United Response

Three Gates

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Three Gates is a five-bed residential home providing personal care to three people at the time of the inspection. The care home supports people in an adapted building.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible life outcomes for themselves that include control, choice and independence.

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

People did not always receive consistent safe care.
Information about people's diets was inconsistent and left a potential to cause people harm.
There were limited infection control checks in place which resulted in a heightened potential for cross infection and cross contamination of infections. Infection control checks were not completed thoroughly to ensure risks to people were minimised. We brought the infection control issues to the attention of the registered manager where we had immediate concerns to people's safety.

There was little consistent evidence that any quality monitoring had been undertaken. The audit systems that were in place were not operated or overseen by the provider to ensure people received a quality service.
The registered manager was unable to assure us at inspection that safe recruitment practices had been followed. We later received information which assured us there was a rigorous process in place which met national standards.
Medicines were stored and administered safely however, storage temperatures are not monitored, which allows for a degrading of medicines potency. We recommend the provider considers the national guidance on the safe storage of medicines.

Staffing levels were adequate to provide acceptable levels of care. People's views of the service were sought on a day to day basis and through regular meetings though there was no information available from surveys.
The registered manager understood their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

People were safeguarded by staff being trained and where errors had been made, staff were included in discussions around incidents and any shared learning.
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected
The inspection was prompted in part by notification of a specific incident. Following which a person using

the service died. This incident is subject to a potential criminal investigation. As a result, this inspection did not examine the circumstances of the incident. This incident is subject to a criminal investigation, as a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about the management of choking. This inspection examined those risks for those people left in the home.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. The provider has started to make changes to reduce risks, these will take some time to fully be embedded.

Enforcement
We have identified breaches in relation to the safety of people in the service and safety and monitoring of the environment they live in. Please see the action we have told the provider to take at the end of this report.

Immediately after our inspection, we wrote to the provider and asked them to take urgent action to address the most serious risks outlined in this report. In response, the provider developed an action plan detailing actions taken and planned, to make improvements and reduce risk. Additional resources were also immediately deployed to the service. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Three Gates

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 team consisted of one inspector and an assistant inspector.

Service and service type
Three Gates 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. They were at the home at the time of our inspection and we were assisted by them throughout the inspection.

Notice of inspection
The inspection was unannounced. The inspection site visit occurred on 14 July 2020. We visited the service on 14 July 2020 to see and observe the people living there, speak with the registered manager and staff; and to review care records and policies and procedures.

What we did before the inspection
Before the inspection we spoke with local authority safeguarding, contracts and commissioning teams. We reviewed notifications of incidents we received and used all of this information to plan our inspection.

The provider completed a Provider Information Return before the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spent time observing the care and support being provided to people in the home. We observed three people who lived in the home. We also spoke with the registered manager, four support staff, the team manager and another manager from another home. We also spoke with three visiting speech and language therapy staff (SALT).

We looked at the care records for three people who lived in the service. We also looked at records that related to how the service was managed including staffing rotas, recruitment, training and quality assurance.

After the inspection
We asked the registered manager to send us further documentation following the inspection which included copies of the training records, the staff rota and minutes of meetings for the people who lived in the home, and staff meetings. These were supplied and considered when writing this report.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- Risks had not been assessed to protect people. Risks around people's food and choking had not been adequately assessed or documented.
- Staff were unsure of the consistency of food and fluids that people required. The staff showed they were aware that people required a modified diet but the food that was provided was not in line with the consistency of the modified diet required to be. When we asked the staff there was some confusion between what was prescribed and how staff prepared this. This placed people at risk from receiving the incorrect consistency of food and fluids.
- Hospital passports provide information to help a hospital admission, we saw there was different information recorded than in the person's care plan. This could lead to confusion to the specific consistency of diet people required. This placed people at risk as information provided was inconsistent.

