Solihull Metropolitan Borough Council

Three Gates

Inspection report

59 Grove Road
Knowle
West Midlands
B93 0PJ

Tel: 01564770352
Website: www.solihull.gov.uk

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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

We carried out this inspection on 5 May 2016.

Three Gates provides residential care and support for up to four people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were three people living at the home who had lived there since 2005.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager had been in post since 2010. This person was responsible for two other of the provider's services, and was not based at the home each day.

Relatives and staff told us people who lived at the home were safe. Staff had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. Staff were effective in identifying risks to people's safety and ensured people could choose what they wanted to do, while managing these risks.

There were enough staff to care for the people they supported. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service. Staff received an induction into the organisation, and a programme of training to support them in meeting people's needs effectively.

Care plans contained information for staff to help them provide personalised care. Care was reviewed regularly with the involvement of people and their relatives.

People received care from staff who knew them well. People and relatives told us staff were caring and had the right skills and experience to provide the care required.

People were supported with dignity and respect and people were given a choice in relation to how they spent their time. Staff encouraged people to be independent, and people had gained increasing skills and confidence in their daily lives.

People received medicines from trained staff and medicines were administered, stored and disposed of safely.

Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making, which included arranging further support when this was required.

People had enough to eat and drink during the day, were offered choices, and enjoyed the meals provided.

People were assisted to manage their health needs, with referrals to other health professionals, and equipment to support them was arranged where this was required.
People had enough to do to keep them occupied and staff tailored activities to people's individual interests.

People knew how to complain and could share their views and opinions about the service they received. Staff were confident they could raise any concerns or issues with the managers, who were approachable, and they would be listened to and acted upon.

There were processes to monitor the quality of the service provided. This was through regular communication with people and staff. There were other checks which ensured staff worked in line with policies and procedures. Checks of the environment were undertaken and staff knew the correct procedures to take in an emergency.

People and staff were positive about the managers, who they felt were supportive and approachable. The management team worked to adapt and improve the service to meet people's changing needs.

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.

People received their medicines from trained and competent staff. Staff had a good understanding of what constituted abuse and knew what to do if they had any concerns. There was a thorough staff recruitment process and enough experienced staff to provide the support people required. People received support from staff who understood the risks relating to their care. However staff encouraged people to live their lives as they chose to, and managed these risks.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. People were supported with their nutritional needs. Staff referred people to other professionals if additional support was required to support their health or social care needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate. People were encouraged by staff to be as independent as possible and given choices about how they spent their time. Staff ensured they respected people's privacy and dignity. People received care and support from consistent staff who understood their individual needs.

Is the service responsive?

Good

The service was responsive.

People received a service that was based on their personal preferences. Care records contained detailed information about people's likes, dislikes and routines. People and their relatives

were encouraged to be involved in reviews of their care. People were given opportunities to share their views about the service and the management team responded to any concerns raised.

Is the service well-led?

Good

The service was well-led.

People and relatives were happy with the service and felt able to speak with the management team if they needed to. Staff were supported to carry out their roles, and considered the registered manager and assistant manager to be approachable and responsive. There were effective systems to review the quality and safety of service provided. The management team continued to adapt the service to meet people's changing needs.

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 was planned to check 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.

The inspection took place on 5 May 2016 and was announced. We told the provider we were coming 48 hours before the visit, so they could arrange for people and staff to be available to talk with us about the service. The inspection was conducted by one inspector.

Before our visit we reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from relatives and visitors.

During our visit we spoke with two people who lived at the service, five staff including the registered manager, assistant manager and three residential support workers. We also spoke with one relative over the telephone.

We reviewed two people's care records to see how their care and support was planned and delivered. We checked two staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits.

Good

Is the service safe?

Our findings

Relatives told us people who lived at the home were safe. One relative told us, "I feel [Person] is safe there. If there were any problems they would tell me. I've got no worries." Staff told us people felt safe living at the home. The assistant manager told us, "I feel people here trust us."

Prior to staff starting work at the home, the provider checked their suitability to work with people who lived there. Background checks were obtained by the provider and two references were sought.

There were enough staff available to meet people's needs. One staff member told us, "There are enough of us here, we have enough staff to take people out." Ten staff worked alongside the assistant manager and registered manager. There were currently two staff vacancies. Bank staff covered these hours, and they were occasional staff who worked 'as and when' required. These staff were familiar with the people living at the home. The assistant manager told us, "I like to use the same staff, and ensure we get a good skill mix." This ensured people were suitably supported, by staff they were familiar with.

Staff undertook assessments of people's care needs to identify any potential risks when providing their support. The assistant manager told us, "We try to think 'outside the box' with people, we take calculated risks." For example, if one person decided they wanted to go fishing, staff would assess the risks first, to enable the person to do this safely.

