

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

Date of inspection visit:

03 September 2019

05 September 2019

Date of publication:

29 October 2019

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

About the service

The Gatehouse Residential Care Home is a residential care home providing personal care to 25 people aged 65 and over who may also be living with dementia at the time of the inspection. The service can support up to 28 people.

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

People felt safe living at The Gatehouse Residential Care Home and they were very much at the heart of the service. We received positive feedback from people and their relatives about the care provided.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Staff working at the service understood people's needs and supported people in a personalised way. Care was provided respectfully and sensitively, considering people's different needs.

Staff received frequent support and one to one sessions or supervision to discuss areas of development. They completed training and felt it supported them in their job role.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes

Staff had developed positive and caring relationships with people and their families. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in a compassionate way. People's privacy and dignity was always maintained.

Regular audits of the service were carried out to assess and monitor the quality of the service. There were appropriate management arrangements in place and relatives were very positive about the management in the home.

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 requires improvement (published 20 September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The GateHouse Residential Care Home

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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and one Expert by Experience. 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 Residential Care Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, operations manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "My daughter, when she goes off on holiday, tells me she doesn't need to feel worried about me because she knows I am safe and well looked after. That's a relief to me as I don't want to be a worry for my family." Another person told us, "I feel safe here knowing there's always someone around to help if I need it. I've been here quite a few years now." A third person said, "I feel very safe and content here...they look after me". A relative told us, "I suggested she came in to this place after I had visited a friend here for some time. I thought it was such a nice place with a friendly and homely atmosphere. [person's name] has been here a while now and it's so much better than the previous home she was in because her room is better in every way and she does get good care here and is safer."
- People were kept safe as staff had been trained and had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.
- The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.
- People benefited from staff that understood and were confident about using whistleblowing procedures. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Assessing risk, safety monitoring and management

- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. These included assessments on the risks of poor nutrition, mobility, personal care and the maintenance of skin integrity.
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.
- Windows had been replaced upstairs since the last inspection but had not had window restrictors put on the windows. We brought these concerns to the operations manager and they arranged for these to have been placed back on the windows shortly after the inspection.
- The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.

Staffing and recruitment

- There were sufficient staff to meet people's care needs. We observed that staff were not rushed and responded promptly and compassionately to people's requests for support.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, there were a couple of staff files with unexplained gaps in staff employment history that had been overlooked. We spoke to the registered manager who spoke to the staff concerned and updated their records.

Using medicines safely

- At our previous inspection in September 2018 we found medicines were not always managed safely. This was a breach of regulations. At this inspection we found improvements had been made, medicines were now managed safely.
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed.
- There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when these medicines had been given.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.
- There were effective arrangements and checks in place for the management of topical creams.

Preventing and controlling infection

- Staff followed a daily cleaning schedule and most areas of the home was visibly clean. There were no malodours around the home.
- There was an infection control lead in place who monitored staff and areas of the home by observations and regular audits. However, the annual statement was overdue. The infection control lead were aware and plans were in place to renew the annual statement.
- Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons.

Learning lessons when things go wrong

- There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- The care plans seen were holistic, detailed and described people's needs in a range of areas including personal care, and daily living activities.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a wide range of training to develop the skills and knowledge they needed to meet people's needs and to understand their roles and responsibilities. Staff praised the training provided.
- New staff confirmed they completed a comprehensive induction programme before working on their own.
- Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people.
- Staff were offered the opportunity to complete national vocational qualifications in health and social care.
- Staff told us they received effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives told us they enjoyed the food. One person told us, "The food is really excellent." A relative told us, "[person's name] gets plenty of drinks and I get offered drinks too, which is good because he does need help to remember to drink. He also gets breakfast brought to him in his room!"
- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately.
- Staff made mealtimes a positive and sociable experience for people. There was a relaxed atmosphere in the dining room, the meal was unhurried, and people chatted with staff.

Adapting service, design, decoration to meet people's needs

- People and their relatives told us they were happy living at the home and all felt it was homely and comfortable. One person told us, "It is homely here." Another person said, "I have a lovely room with doors out to the garden which is nice in the warmer weather. I like to go out there, which I can, whenever I want." A relative said, "I'd describe the place as comfortable and homely." Another relative told us, "It has a pleasant feeling here."
- The home had been recently updated downstairs since our last inspection. This included new carpets and furniture.
- 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.
- People's rooms were personalised with their personal belongings. One person told us, "I have a nice room with a view of the garden, they did also offer me a larger room upstairs, but I said I wanted this smaller room with access to the garden, I do like it in here."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Health care professionals told us the service delivered high quality care. One health care professional told us, "I have not any concerns about the quality of skills of the staff members that work there. I certainly feel like the residents are supported and maintain good health and appear to have good quality of life."
- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and chiropodists.

Ensuring consent to care and treatment in line with law and guidance

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.

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had ensured that these authorisations had been applied for where necessary and these were reviewed when required.
- Most people had capacity to make their own day to day decisions and they told us that their choices and wishes were respected by staff.
- We observed staff seeking consent from people before providing care and support. Staff showed an understanding of the MCA. They were aware people were able to change their minds about care and had the right to refuse care at any point.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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

- All the people we spoke with told us staff were caring and they were treated with compassion and respect. One person told us, "The staff are very good, I can ring my bell, and someone usually comes very quickly, which is good. They are very caring." Another person said, "The staff are all very caring and pleasant." Other comments included, "The girls here are all lovely and we have a laugh and joke together", "They [staff] are very nice people." A health professional told us, "I have felt the staff to be caring."
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member said, "I like working here, it's so nice to be able to make people comfortable and happy." Another staff member said, "I've been working here for 19 years. I love this place and working here is a pleasure. I get very attached to the residents which is nice but sad when anything happens."
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact.
- All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude.

