responsibility for monitoring and progressing the training programme within the team. Staff had recently undertaken training in key areas such as safeguarding (to help keep people safe from abuse), diabetes, fire safety and medication. Staff said they felt they had the necessary skills and knowledge to carry out their role and were supported to achieve further qualifications. One staff member told us they had additional specialist training "We have lots of training, specific to residents. Parkinson's really helped." They also said they had completed dementia care and were completing a nationally recognised level 2 qualification in health and social care, paid for by the provider. All new staff were required to undertake an induction period, which included the Care Certificate, a framework which supported staff to reach a recognised standard in the delivery of care.

People were supported by staff who received regular supervision, assessment and appraisal. Staff told us they received these on-going opportunities for support and guidance and to discuss any development needs. Records of what was discussed at each supervision meeting was recorded in staff files. Staff also received supervised practice sessions where they were observed and assessed for competency in a range of duties, such as providing personal care and moving and positioning.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were knowledgeable about the requirements of the MCA. Its principles were consistently applied by staff and any interventions were carried out in line with people's care plans, risk assessments and recorded appropriately. Relatives and care professionals were involved in making decisions about people's care where appropriate. Decisions made in people's best interests were properly assessed and recorded.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Where people required their liberty to be restricted, the registered manager had applied for appropriate authorisation from the local authority.

People had sufficient amounts of food and drink and they were complimentary about the quality. We observed the lunch meal in the dining room and in people's rooms where they chose to, or needed to eat in their rooms due to their health condition. Staff offered support and encouragement to people who needed assistance to eat and drink to reduce any risk of malnourishment. Staff understood people's particular dietary needs, their known likes and dislikes and made provision for fortified food and drinks for those at risk of losing weight. People who required their choice of meal to be cut up were presented with their whole meal, and asked if they would like it to be cut up. which was prepared to their requirements and provision was made for people requiring a diabetic diet.

The dining room experience was a relaxed and sociable time for people, who chatted and exchanged opinions about the food, which were all positive. Daily menus were on each table in the dining room showing options, and the chef offered people an alternative at each mealtime if they did not want the main option. Tables were laid with clean table cloths and napkins. People were offered wine or other drinks with their meals and drinks were freely available throughout the day.

Is the service caring?

Our findings

People told us they were happy living at The Gatehouse. One person said "I love it. The girls [staff] are wonderful. They're cheerful, always laughing." Another person told us "They [staff] are lovely. So kind." A relative confirmed the staff were "Caring" and "Lovely." Health professionals consistently told us that staff were friendly, helpful and caring.

Staff were consistently kind, polite and friendly and were respectful and attentive when interacting with people. They seemed to know people well and had good natured encounters with them. We observed that staff communicated clearly and effectively. They talked about things that were important to people, such as family, which stimulated their enthusiasm and engagement. For example, staff sat chatting with people, giving them time to re-collect stories, asking questions and showing an interest in what they had to say. People were encouraged to talk to each other and have fun and we noticed there was a lot of laughter and clapping in the communal rooms.

Staff understood the importance of enabling people to maintain their appearance. One staff member told us about a person who spent most of their time in bed and needed encouragement to get up and sit in their chair. They said "[The person] was always in bed and wearing a nightie, so I said 'Let's get you in some pretty clothes,' and they were happy." We saw people were all neatly dressed in clean clothes and their hair was clean and nicely styled. Where appropriate, people's make-up and nail polish had been applied, and they wore jewellery to complement their clothing which showed that time and care had been taken to support them with their appearance.

People told us they made choices about their day to day lives, such as when they got up, what to wear or where they had their meals. One person explained how they preferred not to go to the main dining room but would rather have their meal in their room and this was respected by staff. Staff treated people with dignity and respect, used people's preferred names and checked for permission before providing any care or support. When people required personal care the staff were discrete and ensured people's privacy and dignity were respected. We saw staff knocking on people's doors and calling out to them before they entered their bedrooms. Although staff were busy, they did not appear rushed and provided care and support for people in a calm and relaxed way.

