

Three Gables

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Inspection report

Three Gables
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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?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Three Gables on the 17 and 18 November 2014 where we found improvements were required in relation to the infection control, respecting people and maintaining people's records. The provider sent us an action plan and told us they would address these issues by August 2015. We undertook an inspection on 28 and 29 January 2016 to check that the provider had made improvements and to confirm that legal requirements had been met. We found improvements had been made however not all legal requirements had been met. Some concerns with regard to record keeping and good governance identified at the inspection in November 2014 had not been sufficiently addressed.

Three Gables is a care home that provides accommodation for up to 19 older people who require a range of care and support related to living with a mental health condition. This includes a dementia type illness and behaviours that may challenge others. On the day of the inspection 18 people lived there. There is a registered manager at the home who is also one of the partners of the business. 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.

Although there were systems in place to assess the quality of the service provided in these were not always effective. They had not identified some of the shortfalls we found in relation to people's care plans and further improvements are required to ensure they reflected all the care and support people received and required. There were shortfalls in other records which had not been identified through the audit system. For example there was no overview of training staff had received and information was missing from recruitment records. This did not impact on the care and support people received because staff knew them well.

People were looked after by staff who were kind and caring. They knew people really well and had a good understanding of people's individual care and support needs. Staff supported people to make choices and respected their right to make decisions. People were supported by staff who treated them with dignity and respect.

There were risk assessments in place and staff had a good understanding of risks and what steps they should take to mitigate the risks. People were supported to maintain a balanced and nutritious diet. Food was freshly cooked and people were able to choose what they would like to eat and drink throughout the day. Nutritional assessments were in place to identify people who may be at risk of malnutrition.

Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. They understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where necessary DoLS applications and authorisations were in place.

Medicines were managed safely and staff made sure people received the medicines they required in the correct dosage at the right time. People were supported to receive appropriate healthcare to meet their needs. Healthcare professionals we spoke with were positive about the support staff provided.

There was enough staff who had been appropriately recruited to look after people. Staff were well supported by the managers and colleagues. They received regular supervision and told us they were able to talk to the registered manager at any time.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 ●

Three Gables was safe.

People's medicines were managed safely. They were stored, administered and disposed of safely by staff who had received appropriate training.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they cared for.

There were appropriate handwashing facilities in place.

Staff understood what to do to protect people from the risk of abuse.

There were enough staff working at the home to meet people's needs and staff recruitment practices were safe.

Is the service effective?

Good ●

Three Gables was effective.

The registered manager and staff understood their responsibility in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff received training and support to enable them to meet people's individual needs.

People had access to food and drink that met their individual needs and preferences.

People were supported to maintain good health and had access to on-going healthcare support.

Is the service caring?

Good ●

Three Gables was caring.

Staff knew people well and treated them with kindness, compassion and understanding.

Staff supported people to make their own decisions and choices throughout the day.

Is the service responsive?

Good ●

Three Gables was responsive.

People received care and support that was responsive to their needs because staff knew them well.

There was a complaints policy in place and people and visitors told us they were able to raise concerns and these would be addressed promptly.

Is the service well-led?

Requires Improvement ●

Some aspects of Three Gables were not well led.

Although there were systems in place to assess the quality of the service provided in these were not always effective. They had not identified some of the shortfalls we found.

There was an open culture at the home, where staff were committed to providing a good quality of life to people who lived there.

Three Gables

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.

This was an unannounced inspection by two inspectors and took place on 28 and 29 January 2016.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with people who lived at Three Gables and they told us about the care they received. We spoke with six people however, some people were unable to verbally share with us their experiences of life at the home because of their dementia needs. Therefore we spent a large amount of time during our inspection observing the interaction between staff and people and watched how people were being cared for by staff in communal areas. This helped us understand the experience of people who could not talk with us.

During the inspection we reviewed the records of the home. These included staff training records, staff files including staff recruitment, training and supervision records, medicine records complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at four care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with two relatives and seven staff members including the registered manager and a visiting healthcare professional.

