

The Franklyn Group Limited

The Gatehouse

Inspection report

9 Manor Road
Harrogate
North Yorkshire
HG2 0HP

Tel: 01423535730
Website: www.thefranklyngroup.com

Date of inspection visit:
10 October 2022
17 October 2022

Date of publication:
13 December 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Gatehouse is a residential care home providing personal and nursing care to up to 31 people. The service provides support to older people, some of who may be living with dementia. At the time of our inspection there were 22 people using the service.

The Gatehouse is a large detached building with bedrooms across three floors which is accessible via a lift. The home also has an accessible garden area.

People's experience of using this service and what we found

Recruitment processes were not always robust and safety checks such as DBS checks were not always in place where needed. There were enough staff to meet people's needs in a safe and caring way.

Medicines were not always safely managed. Systems in place did not identify and address these in a timely and effective way to manage risk.

Staff knew the people they supported well, however care plans and risk assessments were not always in place or accurate. Incidents were not consistently recorded or managed as we would expect to communicate concerns and reduce risk.

Audits and checks in place were not always effective at identifying and addressing concerns found at this inspection.

Lessons learnt were shared with staff and additional training provided to reduce reoccurrence. Staff told us they were well supported by the management team and their colleagues. Staff described the service as, "like family".

The provider sought and acted on feedback from people, relatives and staff to improve their experience. People and their relatives told us they felt safe and well cared for. People were observed to be treated with respect, dignity and kindness.

The provider was passionate about the service and providing a welcoming and homely environment for people. Staff and family members told us they could approach managers with any concerns, and they were confident they would be acted upon.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (Published 4 January 2022).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements in relation to the safe and well-led domains. Please see the safe, caring and well-led sections of this full report

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, staffing and good governance.

Please see the action we have told the provider to take at the end of this report. The provider took immediate action to address the concerns raised and to mitigate risk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Gatehouse

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector on the first day and two inspectors on the second day. An Expert by Experience made phone calls to relatives remotely. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Gatehouse is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Gatehouse is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The service was being managed by the directors and other support managers at the time of our inspection whilst recruitment was on-going.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 5 relatives about their experience of the care provided. We spoke with 9 members of staff including the director, managers, senior carers, care assistants, support workers and domestic assistants.

We reviewed a range of records including 5 people's care records. We reviewed 6 people's medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed. We also reviewed training records, meeting minutes and other documents remotely.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Safe recruitment checks such as DBS checks were not always in place for staff under the age of 18 as required. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service employed several staff who were under 16-years-old. The appropriate processes, checks and risk assessments were not in place to ensure adherence with government guidelines.
- The recruitment policy in place for employing young people did not include the relevant requirements, such as the need for work permits for under 16s.

The provider failed to ensure that recruitment processes were established and operated effectively. This is a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took action to address the concerns raised during the inspection.

- There were enough staff to meet the needs of the people living at the service. The provider used a dependency tool to assess the number of staff needed to meet the needs of people and this was reviewed regularly.
- The provider was working with external training agencies to support staff to gain additional and advanced qualifications in health and social care.

Using medicines safely

- Medicines were not always stored, administered or recorded in line with best practice guidance.
- Guidance for staff on how to support people with their medicines was not always in place. For example, one person was self-administering their diabetes medicine, there was no risk assessment or guidance in place for staff to follow.
- Checks in place were ineffective and discrepancies in numbers of tablets indicated that medicines were not always administered as prescribed.
- Prescribed creams and ointments for people were not stored correctly, administered as prescribed or recorded correctly. One person had creams available and prescribed but these were not included on their medicine's administration records.

The provider failed to ensure the proper and safe management of medicines. This is a breach of regulation

12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took action to review the medicines processes following the findings at this inspection. A meeting was also scheduled with the supporting pharmacy to address concerns.

- Staff had received appropriate training around medicines and their competency was assessed prior to having responsibilities around medicines administration.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Information about risk and safety was not always comprehensive. Concerns were not always recorded correctly, identified and/or addressed.
- Care plans and risk assessment were not always in place to assess risk and provide guidance where there was a known risk. For example, where people posed a risk to others due to their diagnosis and behaviours there was a lack of guidance for staff on how to manage this.
- Action was not always taken to appropriately address safeguarding concerns which had been recorded by staff in care records. These had not always been treated as safeguarding incidents and so processes such as reporting to the local authority and informing the next of kin were not always evidenced.
- Safety monitoring was not always in place for people when needed. For example, records around repositioning and weights were inconsistent when people were at risk.

We found no evidence that people had been harmed. However, the provider failed to assess, monitor and mitigate risks relating to health, safety and welfare of service users and others. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they felt safe in the home. One relative told us, "I know that they are safe as they have said so. Staff are all caring and kind. [Relative] expressed that they do not want to move to anywhere else."
- Equipment in the home was regularly serviced and the fire alarm systems had recently been upgraded.
- The service completed simulated fire evacuations for the whole home involving those residents who wanted to be involved.