Staff were observant and offered support and assistance when required. For example, if staff saw people needed some assistance during lunch, this was offered appropriately, with kindness and in a way that maintained their independence and self-esteem. For example, one person had said they did not want help cutting up their food, but then changed their mind. Staff responded with patience and understanding and commented on how "It can be difficult to cut up sometimes." Staff engaged with people in an unhurried manner. Interactions were positive, with staff prompting people and making suggestions in a gentle, supportive way.

Staff were sensitive to people's specific disabilities and took account of these when providing support. For example, one person had a sight impairment so could not easily know who was entering their room or what

they doing. To overcome this staff announced themselves clearly when entering their room, explained each step of the way and used gentle touch to offer reassurance and orientation. For example, when their meal was taken to the person, staff helped to position them comfortably, described what the main meal was and where on the plate each food item could be found. They explained where each item of cutlery was on the tray and went on to describe the dessert and said "The meringue is here and there's a cup of tea on your right."

People received dignified and respectful end of life care that met their wishes. A health professional told us they supported the home with caring for people who were nearing the end of their life. They told us the home confidently arranged support from relevant professionals to enable people to stay at home to die, saying "Their philosophy is; this is their home and they want to support them to stay at home until they die." They told us the home also worked closely with hospitals to enable people to return home to die if they wished. Some of these situations had been "Tricky" but the home had "Stuck to their guns" and ensured appropriate arrangements and support were in place in order to meet the person's wishes. We saw feedback from a college tutor expressing how impressed they were with the way less experienced staff were mentored and trained in end of life care at the home. They cited a particular staff member who had supported their student through their first death at the home, sensitively explaining how to care for them and the different stages of end of life. We spoke with this staff member who told us they explained to the staff member the signs and changes to look for. They said "[The person] was not left alone; we took turns to sit with her. We made sure she was comfortable, talked to her and held her hand. It was respectful. We did our best for her, she was calm and safe."

People were encouraged to maintain relationships that were important to them. Visiting was not restricted and visitors said they could come and go and were made to feel welcome. A member of staff told us "It's really homely. Families visit with dogs and grandchildren. People are free to go out. It's their choice. It's like being at home." There was indeed a 'homely' atmosphere with photographs of people, events and birthday celebrations and mementoes placed around the communal areas. There were fleecy blankets in the lounge for people who wanted additional warmth and a drinks cabinet for people who liked a 'tipple'. People's bedrooms were personalised with things that were important to them, such as photographs, ornaments and items of furniture.

Is the service responsive?

Our findings

People told us they knew how to make a complaint if they wanted to but no one had made any formal complaints. A relative said they raised issues with the manager directly if they needed to. One person told us, "I'm very happy but if I wasn't I would speak to staff." People told us there were activities to do and they could choose if they wanted to join in. One person said "They do put things on for us. We had a singer yesterday." Another person told us "I like to read or watch TV."

Staff responded to people in a way which demonstrated they knew them well, their preferences, likes and dislikes such as being called by their preferred name. People were supported to maintain their independence and enjoyed making decisions for themselves about what they wanted to do. Staff were enthusiastic, fun and inclusive in their approach and effectively engaged people in a range of activities from quizzes, to skittles and general discussions. People responded positively to these interactions and also enjoyed encouraging each other. Staff also spent one to one time with people who remained in bed due to their health, and individually supported others with activities at their request. We saw in a survey response that one person had asked for more activities. The registered manager had asked what they would like to do, and additional crafts and bingo were provided at their request.

People and their relatives told us they had been involved in planning their care and this was confirmed when we saw people had signed their care plans. They had received an initial assessment of their care and support needs so the provider could assure themselves that they were able to meet the person's needs before they moved in to The Gatehouse. People's care plans were based on their initial assessment, and were comprehensive and detailed, providing staff with relevant and appropriate guidance in how to support each person. For example, with their mobility, personal care and nutritional needs. Care plans were reviewed each month or when people's needs changed which ensured up to date information was available for staff. There was other personal information in people's care plans describing how the person wanted to spend their time, likes and dislikes and other preferences. Risk assessments were completed when a risk to a person had been identified, such as moving and handling, which were precise and clear and guided staff in how to minimise the risk.