Is the service safe?

Our findings

At our last inspection on 17 and 18 November 2014 the provider was in breach of Regulation 12 Cleanliness and infection control and of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was not enough appropriate hand washing facilities throughout the home to prevent cross infection and staff did not always wear protective clothing when they went into the kitchen.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by August 2015. At this inspection we found improvements had been made and the provider is now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visitors to the home told us their relative was safe at the home. One person told us they felt, "Quite safe" living at Three Gables. We observed people were relaxed and comfortable in the company of staff and were happy to approach and talk with them.

The home was clean and tidy throughout. There were suitable handwashing facilities throughout the home. This included liquid soap and paper hand towels. Staff used gloves and aprons when providing personal care and protective aprons were available for staff to use in the kitchen. We observed staff using these. There had been a recent environmental health inspection of the kitchen and had received a rating of five, which is the highest that can be achieved. There was a cleaner employed at the home each morning. Staff told us although they were not responsible for the cleaning of the home they were responsible for ensuring people were looked after in a clean environment. For example ensuring people's bedrooms were tidy and baths were cleaned after use. There were cleaning schedules were in place and these were regularly audited. Where areas of concern were identified for example if an area had not been cleaned to an acceptable level we saw actions had been taken to address this. The registered manager was aware of maintenance that was required around the home and maintenance issues were addressed as they arose.

Staff told us they had received safeguarding training and understood their responsibilities in relation to safeguarding people in order to protect them from the risk of abuse. They were able to tell us about different types of abuse and told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us if appropriate they would report to the most senior person on duty or inform external agencies such as the local authority. The safeguarding policy contained appropriate guidance including the relevant contact numbers for the local safeguarding authority which staff were able to access.

There were systems in place to support the safe management of medicines. Medicines were stored securely in a cupboard which remained locked when not in use. We saw medicines were given to people individually as prescribed. Medicine administration record (MAR) charts clearly stated the medicines people had been prescribed and when they should be taken. MAR charts included people's photographs, and any allergies they had. They were up to date, completed and signed by staff when people had taken their medicine. Some

people had been prescribed medicines to take when they required them (PRN medicines), for example if they experienced pain, were anxious or agitated. Staff had a good understanding of people and the medicines they required. We observed them asking people if they required their PRN medicines. For people who were less able to inform staff verbally if they needed PRN medicines, staff told us about observations they made to determine when to give the medicine. For example one person who required medicines if they became agitated, staff explained what actions they would take before giving the medicine. This meant PRN medicines were only given when people required them and not given routinely.

There were a range of risk assessments and these were regularly reviewed. They provided information for staff on how to manage the identified risks. These included mobility, skin integrity and nutrition. Where people were at risk of developing pressure sores there was information about what actions staff should take to ensure their pressure areas didn't become sore. This included preventative measures such as regular position changes. Where there was an air pressure mattress in place there was guidance and checks in place to ensure this was set on the correct setting for the individual. There were systems in place to deal with an emergency and there was guidance for staff on what action to take and there were personal evacuation and emergency plans in place. Staff had a good understanding of the risks associated with looking after people.

There were enough staff working at the home to look after people. There was a manager or senior care worker on duty each day. There were three care staff working throughout the morning and two in the afternoons and at night. In addition to the care staff there was a cook and housekeeping staff who were responsible for the cleaning and laundry. In the afternoons when there were two care staff working the managers also provided care and support to people. To ensure people were able to go to bed when they chose one member of care staff worked between 7.30pm and 10.30pm. During the inspection we observed people were attended to promptly. Staff told us they had enough time to provide the care and support people needed.

Staff recruitment checks were undertaken before staff began work at the home. This helped to ensure, as far as possible, only suitable people were employed. This included an application form with employment history, references and the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults. For one staff file viewed there was no photographic identification in place. The registered manager told us this had been seen when the staff member completed their documentation for DBS checks however a copy had not been retained.

