

Gate Cottage Rest Home Limited

Gate Cottage Rest Home

Inspection report

Bazehill Road
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Tel: 01273301890

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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

About the service: Gate Cottage Rest Home is a residential care home providing accommodation and support for up to 13 older people. At the time of the inspection there were 12 people living at the home.

People's experience of using this service: The service continued to meet the characteristics for a good service in each of the key areas, more information is in the full report.

- People were receiving a personalised service. Care records included details of people's backgrounds and identified their needs and preferences. Staff knew people well and provided person centred care that was responsive to people's needs and wishes. People were supported to follow their interests. Any concerns or complaints were responded to quickly. People were supported with end of life care.
- There were safe systems in place to protect people from harm or abuse. Risks to people were assessed and managed. There were enough staff to care for people safely and to administer their medicines. There were high standards of cleanliness throughout the home. Incidents and accidents were monitored and lessons were learned to prevent further occurrences.
- People spoke highly of the staff and described them as, "kind," "really caring," and "lovely, always calm." Staff knew people well and had developed positive relationships with them. Relatives told us they felt welcomed and involved. People were supported to express their views about their care and support. One person told us, "I feel very much in control." Staff respected people's privacy and supported them to remain independent.
- Staff received the training and support they needed. One staff member said, "The managers are always available and work alongside us. It is a lovely place to work." Assessments and care plans were holistic and provided clear guidance for staff. People were supported to have enough to eat and drink and spoke highly of the food on offer saying, "There's a good choice," and "It's good home cooking." Staff understood their responsibilities for seeking consent for care and treatment and people's rights were respected. Staff supported people to access the healthcare services they needed.
- People, relatives and staff spoke highly of the management of the home. One person said, "We are so lucky to have found this place." A relative told us, "People here are very happy, the staff are lovely and the management is very good." Staff were clear about their roles and responsibilities and described clear leadership and involvement with developments at the service. There were systems in place to monitor the quality of care provided and any shortfalls were identified and addressed quickly. Staff had developed positive working relationships with health care professionals.

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

Rating at last inspection: Good- 31 May 2016

Why we inspected: This was a planned comprehensive inspection.

Follow up: Ongoing monitoring.

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 ●

Gate Cottage Rest 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Gate Cottage Rest Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Gate Cottage Rest Home accommodates up to 13 people in an adapted house.

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:

The inspection was unannounced.

What we did:

Before the inspection we reviewed information we had received about the service. This included details about incidents the provider must notify us about. The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection:

We spoke with four people living at the home and two relatives. We spoke with three members of staff, and the registered manager. We looked at four people's care records, observed how medicines were administered and looked at medicine records. We looked at records of accidents, incidents and complaints.

We looked at audits, quality assurance records, three staff files, training records and staff rotas.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection in May 2016 we rated this key question as 'Good'. At this inspection the service remained good and people were safe. People told us they felt safe, one person said, "I feel very safe, the staff look after me very well." A relative told us, "I have no concerns, there are plenty of staff and they are always calm and lovely."

Systems and processes to safeguard people from the risk of abuse.

- Staff had received safeguarding training and described how they would recognise signs of abuse. A staff member said they would report any concerns to the registered manager.
- The registered manager understood how to report safeguarding incidents in line with local safeguarding procedures but had not received or identified any safeguarding concerns since the last inspection.

Assessing risk, safety monitoring and management.

- Risks to people were assessed, managed and monitored regularly and when people's needs changed. For example, some people had risks associated with mobility and appropriate risk assessments identified the support they needed to reduce the risk of falling.
- One person was at risk of developing pressure sores. Their risk assessment and care plan detailed how to support them to prevent skin damage from occurring. There was clear guidance for staff in how to recognise any changes and when to seek advice from the District Nurse. Appropriate equipment was in place to support the person's needs.
- Environmental risks were managed safely. Regular health and safety checks were maintained, including fire safety checks. Regular audits ensured that standards were monitored and maintained.

Preventing and controlling infection.

- Infection control procedures were in place and staff understood how to prevent and manage risks of infection.
- People told us and we observed that high standards of cleanliness were maintained at the home. One person said, "It is always like this, they keep the place absolutely spotless."

Staffing and recruitment.

- There were enough suitable staff on duty to care for people safely. One person said, "There are plenty of staff, you never have to wait for care, they always come quickly if you need help."
- A relative told us, "There are always enough staff around." Records confirmed that staff levels were consistently maintained at the home. Staff told us that agency workers were not used, one staff member said, "We are good at helping each other out, if someone is not well we cover for each other."
- The provider had robust systems in place for recruiting staff. Recruitment checks were completed to ensure care workers were safe to support people. These included checks having been undertaken with the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were

barred from working with children or vulnerable people. Other information obtained included proof of the person's identity and references.

Using medicines safely.