The manager had a complaints folder but there were no recent formal complaints recorded as none had been received. Any informal, verbal day to issues were dealt with straight away. Information about how to make a complaint was visible and available in the reception area. Staff were aware of the complaints policy and confirmed they would support people to take forward any concerns or complaints they might have, or report them to the registered manager on their behalf.

Is the service well-led?

Our findings

People told us they thought the registered manager was helpful and approachable. One person said they were "Very nice." Another person said "[The registered manager] runs things very well." Thank you cards reflected relatives' satisfaction with the care their relatives had received. One relative stated "We know that we are very fortunate indeed.... [My relative] could not be in a better place." Another said "Felt completely relaxed that she was at all times in safe hands. Thank you for looking after [my relative] so well in the few short months she was with you." A health professional told us "They're one of the better ones [care homes]."

The home was calm and well organised with a clear management structure and staff roles. Staff were clear about their role within the staff team and what their responsibilities were. The senior staff member in charge during the manager's absence was available and visible throughout the home and interacted well with people, relatives and other staff. They were able to provide us with most of the information we needed, supervised the staff and made decisions in relation to people's care. They were clearly well informed and competent to manage the home. On the day we spent with the registered manager, they too were visible and well known to people and relatives. The provider also visited the home to offer support to the inspection and we observed they knew people well. The staff were smiling and seemed happy, relaxed and at ease.

The culture within the home was open and transparent. Staff told us the home was well led and that the registered manager was professional and approachable. One member of staff said they felt supported and involved in the home. They told us registered manager was "Very open" and "Ideas are always welcome." Another staff member said "I feel really supported. I'm listened to. It's a nice community. I never feel left out."

Staff meetings took place, although staff felt these could be more regular and the registered manager confirmed they would increase the frequency. Minutes from the most recent staff meeting confirmed the registered manager led a culture of support and learning at The Gatehouse. In relation to revised procedures following a safeguarding incident, minutes stated, "If you have any problems with this....don't worry. Help will be given." Other areas for discussion included falls; changes to provision of activities; laundry and care plans. This ensured all staff were kept up to date with developments, expectations of staff and changes to ways of working. Staff confirmed they found the meetings helpful, and could take their ideas and any concerns to staff meetings and they would be listened to. Staff were also thanked for their hard work. This demonstrated staff were valued for their contribution, and a professional approach to communication with staff.

Detailed records were well maintained within the service and stored securely. We found some minor issues in some people's records, however, these were rectified immediately and staff notified of the errors.

There was a system in place to monitor incidents and accidents, which were recorded and investigated. These were then analysed for learning and any action required. Duty of candour was understood by staff and the registered manager had put in place a system to monitor this. We saw records of correspondence to

relatives outlining the action they were taking to investigate the incident and offering an apology and opportunity to meet to discuss any concerns.

Quality assurance systems were in place to monitor and assess the quality of the service. Surveys were sent out to gain feedback from people and the most recent surveys confirmed people were happy with the care they received. Any additional comments had been discussed and requests had been actioned.

Monthly audits were carried out to review all areas of the management of the home, such as infection control; medication; accidents and near misses, complaints and safeguarding. We noted in the audit for February there had been an outbreak of Norovirus. All appropriate actions had been taken to contain the spread of infection and the incident had been reported to us and Public Health England, as required.

The atmosphere in the home felt positive with management and staff working together to provide good outcomes for people. We found all staff to be responsive to our feedback throughout the inspection. On their return from their annual leave, the registered manager had obtained feedback from staff and had already acted on minor issues raised during the first two days of inspection. They were able to demonstrate and show us revised documentation and a letter they had given to staff outlining changes to some procedures. We found they were enthusiastic and proactive in their approach to developing the service and were keen to make further improvements. For example, they worked closely with other community partners to ensure better outcomes for people. They had piloted a new care plan system for a local GP practice and attended discharge meetings at the local hospitals. They had a clear vision for the future of the home and for people who lived at The Gatehouse and this had been communicated to staff.