Learning lessons when things go wrong

- Incidents and accidents were reported on a database. This meant the provider and the registered manager should be able to identify any trends and act when needed. However, there had been a failure to ensure an accurate review of people's dietary requirements following the death of a person. This meant people were placed at risk.

Preventing and controlling infection

- People were not protected by the control of infection. People were not protected from the risk of infection because systems and processes did not comply with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.
- Mops used to clean and disinfect the floors in toilets and public areas were stored in the laundry. These posed a cross infection and cross contamination risk. The colour coded mops, used to distinguish which area they should be used in, were stored touching each other. The way the mops were stored would not allow them to 'air dry'. There was no plan of mop head disinfection or a replacement programme.
- The mops stored in the laundry were stored with a laundry basket on top of the mops, which again allowed a potential cross infection issue. This again
- These concerns increased the potential for cross infection and cross contamination.
- We asked the registered manager for the cleaning schedules and infection control audit. However, these were not sufficiently detailed to ensure audits were consistent and robust. The staff had no reference point on which to base their assessment, which did not allow a consistent evaluation of the infection control risk.
- There was bare plaster on the laundry wall and cracks in the wall in a bathroom. The anti-slip flooring in

some bathrooms had been punctured, leaving the potential for cross infection. When we were at the home we asked the registered manager to urgently undertake an updated infection control audit or environmental audits to ensure people were protected. There was no planned intervention in place to improve the environment. This placed people at risk from the potential for cross infection and cross contamination.
● We asked the registered manager to send us the training records, so we could confirm what infection control training had been undertaken by staff. This indicated seven of the 11 staff had been trained. We were not assured staff provided a safe service for people. We asked the registered manager to provide us with their policy and procedure and cleaning protocols on infection control. These were unavailable on the day, so we asked for them to be sent following the inspection. These were not fully explanatory how areas should be disinfected and inform what staff should look for when ensuring areas were kept clean and safe.

Cleaning protocols were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 – Safe care and treatment – of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we wrote to the provider detailing our most serious concerns and asking them to take immediate action to mitigate risk. The provider responded within the required timescale with clear details of action taken and planned to reduce the risks associated with choking. We also had feedback from SALT professionals and their continued involvement updating and overseeing changes to people's diets.
● The registered manager and staff understood their requirements to keep people safe from the current COVID pandemic. The people who lived at the home were continuing to isolate, and neither they or any of the staff had displayed any symptoms, therefore to date had not been tested for the virus.
● The registered manager and staff were aware of the guidance distributed about the virus and acted accordingly.
● We looked at some safety tests that the provider arranged the registered manager to undertake. These were up to date and in place and included tests on the fire and evacuation system, hot water temperature monitoring and a record of checks on people's private vehicles.

Staffing and recruitment
● We have reported on this further in the 'Is the service well led section of this report'.
● Staff were employed in numbers that allowed staff to complete care in a relaxed and unrushed way.
● Some of the staff training records were unavailable on inspection. Following the inspection further evidence was submitted by the registered manager. However, these were confusing as they contained conflicting information about what training staff had undertaken. An updated record of staff training was submitted by the nominated individual, this demonstrated that staff were provided choking awareness training.
● The training records on staff having been trained on first aid and dysphagia also contained conflicting information. On these records being updated by the nominated individual we were assured staff had been provided this training.
● We had confirmation that the registered manager had undertaken some of the training courses as the staff group. Following a submission of further evidence by the nominated individual we are now assured that the registered manager had the knowledge to supervise staff to ensure they continued to reflect the training they had received.

Using medicines safely
● People were supported with their medicines by staff who had been trained in the safe administration of medicines.
● Staff were supervised by the registered manager to ensure they followed the medicines training and

ensure people were provided with their prescribed medicines. Staff completed a record of each medicine, which allowed systematic audits to ensure people had received the correct medicines.

● Medicines were safely stored in people's individual bedrooms, and we saw staff had correctly completed medicine administration records.