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

- People told us they were involved in making decisions about their care. One person told us, "I do tell the girls whenever something is not to my liking and they always sort it out. I know I can speak to the manager if needs be, but the staff usually sort it before that." Another person said, "I feel that I'm getting a good standard of care here."
- People's care records included information about their personal circumstances and how they wished to be supported.
- All the people we spoke with and their relatives stated that there were no restrictions to visiting. One relative told us, "I come in most days to sit with him because I am lonely at home without him. The staff make me feel welcome. It was a difficult time when he first came in here a year ago; but they have done a great job as he looks and behaves so much better since he's been here. That's down to the staff and the care they take here."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed and people were covered when they were delivering personal care.
- People were encouraged to be independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could complete themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support

- People experienced care that was personalised, and care plans contained detailed daily routines specific to each person. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. The care plans also included detailed daily routines specific to each person which helped to ensure that people received care and support personalised to them.
- Care plans were now electronic which meant staff had instant access to key information and any changes inputted were updated immediately.
- People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly.
- While we were talking with one person a staff member came in with their newly laundered clothes and asked if she could put them away in the wardrobe. The person said, "No, leave them there and I'll do it myself." They told us, "It's so nice here, there's plenty to do, I do ask if I can help and they let me help in the laundry folding up the ironed clothes or putting out the napkins, stuff like that, it makes it feel more like a home."
- During the inspection we observed another person helping several staff members in doing simple daily tasks. A staff member told us, "[person's name] loves to be doing something and she is a great help."
- People we spoke with were happy with the activities provided. One person told us, "I do like to keep my fingers busy, there are quite a few jigsaws to do here." We saw one person enjoying colouring in a book, they told us, "I like to do this, it's good to be busy."
- People were told that they were going to get a visitor later in the week to show a selection of exotic reptiles. This information elicited quite a discussion amongst the residents and varied reactions. One person told us, "I liked it when they brought in the birds the other day, but reptiles? We'll see." Another person said, "Snakes? I hope they are little ones!" another comment was, "That'll be interesting but I'm not keen on reptiles."
- Activities were planned for the month and included, flower arranging, quizzes, pampering, pet therapy, bingo and outside entertainers. Holy communion was also provided monthly. During the inspection we

observed people enjoying skittles and quizzes.

- At the time of inspection there was no one needing end of life care. Care plans and training were in place should someone require palliative care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was able to demonstrate how they ensured information was accessible for all people using the service.
- Staff ensured that where people required reading glasses or hearing aids, these were kept clean and accessible for them to use.

Improving care quality in response to complaints or concerns

- 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. A relative told us, "We've no complaints, my sister comes in regularly and she would soon complain if there were any issues."
- 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.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives thought the service was well led. One person told us, "I can't fault this place, I have nothing but praise, it's 5 stars!" A relative said, "We're very happy she is in here; she wasn't coping at home, so my sister found this place and it's turned out well". Another relative told us, "I can't fault the place. It seems so well run."
- At the time of the inspection the provider was away. The provider lived within the grounds of the home and people and staff told us they were visible, well known by people and relatives and helped to support the staff when needed. One person told us, "The owner is so lovely; she'll do anything to help one." Another person said, "The lady owner comes in to chat, she is so lovely, she can't do enough for one."
- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.

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

- People and their relatives thought the registered manager was a good role model. One person told us, "I've been here a few weeks now and I love the place. I've got a lovely room with a big window and I'm very comfortable. I was a carer in a few care homes myself, but this place is the best I've ever seen. The staff and Manager are so very nice, they can't do enough for me." Another person said, "I like it here; I only came in here for a short break but decided to stay. The staff and the manager are so kind, and I feel at home here."
- There was a stable and consistent staff team who were skilled and motivated. They were clear about their own specific roles and knew their roles well and how they contributed to the overall success of the service.
- A health professional told us, "[the registered managers name] I have always found to be responsible, knowledgeable and appears to have a good understanding of general practice in primary care and the ways we can work together".
- The registered manager and senior staff used a series of audits to monitor the service. These included, medicines, care plans, infection control, health and safety, falls and daily walks around the home.

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

- The service worked in partnership with the local authority and the local doctor's surgeries and district nursing team.
- One health professional told us, "I have always felt I have had a good relationship with the staff and I felt that we worked well together in helping manage the patients who stay there for which I have responsibility for and often would liaise with staff members about a particular patient and have always found them to be helpful and provide me with clinical information."
- Meetings were held with people and their relatives to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions. The recent residents meeting minutes were posted on the noticeboard in the dining area. One person told us, "I know there is a residents meeting, but I have no complaints and am quite happy here". Another person said, "There is a regular meeting, but I just speak to the manager if I have a complaint...but I don't!"
- Staff were positive about the support they received from the registered manager and management within the service. One staff member told us, "I like working here, we're a friendly bunch and we all help each other."
- Staff meetings were held regularly, and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas.
- The provider had recently sent out a staff survey. Results were positive and showed improvements since the last survey in 2017. All the staff said they were proud to work here and would recommend the home to family and friends.

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 notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.