

# 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 four 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 were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, Right care, Right culture. The new service manager and support staff promoted a positive culture in the service. People had experienced significant changes to their routines during the pandemic period and people could not pursue many of the activities and learning opportunities they usually enjoyed. Staff have been proactive in supporting people with alternative in-house activities which ensured people's behaviour continued to be calm and settled. This helped promote people's choices and independence even during the pandemic period when normal routines were disrupted. Improvements were required to ensure all aspects of people's care was safe and information was consistently available in care planning documents.

People did not always receive consistent safe care.

We completed this inspection over two days. Though the provider had made some progress from the point of the last inspection, 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 provider where we had immediate concerns to people's safety. We required the provider to complete an urgent action plan to demonstrate how they would mitigate risk. We then returned to the home to see if the provider had done what they had told us in the action plan. We saw the provider had made a number of improvements. However, information in the range of documents within the care plan were not summarised consistently and left a potential to cause people harm.

There was little consistent evidence that any quality monitoring had been used to make improvements highlighted in the September 2020 inspection. The audit systems that were in place were not operated

effectively or overseen by the provider to ensure people received a quality service.

Medicines were stored and administered safely.

Staffing levels were adequate to provide acceptable levels of care. People were unable to communicate verbally, their views of the service staff provided were sought on a day to day basis by staff reading the body language and vocal sounds people used.

People were safeguarded by staff trained to recognise potential abuses. Where errors had been made, staff were involved in discussions about incidents and included in any shared learning.

The new service manager understood their roles and responsibilities and had applied to be a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 9 September 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvement had been made, however, the provider was still in breach of some regulations.

#### Why we inspected

The inspection was prompted in part due to concerns received about infection control. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. 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 become fully 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?**

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our Safe findings below.

**Requires Improvement** ●

# 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 did not have a manager registered with the Care Quality Commission. A service manager has been appointed and has commenced the registration process. This means the provider has sole legal responsibility for how the service is run and for the quality and safety of the care provided. The provider sent a senior manager at time of our inspection and we were assisted by them throughout the inspection.

#### Notice of inspection

We gave the service notice of the inspection just before we entered the home. This supported the service and us to manage any potential risks associated with COVID-19. The inspection site visits occurred on 3 & 16 February 2021. We visited the service to see and observe the people living there, speak with the 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.

#### During the inspection

We spent time observing the care and support being provided to people in the home. We observed all four people who lived in the home and spoke with two support staff. We also spoke with the service manager, senior service manager. We looked at the care records for two people who lived in the service and records that related to how the service was managed including staffing rotas, recruitment, training and quality assurance.

After the inspection

We made calls to two advocates.

We asked the service manager to send us further documentation following the inspection which included copies of the training records, the staff rota and outcomes of questionnaires. These were supplied and considered when writing this report.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remains 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.

At our last inspection on 14 July 2020, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had some effective systems in place to monitor and review the quality of care people received. This was an improvement from our last inspection and the provider was no longer in breach of regulation.

### Preventing and controlling infection

- People were not protected by the control of infection. 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. The provider had failed to fully implement the latest Department of Health guidance about protection of people from COVID-19 infections.
- We found the provider had planned but not commenced changes to the environment we highlighted at our last inspection. The anti-slip flooring in some bathrooms was still punctured, and there were holes and cracks in plaster and unpainted wood. These areas left the potential of water ingress and placed people at risk from the potential for cross infection and cross contamination.
- We found other areas of concern such as the excessive surface temperatures of radiators that could cause harm to people if in contact for too long.

Following the inspection, we wrote to the provider detailing our most serious concerns and asked them to take immediate action to mitigate risk. The provider responded within the required timescale with clear details of planned action to reduce the risks associated with infection control and risk from hot surfaces.

- By the time we had returned on the second day of the inspection, the service manager and staff understood their requirements to keep people safe from a cross infection. They had introduced further documentation circulated by the provider and had made changes to the process staff followed when professionals and visitors entered the home. Temperature checks were now in place for people living in the service and staff and any visitors to the service.
- Radiator temperatures had been reduced and furniture placed to allow people greater distances from hot surfaces. These interventions reduced the risk of harm.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules. The provider had made changes to the layout of furniture to encourage social distancing.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had introduced some information to assist the service manager in managing the COVID-19 infection.