Learning lessons when things go wrong

- Staff were encouraged to be open and honest and report any concerns to management so action could be taken. One staff member told us, "I am comfortable going to them (management) with issues, they are really understanding and if your honest with them they will go and above and beyond to support you."
- The provider shared information on lessons learnt with staff. Additional training and support was also provided as needed to embed lessons learnt.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was supporting visits with family and friends both in and out of the home in line with government guidance at the time of the inspection. Action was taken during the pandemic to allow safe visiting in line with restrictions. The provider had a purpose-built visiting space to allow safe visiting and technology was used to further support communication.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion by staff that knew them well.
- Staff had time to spend with people to get to know them and chat about topics that interested them.
- The provider ensured that people's birthdays and other important social events were marked as special occasions. Special meals were prepared, entertainment was provided, and the home decorated to celebrate.
- People and their relatives all provided positive feedback about the way staff treated them and the care they received. One relative told us, "Care on the whole is very good. Staff generally are caring, polite and cheerful. I would say no problem at all". Another relative said, "I think it is excellent."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care and involved relatives as needed.
- Thorough assessments and conversations with people and their relatives took place before people moved into the home to ensure their needs could be met. One person told us how they had chosen their bedroom and how they enjoyed the amount of daylight, which also helped with their vision.

Respecting and promoting people's privacy, dignity and independence

- People were treated as individuals and their privacy and dignity was respected. When people had preferences for support with personal care, these were documented in care plans.
- Staff encouraged people to maintain and develop their independence. One person had become more independent with their medicines since admission to the home. We also observed staff encouraging and supporting people to walk and be mobile.
- People were supported to maintain and foster relationships, this included the provider supporting private dining times for couples.
- One relative said, "They are happy; it was difficult for them to settle in at the beginning as they were confused. Initially they refused to leave their bedroom or bed, staff were encouraging and gentle with them. Now they are integrated, they get up early and dressed and sit in the lounge or dining room, chatting with people." Another relative said, "Residents are well cared for and stimulated with activities. They do a great job."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits and checks in place had not identified or addressed the concerns found on this inspection. Where issues had been highlighted in checks, action had not been taken to effectively investigate and address these issues. For example, incorrect counts of medicines had been identified on multiple audits but there was no evidence of these being investigated or addressed.
- Systems were ineffective in ensuring oversight of accident and incidents to ensure they had been recorded, managed and communicated correctly and in a timely manner.
- Risk had not always been identified and managed. For example, records referenced that one person had epilepsy, whilst there were no recorded episodes since admission there was no risk assessments or guidance in place for staff.
- At the time of the inspection there was not a registered manager in position. This is a condition of the registration for this service. The provider was actively recruiting but had not yet recruited to the position. Directors and other members of management team were running the service whilst recruitment was on-going.

The provider failed to assess, monitor and improve the quality of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took on board the findings from the inspection and acted quickly to rectify issues, putting an action plan in place based on the feedback.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider informed people and their relatives when things went wrong and took action to address any concerns raised, learning from previous concerns raised.
- We have highlighted incidents as part of this inspection where relevant professionals such as the local authority and CQC have not been informed of concerns and the provider is working to improve this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was passionate about the service they delivered; ensuring the environment felt homely and

staff delivered care to high standard. The role of 'care ambassador' had been introduced as a way of role modelling and supporting staff to provide a high-quality care.

- Leaders and managers were available, consistent, and led by example. Staff felt respected, valued and supported. Staff told us how they had been supported by management to build their confidence and develop their skills to progress their career within the service.
- Staff told us that the team worked well together and it felt like a family. All staff we spoke to told us they would be happy for their loved ones to be cared for in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us they knew who the managers were and spoke positively of their leadership. One relative said, "Anything I mention for my mother they listen to change anything that is needed."
- Relatives and staff had been asked to provide feedback on the service provided and how this could be improved. People's feedback was sought on a 1:1 basis which the provider felt was more meaningful and effective. Specific work had been carried out with people to get their feedback and views around meals provided, ensuring this was done so in an accessible way.
- Staff were asked to give feedback anonymously after each shift so that staff well-being could be monitored.
- During our inspection we observed positive working relationships with visiting professionals who worked together to ensure good outcomes for people.

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 failed to ensure the proper and safe management of medicines. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12(2)(g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17(2)(a)</p> <p>The provider failed to assess, monitor and mitigate risks relating to health, safety and welfare of service users and others. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17(2)(b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure that recruitment processes were established and operated effectively. This is a breach of regulation 19 (fit</p>

and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulation 19(2)