Is the service effective?

Our findings

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. Staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw authorisations were in place for some people and for others applications had been made. The registered manager was pro-active in ensuring authorisations were reviewed by the appropriate authority when needed. We observed staff asked people's consent before delivering any care or support.

There was a training programme and staff confirmed they received this regularly. When staff started work at the home they received induction training which introduced staff to people and the day to day running of the home. There were workbooks for staff to complete and these were signed by one of the managers to show the staff member had been assessed as competent to provide care to people. The registered manager told us they had not employed any staff recently however future inductions would be based on the Care Certificate. The Care Certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff training and updates included safeguarding, moving and handling and infection control. Staff also received training which supported them to meet the specific needs of people living at the home, this included dementia awareness. Staff told us dementia awareness provided them with some understanding of how people's dementia may affect their behaviour and how they could support them. There was a supervision programme and we saw staff received regular supervision where they were able to discuss any concerns or identify training needs. They also received group supervision and attended staff meetings. We saw these were also used as opportunities to update staff knowledge and understanding. Staff told us they had recently received an update about the Mental Capacity Act and were able to demonstrate a good understanding. They understood that although people may not have capacity they were able to make some decisions about day to day matters. For example what to wear and how to spend their day.

People were supported to maintain a healthy and nutritious diet. People told us they enjoyed the food at the home. One person said, "It's good." Visitors told us, "The food always looks lovely." Nutritional assessments were in place to identify people who may be at risk of malnutrition. The cook and staff had a good understanding of people's dietary needs and choices and were aware of or those who required a special diet for example diabetic or pureed. People were provided with a choice of meals and alternatives were offered if people did not like the meals provided. There was a dining room and a dining area in the small lounge. People who required more support, or those that chose to, ate in the small lounge. We

observed staff remained with people engaging with them and encouraging and prompting them to eat. In the main dining room we observed people eating their meals and chatting to each other. People chose where to sit although they clearly remained within their friendship groups. There was information in the care plans about actions staff should take to ensure people received adequate nutrition for example when one person declined their meal staff offered them soup which they enjoyed. Another person may decline to eat if sat at the table before their meal was served. We observed this person being supported to the table as the meals were served. There were food and fluid charts in place where staff recorded what people had eaten and drunk throughout the day. Staff told us they completed these for people who had lost weight or were declining food.

Care records showed external healthcare professionals were involved in the care of people, supporting them to maintain their health. This included GP, community mental health nurse, dietician, optician and chiropodist. We spoke with a visiting healthcare professional. They told us people were referred to them in a timely way and staff followed any guidance or advice they provided. They also told us staff responded appropriately to relative's concerns about their loved one's health. Staff told us if they had any concerns they would contact the doctor and saw evidence of this during the inspection.

Is the service caring?

Our findings

At our last inspection on 17 and 18 November 2014 the provider was in breach of Regulation 17 Respecting and involving people who use services, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who were less able to communicate verbally were not involved in decisions about how they spent their day. Staff did not always interact with people to promote positive and meaningful experiences throughout the day.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by August 2015. At this inspection we found improvements had been made and the provider is now meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew people well and supported them as individuals. People told us staff were "Very good." They were able to tell us about people's choices, personal histories and interests. They spoke with people using their preferred name and took time to listen to them. Where people were less able to communicate verbally they were attentive and noticed when people may require support or attention. They were talking to one person, discussing the gifts they had received for their birthday. There was friendly chat between staff and people throughout the day. The registered manager told us, "My heart is with the people I look after."

People were treated with kindness and patience by staff. One staff member told us, "We look after people how we would want our own relatives cared for." One person was distressed and we observed staff reassuring and supporting them. There was information in the person's care plan which provided guidance for staff on how they should support them. Staff followed the guidance; they reminded the person why they were at the home and reassured them it was where they should be. They then offered to make them a cup of tea which was accepted and the person relaxed. We observed staff consistently supporting this person whenever they became distressed.