- People were supported to have their medicines safely. Only staff who were trained and assessed as competent were able to administer medicines. We observed people receiving their medicines as prescribed. Staff were knowledgeable about people's individual needs and preferences. For example, one person liked to have their tablet placed in their mouth, this was reflected within their care plan and staff were aware of this preference.
- There were safe systems in place for ordering, storing and administering medicines. Daily checks were completed to ensure that records were maintained accurately and that stocks were in place so that people had access to their prescribed medicines.
- People told us that they received their medicines at the times that they expected. One person said, "I have so much medicine to take but they have sorted it all out, I don't have to worry at all, they bring it at the correct times, it's much better than when I was in hospital."

Learning lessons when things go wrong.

- Incidents and accidents were recorded and monitored. The registered manager had oversight and had ensured that appropriate actions were taken. For example, a process was in place so that staff knew what to do in the event that a person had a fall. There was a clear protocol to follow if people had more than one fall within a given timeframe. This meant that risks to people were being effectively managed.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection in May 2016 we rated this key question as 'Good'. At this inspection the service remained good and people were supported effectively. One person told us, "The staff are well trained they understand what's needed."

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

- People's needs and choices had been assessed in a holistic way to take account of people's mental health, physical health and their social needs. Protected characteristics under the Equality Act (2010), such as disability and religion were considered as part of this process. This demonstrated that people's diversity was included in the assessment process.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported and received the training and support that they needed. Records confirmed that staff were supported to undertake training in subjects that were relevant to people's needs. We observed a staff member supporting one person who needed help to move safely. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Staff were receiving regular supervision and they told us that this was valuable and supported them in their roles.

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

- People said that the food was, "Lovely," and "Like home cooking." People told us that they had a choice of options and they could ask for other things if they didn't want what was on the menu. There were staff available to support people at meal times. One person told us that they could choose where to eat their meal.
- Some people had risks associated with eating and drinking. Risk assessments and care plans guided staff in how to support people safely and included advice from health care professionals. For example, when one person's appetite had reduced staff had monitored their food and fluid intake and recorded their weight regularly. Staff explained how they had spent time with the person encouraging them to eat. Records showed that the person's weight had improved.

Staff working with other agencies to provide consistent, effective, timely care

- Staff described positive working relationships with health care professionals including district nurses, community psychiatric nurse and Parkinson's specialist nurse. We noted that care records included details of advice provided and this had been included when care plans were updated. Staff were aware of people's needs, the involvement of health care professionals and how and when to contact health care professionals for support and advice.

- Communication records showed that staff regularly contacted relevant health care professionals and that this had provided good outcomes for people. For example, one person had a pressure wound that needed to be regularly dressed by a district nurse. Staff had followed the guidance provided and the wound had healed within a month.

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

- People were able to access all areas of the home, including the garden. One person told us, "I can easily get into the garden because they have built a slope and there are rails to hold onto, it's very safe." We observed people using the garden during the inspection.
- A passenger lift enabled people to access both floors of the home and we noted that people were able to move around the house independently. People's rooms had been furnished and decorated according to their choice and preferences. One person told us how important it was for them to have their familiar belongings and furniture in their room.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend health care appointments. One person told us, "The staff support me with hospital appointments, they take me there and explain things, do whatever is needed really." A staff member confirmed that they had time to support people to attend health care appointments and that the provider could arrange transport for people.
- Records showed that people had involvement with a range of health care professionals including regular appointments with a podiatrist, optician and GP.

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. We checked whether the service was working within the principles of the MCA.
- Staff understood their responsibilities for obtaining consent from people and we observed how they checked with people before providing care or support. One person told us, "The staff always ask, they never assume anything, they are good at checking what I want first."
- Records confirmed that people's capacity had been considered when developing care plans. For example, one person had decided that they did not want to have thickened fluids although this had been recommended by a Speech and Language Therapist. Their care plan detailed the person's wishes and staff respected their right to make their own decision.
- Staff were able to describe their responsibilities where people might lack capacity to make certain decisions and understood how best interest decisions could be made. At the time of the inspection nobody was subject to Deprivation of Liberty Safeguards (DoLS) but the registered manager understood how to make an application to the local authority if a DoLS authorisation was needed.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection in May 2016 we rated this key question as 'Good'. At this inspection the service remained good and people told us staff were kind and caring.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff knew them well and treated them with kindness and respect. One person said, "All the staff are so kind, I couldn't ask for more. We were so lucky to find this place." Another person told us, "The staff are all nice. I don't have any favourites, they are all good." A relative said, "The staff are really caring. It's a stable staff group and they are all lovely."
- Throughout the inspection we observed positive interactions between staff and people. There was a relaxed atmosphere, staff had time to spend with people chatting and discussing people's interests. For example, one staff member was heard talking about a trip out in the car that a person had enjoyed. Another staff member was complimenting a person's appearance following having their hair cut.
- Staff described how they supported people with issues of equality and diversity. One staff member described how a person's religious beliefs were important to them. They explained how they had been supported to follow their faith. Another staff member described what they would do to prevent discrimination saying, "People might need additional support and we would make sure they had whatever they needed." Staff described how they would support a person with diverse needs saying, "It would depend what the person wanted. Really it is just about ensuring a really personalised approach."

