United Response

Three Gates

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

What life is like for people using this service:

The service met the characteristics of good in all areas.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

The care that people received continued to be effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The environment was adapted to meet people's needs.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. They could get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People knew how to raise a concern or make a complaint and the registered manager managed any complaints in line with the provider's procedure.

The registered manager was approachable and there were systems which encouraged people to give their feedback. There were quality structures in place which were effective in continually developing the quality of the care that was provided to people.

More information is in the full report.

Rating at last inspection: Good: report published on 3 August 2016.

About the service: Three Gates is a residential care home registered to provide personal care for up to five people with learning disabilities or autistic spectrum disorder. There were four people living there at the time of the inspection. The accommodation is an accessible bungalow with large gardens

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Three Gates

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector.

Service and service type: Three Gates is a care home. People in care homes receive accommodation and personal care. 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: The inspection was unannounced.

What we did: We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed 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. However, the provider had completed this eight months previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. People who lived at the home were not able to verbally communicate and so we observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit; including using other communication methods. We spoke with one person's relative after the inspection visit to gain their feedback on the quality of care received.

We spoke with the registered manager, the team leader and three care staff. We reviewed care plans for three people to check they were accurate and up to date. We also looked at medicines administration

records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, complaints management, meetings minutes and quality audits. We spoke with one social care professional by telephone after the inspection visit to gain their feedback as well.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

Systems and processes
•Staff knew how to recognise abuse and protect people from it. One member of staff told us, "I have had training and know what to look for. I would speak with the team leader or registered manager if I was at all worried."
•There had not been any safeguarding concerns raised since our last inspection.
•Safeguarding was discussed at every team meeting to ensure all staff understood their responsibilities and the procedures in place.

Assessing risk, safety monitoring and management
•Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
•We saw people being supported in line with their risk assessments; for example, making a meal in the kitchen or moving with staff support.
•There were also plans in place to support staff to help people to manage their behaviour. For example, when one person may become distressed there was advice for staff to diffuse the situation by ensuring the person had their favourite objects close by.
•The environment was checked regularly to ensure that it was safe and well maintained.
•There were plans in place for emergency situations such as fire evacuation and these were personalised.

Staffing levels
•There were enough staff to ensure people's needs were met safely.
•We saw that staff had time to spend with people throughout the day and to support them to go out for work or leisure, as well as to participate in activities in their home.
•There were systems in place to plan staffing levels according to individual's needs. This was flexible to support people's activities and needs; for example, for medical appointments or holidays.
•The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Using medicines safely
•Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
•Some people were prescribed medicines to take 'as required'. There was guidance in place to support staff to know when this was needed. For example, one member of staff described how one person would behave if they were in pain and required medicines for it. There were also procedures for storing medicines which could be needed in an emergency to manage epilepsy.

Preventing and controlling infection

•The home was clean and hygienic which reduced the risk of infection.
•We saw there was protective equipment available to staff when needed.

Learning lessons when things go wrong
•Lessons were learnt from when things went wrong and actions taken to reduce the risk. For example, after a medication error the procedure was reviewed so that two staff signed for some medicines as an additional safeguard for the person.

Good

Is the service effective?

Our findings

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

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
•People's needs and choices were met in line with national guidance and best practice.
•Their care plans and health action plans contained information to support specific health conditions; such as, epilepsy, autism, and dysphagia.

Staff skills, knowledge and experience
•People were supported by staff who had ongoing training and support. One relative told us, "All of the staff are very good."
•One member of staff said, "I had a long induction and completed the Care Certificate so I felt well equipped. The training is second to none." The Care Certificate is a national approach to ensuring that staff receive a thorough induction and are able to do their job well.
•A second member of staff confirmed that induction procedures were thorough. They said, "I couldn't go out on my own with people until my Care Certificate was completed."
•The registered manager told us how they supported staff who provided temporary support through an agency. They said, "The agency staff have all our training before they work independently. They also do several shadow shifts and don't do personal care until they have been a few times. It is really important to build those relationships with the people we support."
•Staff had ongoing training in their role. This included supervisions which checked their understanding of procedures; for example, they might be asked what they would do if someone had a fall.

Supporting people to eat and drink enough with choice in a balanced diet
•People were supported to have balanced diets and made choices about the kind of food they enjoyed.
•We saw one person supported to prepare their meal by staff. The staff member provided gentle hand on hand support to enable them to use a knife to prepare their food.
•Photographs and pictures were used to help people to plan their menu and each person had a separate food cupboard with their own provisions.
•One relative told us about the support given to ensure their relative was encouraged to eat. They said they now ate on their own with one member of staff and this reduced distractions for them. It had meant that they had now put on some weight.

Staff providing consistent, effective, timely care
•There were good relationships in place to ensure that people saw healthcare professionals when required.
•When people had been unwell or their needs had changed referrals had been made to relevant health professionals. For example, when there were concerns that one person may be at increased risk of choking support and guidance was obtained from the speech and language therapy team.