Risk assessments were updated every 12 months or when people's needs changed. We saw risk assessments were in place for areas such as activities, in relation to people eating and risks related to emergencies, such as a fire. These detailed the likelihood of the risk, the impact and the level of risk, to help staff identify how to minimise these for people.

We looked at how medicines were managed and found they were administered, stored and disposed of safely. One relative told us, "They are very good with medicines," and explained that staff made sure their family member always had their medicines on time. We checked medicine administration records and found these had been completed correctly and that people were receiving their medicines when prescribed. Photographs for people, possible allergies and side effects were documented, so staff could ensure as far as possible, that medicines were given safely.

People received some medicines 'as required', for example if they were in pain. Individual guidelines were documented for staff to follow, to tell them when people might require this medicine, if people could not say. For example, one person could become 'quiet, withdrawn or tearful,' this was documented and staff were aware of this and how to support them.

All staff were trained to administer medicines. Every six months the assistant manager reassessed staff to ensure they remained competent to do this. During this assessment, staff were asked questions such as about possible side effects, and what they would do if a person refused to take their medicines. The assistant manager told us there had been no medicine errors. The provider carried out additional audits to

ensure medicines remained safe.

Staff understood the importance of safeguarding people and their responsibilities to report any concerns. One staff member told us, "I would be confident if I had concerns, I have had the training, if there were any issues I would raise these." Another staff member told us, "If I had any concerns I would report it and document it, there is a safeguarding folder downstairs and a whistleblowing policy." 'Whistleblowing' is when a member of staff raises concerns about the service they work in. Procedures were in place to ensure people's finances were managed safely and staff clearly documented any expenditure to safeguard people's money.

Staff were aware of the procedures to take in an emergency and if the home required evacuation. One staff member told us, "All of the service users and staff have a fire drill, we don't tell people in advance, we go out to the front or back, we have regular tests weekly. Drills are every three months, we have a folder." It was documented that a fire test had taken place the previous day and a fire drill in April 2016.

Accidents and incidents were recorded for each person. Records were analysed to identify any patterns in incidents, which were used to prevent them reoccurring.

A maintenance service was available if any repairs were required. Window restrictors were fitted and checks were carried out, including water temperature checks, gas and electrical safety and legionella testing to ensure people remained safe from potential risks.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to meet people's needs. One staff member told us, "We have a good team here, we all work together well." The assistant manager told us staff were very good at 'thinking outside the box' and identifying new and effective ways to support people.

Staff received an induction when they started working at the home. This consisted of working alongside a staff member for two weeks and completion of an induction programme. This took place during their six month probationary period and incorporated areas such as medicine procedures, handling of money and infection control. During this period, essential training such as fire safety and safeguarding was also completed.

Staff received training suitable to support people with their health and social care needs. One staff member told us, "I have had safeguarding training, health and safety and equality and diversity." They told us they found the training useful. A training had been completed around effective communication and the staff member told us, "There are always different techniques you can use with people, it's about thinking first, perhaps using smaller sentences, not giving people too much information." Following the training they had used these skills when supporting people at the home.

The assistant manager kept a record of staff training so they could monitor this and ensure staff kept their knowledge and skills up to date. They told us, "I can see on the computer what staff are booked on, their training history and the availability of this."

A 'handover' meeting was held each day as the shift changed, where information was shared by staff about people's health or well-being, so people could be supported consistently. One staff member told us, "When I start my shift, I say hello to the service users, read the communication book and have handover." This ensured they remained up to date with any important changes.

A 'must read' folder was also used and this contained any new information or changes to policies and procedures. Staff signed to say when these had been read and understood. The assistant manager told us, "We aim for staff to read three of these documents during their shift," so they kept up to date with important information about the home and they told us they found this system worked well.

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.

The provider had trained their staff in understanding the requirements of the Mental Capacity Act. One staff member told us, "If someone does not understand, they may not have full capacity. They may not understand signing for something, such as voting for example." They explained they may be able to make

day to day choices however.

All of the people were able to make some of their own decisions. One person required more support with decision making and we saw a 'best interest' meeting had been held with their family in relation to a decision about diet. Although this person had a mental capacity assessment on their care record, it was not clear what day to day decisions they could make. We discussed this with the assistant manager who told us they would document this now, so staff were clearly able to understand the person's decision making abilities, to enable them to support them correctly.

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. 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 (DoLS) were being met. We found three people's liberty was being restricted. Decisions had been correctly taken to submit applications to a 'Supervisory Body'. At the time of our visit all of the applications had been authorised.

People's nutritional needs were met with support from staff. One person told us, "I get the shopping and drinks. It's nice. One person cooks the meals in the kitchen and sometimes I help with the cooking." Another person told us about their favourite foods and how staff bought these for them. One staff member told us, "We promote healthy eating, they pick what they want to eat, they can eat out if they like," and that day some people had decided to go out for lunch.