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

- People told us they felt in control of their lives. One person said, "I feel very much in control. It's like a very nice homely hotel really. You still do what you want to do but without all the worry. I am very happy." Staff explained how they supported people to express their views. One staff member said, "The care plans are a guide but we always ask people and that's how we get to know what they like and how they prefer things to be done." The staff member went on to describe details of people's routines which were important to them. They described how people were involved in reviewing their care plans to ensure that records reflected their wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy. One person said, "I prefer to spend time in my room, I'm not a great one for mixing. Staff always let me know what's going on but they respect my wishes and let me have my privacy when I want it." People's personal information was stored safely. Staff described their responsibility for protecting people's confidentiality. One staff member said, "Sometimes people ask about other residents but we can't tell them things."
- People were encouraged to remain as independent as possible. One person told us, "I am building up my confidence, I do what I can myself and only ask the staff for help with things when I really need it." A staff

member said, "I think we are really good at promoting people's independence, we encourage them to do things to the best of their ability. Give whatever choices we can and support when they need it. We are good at making sure people don't go down hill." We noted that some people had adapted cutlery to support them to be as independent as possible at meal times.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

At the last inspection in May 2016 we rated this key question as 'Requires Improvement'. This was because there was a lack of background information within people's care plans and their preferences were not always noted. At this inspection the service had improved to 'Good.' Details of people's life history was included within their care records. Staff said that this helped them to get to know people. We noted that people's preferences were included within their care plans and staff knew people well and provided care in a personalised way.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff knew the people they were caring for well, they were able to describe people's backgrounds, their interests and they knew what was important to people. For example, one staff member described how a person enjoyed having a bath daily but had a specific routine that was important to them. Another staff member described a person's interests including a particular sport that they used to enjoy. They said, "We always make sure they know when the sport is on TV."
- People told us they were able to follow their interests and that they were leading full and busy lives. One person told us, "We can go out for a walk along the seafront, I love that." A staff member said, "The men like to go out for a ride in the country side, or a trip to the bowls club." A relative described organised activities that people enjoyed including a quiz that they arranged. A staff member told us how activities were personalised according to people's interests, including flower arranging for one person, a theatre trip for someone who liked musicals and plans to create a putting area in the garden for a person who enjoyed golf.
- People were supported in a personalised way. Some people needed support with their communication needs. Care plans highlighted communication needs and identified the support people needed.

Improving care quality in response to complaints or concerns

- There was a complaints system to record any complaints or concerns. The registered manager said that they had very few complaints and they dealt with any matters that arose straight away.
- People told us they knew how to raise concerns and would speak to a staff member or the registered manager. One person said, "There is absolutely nothing that I can find fault with but I know I can speak to any of the staff if I need to." A relative said that they were confident that any concerns would be addressed.

End of life care and support

- People were supported to have personalised care at the end of their life. Staff described the support that had been provided to one person who had died and the sensitive approach that had been taken. Records showed that appropriate medicines had been available and staff confirmed that they felt supported to provide end of life care to people. The registered manager said that they had made links with the palliative care team and with a local hospice to gain access to end of life training for the staff.

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.

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

At the last inspection in May 2016 we rated this key question as 'Good'. At this inspection the service remained good and people told us that the service was well led.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager did not use a planning tool to identify improvements and planned developments at the service. However, there was a clear vision for the home and staff were consistent in their understanding of the ethos of the home to provide high quality care in a homely environment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Staff were clear about their roles and spoke highly of the management of the home. One staff member said, "It is a lovely place to work, the manager works alongside us and sorts out any issues that come up. There is a very good atmosphere here, we all get along well and that's good for everyone. The manager is good at getting staff to talk to each other so any issues get sorted out."
- The registered manager had oversight of the service and used audits to check that standards of quality were maintained. Where shortfalls were noted actions had been taken to make improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People and relatives told us that they had completed quality assurance questionnaires for the provider. The registered manager said that this helped them to assess people's views on the care provided and to identify any areas for development. Staff described seeking people's views and involving them at every opportunity. One staff member said, "We hold residents' meetings and people talk about anything they would like to change or do differently. Mostly we talk to people individually, and we act on whatever it is that they would like." The registered manager described how, following feedback, staffing levels had been increased in the morning to ensure that people could have an early bath if they wanted to.
- Staff described being able to raise any ideas at staff meetings or during supervision, and felt that their views were valued. One staff member said, "We can discuss anything. If staff don't want to speak up in front of other people there is a sheet we can fill out and give to the manager. Mostly I think people are comfortable to talk openly and things get sorted out."

Continuous learning and improving care

- The registered manager was committed to ensuring continuous learning. They described supporting staff

to complete care qualifications and had introduced a staff award system to recognise success and further encourage retention of staff. There were systems in place to review care and ensure that standards were maintained.

Working in partnership with others

- Staff had developed positive working relationships with a number of health care professionals. Records showed that appropriate information was shared to ensure positive outcomes for people. The registered manager described plans for working with staff from a local hospice to improve staff knowledge and skills in end of life care. The registered manager recognised that they had little contact with local commissioners and spoke about plans to identify opportunities for improving links.