•Each person had a Health Action Plan which described any health conditions and had details about appointments people had to monitor these.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

•People had plans in place to support staff to know how to assist them to make decisions. For example, one person's plan said, "Use objects of reference. Give me a choice of two at a time to avoid confusing me. Do not rush me. Take your time and come back later if am not ready to make a choice."
•We saw people encouraged to make choices; for example, when one person requested a drink they got the mug from the cupboard for staff. The person was asked what drink they wanted, and again they showed this by getting the coffee jar.
•When people were unable to make their own decisions, staff consulted with families and other professionals to ensure that their best interests were considered. One social care professional told us about a meeting with the person they supported and their family to make some financial decisions.
•DoLS authorisations were in place when some people had restrictions in place that they could not consent to. Staff understood the DoLS to ensure that they were meeting the requirements of the MCA.

Adapting service, design, decoration to meet people's needs
•The home was accessible for people who had limited mobility or relied on a wheelchair to move. There were wide corridors and doorways to ensure they could move at ease.
•People were kept safe using technology and equipment. For example, there were sensors in people's bedrooms to alert staff if they required assistance at night.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported
•People had caring, kind supportive relationships with the staff who supported them.
•One relative told us, "[Name] is a lot happier and the staff team seem to bring them out of themselves. When we came to look round they didn't want to leave and have been happy there since."
•Staff told us how important people were to them and described how they prioritised their happiness and wellbeing. We saw caring interaction between staff and people throughout the inspection.

Supporting people to express their views and be involved in making decisions about their care
•People were enabled to make choices about the care they received. One member of staff told us how one person made choices about their clothes. They said, "[Name] has their clothes in boxes with pictures on them. We take the box to them and then they will choose their clothes."
•Staff adapted their communication to assist people to make choices; for example, by pointing at objects and using pictures to choose a meal.

Respecting and promoting people's privacy, dignity and independence
•Dignity and privacy were upheld for people to ensure that their rights were respected. For example, one person used a bathroom across the corridor from their room. A curtain had been installed so they could move freely between the rooms in the mornings while respecting their privacy.
•Care plans clearly showed what was important to individuals; for example, matching staff so that people were supported by staff of the same gender if that was important to them.
•Special occasions were celebrated with people, including their birthdays. When we inspected there were Christmas events taking place.
•People were supported to maintain and develop special relationships. For example, one relative told us about being supported to go shopping with their family member. Other people were enabled to see friends on a regular basis.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care
•People were supported by staff who knew them well and helped them to plan for things they wanted to do.
•There were activities planned throughout the week and staffing levels were planned around them. On the day of our inspection people had been shopping and swimming. Other days of the week people went horse riding, to work, to social events such as discos, and to eat out. When needed, adaptations were made to ensure people could follow their interests; for example, staff described how one person was assisted to ride a horse by volunteers who walked at either side of them.
•Some people were supported to practise their religion by attending church on a regular basis.
•Each week people attended a group where they explored different cultures and religions through discussion, trying foods and looking at pictures and films. They also did activities such as crafts around the topic.
•Each person had an individual weekly planner which showed their activities through pictures and symbols. This assisted them to understand what they were doing on each day. It, and other adaptations in the home, also showed us that the provider understood and met the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.
•People were also supported to plan holidays. One relative described how staff had supported them and their relative to have a holiday together. They said, "Having the staff there meant that we could take a break from each other if needed but also enjoy our time away with support."
•There were care plans in place which were detailed and regularly reviewed. One social care professional told us, "The care plans are detailed and contain all of the information needed."
•Regular individual reviews of care were completed. The social care professional said, "I attended one person's review. The staff team had organised it so that it was person centred and that person could have their voice heard. I was impressed."
•There were daily handover meetings and communication records completed. This showed us that the systems in place enabled staff to know about any recent changes in people.

End of life care and support
•People had some plans in place for their choices at the end of their life. However, the people living at the home were not receiving end of life care at the time of our inspection.

Improving care quality in response to complaints or concerns
•There was a complaints procedure in place. However there had been no complaints since our last inspection. One relative we spoke with told us they had never had to complain and was confident that any worries would be immediately responded to.

Good

Is the service well-led?

Our findings

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

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

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements
•There were quality audits in place to measure the success of the service and to continue to develop it. For example, there were medication audits which had actions for improvement recorded.
•The service had an improvement plan that the registered manager reported against. This demonstrated that the provider had an oversight of the delivery of care.
•The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support.
•Staff were well supported and able to develop in their role. Staff told us that they had regular supervisions and support from line managers to assist them. One member of staff told us, "The registered manager is a really good manager. We see her regularly and she is very personally supportive." Another member of staff said, "Staff have been here for a long time because there is good management."
•All staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.

Engaging and involving people using the service, the public and staff
•There were regular staff meetings and staff told us they were encouraged to participate and share their views in them. People who lived at the home were not able to communicate verbally, but we saw that at each staff meeting the team discussed what was and was not working well for each person living at the home. This showed us that care was taken to ensure that people's wellbeing was used to plan the service.

Working in partnership with others
•There were good relationships with local health and social care professionals, community centres and social groups.
•One social care professional told us that there was good communication with the staff in the home and very effective co-operation with the managers.