#### Assessing risk, safety monitoring and management

- Risks had been assessed to protect people. Risks around the consistency of people's food and fluids had been assessed and documented. Staff were clear about protecting people and were confident they could spot and if required report any abuse.
- Staff were clear about people's individual diets and the consistency of food and fluids that people required.
- However, information contained in other documents such as hospital passports, support plan and one-page profile did not always include the same information in the original documents. This could lead to confusion regarding specific needs a person had and placed people at risk from harm. We spoke with the service manager who stated all documents would be scrutinised to ensure the information was consistently applied in all the documents.

#### Staffing and recruitment

- Staff were employed in numbers that allowed staff to complete care in a relaxed and unrushed way. One advocate said when asked about the quality of training, "Staff are always thoughtful and open [the provider] is keen on staff development."
- Staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs.
- The service manager provided support and guidance to staff in their care of people.
- Staff confirmed there were enough staff on each shift to support people in a way they preferred, and were happy with the training offered which ensured they could meet people's needs.

#### Using medicines safely

- People were supported with their medicines by staff who had been trained in the safe administration of medicines.
- Medicines were safely stored in people's individual bedrooms, along with medicine administration and temperature storage records. Staff had completed these correctly and used written guidance when administering any 'as required' medicine.
- Staff continued to be supervised periodically by the service manager to ensure they followed the medicines training and confirm people were provided with their prescribed medicines.

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

- People's advocates told us they felt people were safe from the risk of abuse. Both visited regularly prior to COVID-19 visiting restrictions being introduced and continued virtual visits over the internet. One advocate said, "I know [named] well, their responses would change if they didn't feel safe."
- 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 service manager.
- The provider had a safeguarding policy, procedure and systems in place to protect people from avoidable harm and abuse.

#### Learning lessons when things go wrong

- We saw that lessons had not been learned and changes made since our inspection in July 2020. We highlighted this on the first day of this inspection and following our return, to complete this inspection



systems and processes had begun to be adapted.

- Incidents and accidents were reported on a database. This meant the provider and the service manager should be able to identify any trends and act when needed.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remains 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.

At our last inspection on 14 July 2020, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had some effective systems in place to monitor and review the quality of care people received. This was a slight improvement from our last inspection, however, the provider remains in breach of the regulation as not enough progress has been made.

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

- The provider had undertaken regular audits of the systems used to support people and staff in the home. However, there were a number of inconsistencies in documents, for example, information on people's diets was not reflected accurately in all the individual parts of the care plan. Quality audits had not revealed the shortfalls in these documents.
- Monitoring of people and staff's COVID-19 symptoms was not inclusive and did not include updated guidance from the Department of Health. The absence of adopting this and wider provider guidance was a contributory factor in people and staff transferring the COVID-19 infection.
- 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 still not used effectively to drive continuous improvement in the home.

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

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 the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff felt the new service manager communicated openly with staff as to the best ways to plan any changes in people's care regimes.
- The service manager was aware how to gather complaints information. There have been no complaints recorded since they commenced in post.
- Staff felt valued and were encouraged to share ideas to improve the service. Staff told us they felt 'supported' and 'listened to' by the new service manager. One staff member said, "In my life I've never known such a supportive manager." A second member of staff said, "We got a lovely box at Christmas to say

thank you, little things, we have never had happen before."

- Staff were confident that concerns raised with the service manager or area managers would be listened to and acted on. A staff member said, "I feel like [service and other manager's] will listen to us." Staff told us the senior and area managers visited the home regularly and chatted to staff. They also said they had the contact details and felt they could contact them if they had concerns.
- The service manager understood information sharing requirements. Records showed information was shared with other agencies, for example, when the service had identified concerns, and the service manager had sent us notifications about events which they were required to do by law.
- The provider understood their responsibility to display the rating from their latest inspection. The rating was displayed in the entrance hall of the home.

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 regarding making choices about their life in the home. Both advocates agreed that the people living in the home, could not communicate verbally. One advocate said, "If [named] brings their shoes to you they want to go for a walk, if you don't respond, they throw them at you till you pay attention."
- The service manager said questionnaires had been provided to staff in the past by the previous service manager, however, they could not find any outcomes from these.
- Neither of the advocates have been included in any quality assurance exercise or sent a questionnaire. This did not allow people's representatives to engage with the provider and suggest changes or improvements to the service. We spoke with the service manager who said they would be included in the next round of questionnaires to be sent out.

Continuous learning and improving care

- Staff said the service manager was accessible, approachable and dealt with any concerns they raised. One member of staff said, "[Named] is even available whilst on leave."
- The analysis of incidents and events in the service were used to identify potential themes and trends, so action could be taken to further develop the service.

Working in partnership with others

- The service manager demonstrated how they worked in partnership with speech and language therapists, 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 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 in all documents.