● There were no storage temperature records completed by staff. This allowed the potential for medicines to be stored above the manufacturers recommended limits and allow the medicines to degrade and lose potency.

We recommend the provider considers the national guidance on the safe storage of medicines.

Systems and processes to safeguard people from the risk of abuse

● Staff had completed safeguarding training. Staff told us they knew how to report any concerns and were confident they would be properly dealt with by the registered manager.

● The provider had a safeguarding policy, procedure and systems in place to protect people from avoidable harm and abuse. Records showed the local safeguarding protocols were followed when concerns were reported about people's safety and appropriate action was taken.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated 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

- The provider had undertaken limited and irregular audits of the systems used to support people and staff in the home. There were limited audits of infection control and no instruction on how staff should conduct audits to ensure people were safe. Temperatures of medicine storage were not monitored to ensure medicines were safe to give to people. Information from partnership working was not always displayed accurately. For example, information on diets from SALT, was not recorded accurately.
- There was no evidence of access to staff recruitment files in the location or being able to view these electronically as internet access was intermittent. The nominated individual assured us this had been reported and would be improved and full access would now be available.
- The registered manager stated the local office completed most of the process and they were only involved in short listing and interviewing prospective candidates. This does not meet the current national guidance and does not ensure people are cared for by staff who are suitable.
- The provider lacked the oversight to ensure the safe and effective running of the home, which impacted on the quality and safety of the service offered. Quality assurance and governance were not used effectively to drive continuous improvement in the home.

This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was limited access to policies and procedures due to staff having limited access to the internet due to a poor signal. The nominated individual assured us that internet access was being improved which would allow staff to access to policies and procedures at any time.

Promoting a positive culture that is person centred, open, inclusive and empowering which achieves good outcomes for people and Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager undertook some processes to ensure people were cared for and supported safely in line with current legislation. However, this was complicated as they were registered for three locations and had to divide their time between the three homes. This allowed the potential for errors and reduced oversight over all the systems. This situation was further complicated by the reduction in senior staffing in the homes.
- Staff felt valued and were encouraged to share ideas to improve the service. One member of staff spoke to

us about the support offered to staff following a recent incident in the home. Staff were confident that concerns raised with the registered or area managers would be listened to and acted on.

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

● People were consulted on a day to day basis and through meetings making choices about their life in the home.

● The registered manager said they were aware questionnaires had been provided to people in the past by the previous registered manager, however, they could not find any outcomes from these. All the replies from questionnaires were sent directly to the head office. This did not allow people and where appropriate their relatives or representatives to engage with the provider and suggest changes or improvements to the service.

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 registered manager understood information sharing requirements. Records showed information was shared with other agencies, for example, when the service had identified concerns, and the registered manager had sent us notifications about events which they were required to do by law.

● The provider had not understood their responsibility to display the rating from their latest inspection. There was no rating displayed in the home. We spoke with the registered manager on the day, who produced and displayed the appropriate rating.

Continuous learning and improving care

● Staff said the registered manager was accessible most times, approachable and dealt with any concerns they raised. They added they felt confident about reporting any concerns or poor practice to the registered manager or senior care staff. However, they also recognised there was no senior staff they could refer to when the registered manager was not in the home. We spoke with the team manager who said the withdrawal of senior care staff or team leaders was a provider decision that had a profound knock on effect with staff in the homes.

Working in partnership with others

● The registered manager demonstrated how they worked in partnership with SALT, the local authority social care and safeguarding teams and other healthcare professionals. However, information from partnerships was not always recorded accurately.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Infection control was not sufficiently monitored and managed. People's prescribed medicines were not managed effectively or safely. Risk assessments were not in place or sufficient to monitor and mitigate risk.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to assess, monitor and mitigate risks were not fully or consistently effective. Records relating to the care and treatment of people were not sufficiently accurate, detailed or kept up to date. Records relating to the safe recruitment of staff were not available on inspection.