People helped to buy groceries and choose their meals. People were encouraged to eat healthily, but able to buy the food of their choice. Once a week each person had a special 'night' where they chose the meal. One person at the home had some cultural needs in relation to their diet and staff supported them with this. One person required some specialist support around eating and a referral had been made to the speech and language therapist. Staff now prepared meals as they recommended to support the person.

People were supported to manage their health conditions and had access to health professionals when required. One relative told us, "They are very good, [person] was ill last year, they were brilliant, telling me how they were." The assistant manager told us about one person who did not want to go to see a health professional inside a building, so the professional met them instead in the car to support them. They told us the local GP surgery knew people well and staff supported people to go there when required.

Staff had arranged for counselling for one person following a difficult time. A psychologist supported some people at the home around managing behaviours and worked with staff to provide guidance in how best to support them.

Good

Is the service caring?

Our findings

People told us they were happy and they liked the staff. One person told us, "Yes I am happy here." One relative told us, "[Person] is very happy. They could tell me if they were not and I can tell by their actions, (if there was a problem) they would get very quiet."

One staff member told us what caring meant to them, "We make jokes with one another, the people here laugh and joke with us." They went on to say, "If there is an issue or problem, we all support each other." One staff member told us how they had a particular bond with one person and how the person liked to talk to them. Another person liked to play a game with staff where they copied what they said and they thought this was funny. The assistant manager told us, "People are involved in everything here, they make their choices, staff do their best to give them the best quality of life." We observed staff supporting people during our visit and the positive relationships between them.

People were encouraged to keep in touch with their families and there were no restrictions on visiting times. One staff member told us, "[Person] phones their family each week and writes letter to them, we know it is very important to them." Staff had arranged for one person to celebrate a religious festival with their family. Another person stayed with relatives each week. A staff member told us they felt the key to keeping these family relationships was "good communication."

Staff supported people with privacy and dignity when assisting them with care. One staff member told us they ensured that staff did not talk about people in front of other people, to maintain confidentiality. They told us, "We close the doors when assisting people with care or they are bathing." Staff had arranged for a specialist piece of equipment for one person, which helped staff in maintaining their dignity further.

People were supported with an independent advocacy service when this was required, and one person had been supported around a decision in relation to their finances. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

People's rooms were individualised, contained their own personal items and they were encouraged to make these comfortable to suit their needs and preferences. One person's room had been made into a 'sensory room' with lighting and decoration which enabled them to enjoy relaxing in there. Plans were in place for the rooms to be decorated and people were involved in this and in choosing the colour schemes.

People were supported to increase their independence where possible. One staff member told us, "[Person] has increased their skills, they love doing jobs in the house." During our visit this person helped to make us a drink as they liked to do this. Some people at the service were very independent and staff prompted and encouraged them to care for themselves. One staff member told us, "People bring their laundry down and put their clothes away." To enable one person to be more independent, staff filled a large flask for them each day, so they could help themselves when they wanted a hot drink. Staff had worked with one person to improve their confidence when going out. This person now went out shopping for clothes with staff and was

planning a short holiday.

In the past, staff had arranged for some people to attend classes in assertiveness and they had now become more confident in telling staff what they wanted to do. Staff had also supported people around budgeting, and they now had an increased awareness of money and how to better manage this.

Good

Is the service responsive?

Our findings

People were positive about the support received at Three Gates. One staff member told us, "I feel people's needs are met here well."

People were allocated a named worker they were familiar with. The assistant manager told us, "Each service user has a 'co-ordinator', they make sure everything is done for the person." They went on to say they tried to match staff based on skills, for example one staff member who liked cooking supported one person who shared this interest. The assistant manager told us they knew one person so well, they could immediately tell how they were feeling by their facial expressions.

Staff were skilled in using techniques in situations where people might become upset. They told us, "We use a lot of humour with [Person]," and this helped them to manage their feelings. The assistant manager told us about another person, "We have helped them by using boundaries, they respond to these and are now much more interactive with people." A 'positive handling plan' had been developed for staff following an incident between people at the home, which detailed how to manage this situation it if reoccurred.

Care records contained information about personal care needs, routines and preferences. Information about people was recorded such as, 'What is important to me' and 'How best to support me.' These documented that one person loved using public transport and staff told us they devised ways they could incorporate this into their daily routine.

People were supported with their preferred routines. One person liked to have a bath each day and staff supported them to do this. Another person could become tired and upset so they now had a routine where they spent some time relaxing in their room each day and staff encouraged this.

Some records were written in an 'easy read' pictorial format, so people were able to understand them more easily. The assistant manager told us, "We are in the process of archiving some records, so it is not as good as it could be." They had also recognised that some of the information on the care records could be improved further and they were beginning to address this now.