People were supported to remain as independent as possible. Care plans identified that people may require encouragement and prompting for example with their personal hygiene. Staff told us they supported people to do as much as they could for themselves. One staff member said, "I don't do it for them, but I'm there I help when they need me to."

Staff told us people were able to choose how to spend their day. People who were able to express themselves told us they could do what they wished throughout the day. We observed people spending time in their rooms or the lounges as they wanted to. One person told us they liked to spend time in their room watching the television but they would join others in the lounge for certain activities and mealtimes. We observed people sitting with friendship groups at mealtimes and throughout the day. We observed people in both lounges, we asked staff how people who were unable to express their choices verbally made decisions about what lounge they spent time in. Staff told us people who spent time in the smaller lounge generally needed more support than people in the other lounge. They told us on occasions they had encouraged

people to sit in a different lounge and gave us an example of how one person had appeared unsettled and distressed until they returned to their 'original' lounge. Staff told us, "We never force people to sit in a particular lounge, but we know people, we can tell when they are happy and when they are settled."

People were supported to maintain relationships that were important to them. Visitors were always welcome at the home and we saw evidence of this throughout the inspection. Relatives we spoke with told us they could visit at any time they chose. Visitors told us staff were caring. One visitor said, "Staff pick up on things, they are gentle and calming." Another visitor told us, "Staff know (relative) my mum/dad/friend really well."

Staff helped people to maintain their privacy and dignity. Bedroom doors were kept closed when people received support. We observed staff knocked at doors before entering and where possible waited for a response before entering. All of the bedrooms were single occupancy and some people had chosen to personalise their rooms with their own belongings such as photographs and ornaments. People were dressed in clothes of their own choice which were well presented. Some care plans informed staff that people's appearances were important to them for example they liked to wear jewellery or make up. We saw people were supported to do this, we observed staff painting people's nails and the hairdresser visited the home regularly.

Is the service responsive?

Our findings

Visitors to the home told us they were involved in their relatives care. They said, "Any problems, any changes they're straight on the phone." People told us staff would always support them when they needed it. People and visitors told us they did not have any complaints but if they did they would talk to the registered manager.

Although not all information staff required to support people had been recorded in their care plans this did not impact on people's care because staff knew people, their individualities and needs well. Before people moved into the home they were assessed by the registered manager to ensure their needs could be met. Care plans were completed with the person and where appropriate their representative. They included information about people's care choices and preferences such as dietary likes and dislikes and hobbies and interests. There was information about how they communicated and this included any aids they may use such as hearing aids or glasses. For example one person had glasses but chose not to wear them. The care plan informed staff to remind the person about their glasses and ensure they were always available. There was guidance for staff about people's emotional needs and when they may need support. For example one person's care plan stated they may become anxious about other people at the home. There was guidance in place for staff which informed them to sit with the person and reassure them. There was information about people's personal hygiene choices including any preferred toiletries they may like to use. Care plans and risk assessments were regularly reviewed by the keyworker and any changes identified. Care plans were then updated by one of the managers. People received care which was personalised to reflect their needs and wishes because staff knew them well. During the inspection we observed staff responding appropriately to people's needs for example when they required support or were unwell.

Changes in people's care and support needs were discussed when staff came on shift. A handover was given to update them on how people were and if there were any changes in their usual care needs. For example, staff were informed if someone was unwell or if there was any specific support a person needed. Visitors told us they were informed and updated about any changes in their relative's health or care needs.

There was an activity programme and this was available for people to see. People were reminded when an activity was taking place to enable them to take part if they chose. Some people were reluctant to participate and although staff respected this they tried to encourage them to join in. Where possible they made adaptations to suit the person, for example ensuring they could sit in a position of their choice. In the smaller lounge we observed people were supported by staff to engage in a range of activities throughout the day. We saw people were completing jigsaw puzzles, colouring, knitting, listening to music and reading books. People were interested and animated. They were clearly enjoying themselves.