People at the service had a variety of communication needs which staff were aware of, and they used communication 'tools' to assist with these. One person used Makaton, which is a form of sign language, as well as pictures to communicate. Staff used short sentences to communicate with another person. Activities were detailed on a planner which had pictures to show people what they were doing each day. One person told us, "We do the planner every night on the computer, it has days of the week," and they liked that they could see what they were going to do each day.

There were enough social activities to keep people occupied and people decided these based on their individual preferences. One person told us, "I am going on the train today. I work at [shop], I like it." They told us about some college courses they attended and enjoyed. Also, about a holiday they had planned and how much they were looking forward to this. Another person told us they enjoyed gardening and they

attended courses in relation to healthy lifestyle and computers. They told us, "I enjoy the disco and you can go out with staff." One person had said they wanted to be more active so staff had now arranged for them to go on more walks.

One relative told us about their family member, "They keep [Person] happy by doing things, it is not good for them if it is too quiet." A staff member had taken one person to the pub to watch football. The staff member told us, "They were a little bit apprehensive, but really enjoyed it." One staff member was employed as an activities co-ordinator. Staff documented if people enjoyed the activities, so they could further tailor these to people's preferences.

People and their families were involved in formal reviews of the care provided along with any professionals involved. We saw a meeting for one person, their family and professionals had been held in February 2016. Review meetings gave people the opportunity to discuss the care provided and if they felt any changes were required.

We looked at how complaints were managed by the provider. We found they had been recorded and responded to, to people's satisfaction. One relative told us, "I have got no complaints. I am happy, (if there are any problems) I phone up and it's sorted out." One staff member told us, "I think people know how to complain, they could speak with the manager or staff. We would want to keep improving the quality of care." A complaints policy was documented and the assistant manager told us that people at the home would tell them if they were unhappy about anything. There had been no complaints recorded since 2014. There was one compliment from a relative recorded. This was in relation to how independent their family member had become with staff support.

Good

Is the service well-led?

Our findings

People were very happy with the management of the home and the service they received. One person told us, "It's a nice place to live." One staff member told us they felt the service so good they would not change anything about it.

The management team consisted of the registered manager and assistant manager. The assistant manager was responsible for the day to day running of the service. They had worked at the home for ten years and knew people well.

Staff told us the management team were approachable. One staff member told us, "[Assistant manager] has an open door policy, I feel fully supported." They went on to say about the registered manager, "I can't fault them, they have provided fantastic support." Another staff member told us, "It is brilliant, there is an open door policy if you have any concerns."

Staff told us they had formal opportunities to meet at team meetings and with one to one meetings. One staff member told us, "Team meetings are every four weeks, you can put across your point of view. Anything we raise gets relayed back." Another staff member told us, "Staff meetings and supervisions are very regular, we all have our own input into things to try, what worked well, what we could do better and activities."

One to one meetings were held every four to six weeks. The assistant manager explained they supported staff and used 'reflective practice' in these meetings to help staff with learning. They considered what had worked well and what had not, and how this could be improved in the future. Appraisals for staff were currently being completed and these gave staff an opportunity to review their roles, and look at their training needs and goals.

The management team sought feedback from people who used the service, to help them identify where they could make improvements. Meetings were held each month and enabled people to give their views and opinions. The last meeting was in April 2016 when decoration was discussed. One staff member told us, "People have regular service user meetings, discuss holidays and activities. [Staff member] discusses this with them."

The provider had arranged for an 'expert by experience' to speak with people in April 2016 to obtain their views about the service to feedback to the management team. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider had also arranged for some 'peer reviewers' (people living at other homes), to visit to find out if people were happy at Three Gates and if they would like to make any changes. A survey was offered to people visiting the service also to feedback their experiences.

The assistant manager told us about plans for the service. A 'continuous improvement plan' documented that plans were in place to re-decorate the service. They told us, "We want the home to be a nice place to live in for people."

The assistant manager told us they felt supported in their role by the registered manager, "I feel definitely supported by [Registered Manager], and we have had some difficult times at the home." The assistant manager explained there had been some challenges when people first moved to the service and over the years, but they had addressed these well, and they felt positive.

Audits and checks of the service were carried out by the management team. These included medicines audits, checks of care records and safety checks. The provider had a quality assurance person who had visited the home recently. They had suggested that more information could be added into the care records to make them more 'person centred', some records could be archived and any accidents at the service could be analysed further. The assistant manager told us they were in the process of making these changes now. A manager from another one of the provider's services did some additional audits and checks, and the assistant manager did theirs in return, so they could support each other further.

The registered manager understood their responsibilities and the requirements of the provider's registration. They were able to tell us what notifications they were required to send us, such as changes in management and safeguarding. We had received the required notifications from them, however had not received any notifications in relation to DoLS applications being authorised. The registered manager told us they would provide us with these notifications now.