In the main lounge we observed people sitting and watching television. We observed staff asking them what they would like to watch and changing the channel. Some people did not appear interested and staff told us chose to stay as they liked to sit with their friendship groups. In addition to external activities we observed staff engaging people in activities. Two people went out for a walk with staff whilst other staff provided a quiz for people. Although people who chose to sit in the smaller lounge were able to join others in the main

lounge for visiting entertainers they often chose not to. To ensure they did not miss out, a window between the two lounges was opened so everybody could enjoy musical entertainment. People told us they enjoyed listening to the singing.

There was a complaints policy at the home. People and visitors said they did not have any complaints at the time but they were able to speak to the registered manager or staff if they did.

They told us they were listened to and any worries were taken seriously and addressed. There had been no formal complaints during the past year. The registered manager told us they always spoke to visitors who came into the home to ensure they did not have any concerns. They explained by doing this any worries would be addressed immediately and would not escalate to formal complaints.

Is the service well-led?

Our findings

At our last inspection on 17 and 18 November 2014 the provider was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Accurate records were not in place in relation to the care and treatment for all service users.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by August 2015. At this inspection we found that improvements had been made in relation to people's care plans. However, further improvements are still required to ensure the provider is meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visitors told us the registered manager was approachable and they were always able to speak to her. We observed her spending time with people and it was clear they knew her well. One visitor to the home told us, "A consistent staff team" helped to make Three Gables a good home.

Since our last inspection people's care plans had improved, they were more personalised and contained more guidance for staff however further improvements were required to ensure they reflected all the care and support people received and required. There was a system in place to monitor the management and quality of the home however this was not always effective. We highlighted areas for improvement during the inspection that had not been identified within the service's quality monitoring processes and a further area where action had not been taken to address an identified concern. The care plan checks and audits confirmed that reviews had taken place and random care plan checks identified all the relevant documentation was in place. However, they did not identify that care plans did not include all the relevant information to ensure people were looked after in a consistent way. For example this included one person who may need their medicines administered covertly. Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. We saw discussions had taken place with the person's GP and relative. Staff told us how they would administer the medicine however there was no guidance in place to ensure this was done consistently. Care plans informed staff about people's personal hygiene and skin integrity needs. For example one person's care plan informed staff to check their skin daily for signs of redness. There was no evidence to say this had been done. Although staff knew people well new staff may not be aware of people's needs. There was no guidance for staff to ensure consistency or demonstrate evidence that people's care needs were met.

Daily notes stated people had received support with personal hygiene however it did not define whether people had received a bath, shower, bed bath or just had their face and hands washed. Although people participated in activities there was limited information about the activities people wished to participate in, how this was achieved and if they enjoyed it. One person's care plan informed staff to encourage the person to go for a walk but did not include any details about how staff would achieve this, the support required or where the person may like to walk. Similarly another person enjoyed staff reading the newspaper to them but no further details were included. Daily notes were not detailed and did not give an overview of what

people had done during the day, their mood or activities they had participated in. This did not impact on people because staff had a good understanding of their individual needs and choices and the care they required.

The audit system had failed to identify there was no overview of training which meant the provider could not be sure staff had the most current knowledge and skills to meet people's needs. There were incomplete recruitment records and although the registered manager told us the issues had been addressed records did not demonstrate the provider had all the necessary information related to staff they employed. There was a lack of PRN guidance for medicines. There were protocols in place for some people but these had not been recently reviewed. For other people there was information about what the medicine was for but there was no further guidance to ensure this was done consistently. Whilst this did not impact on people because staff had a good understanding of people and the medicines they may require to take PRN. There was no evidence to demonstrate these medicines were given consistently or to demonstrate evidence that people's care needs were met. The provider could not be sure that staff new to the service had all the information they required prior to giving people medicines.

An audit had identified an unpleasant odour in the home and although we saw steps had been taken to address this it was still present at the inspection. The issues above meant that the people were not always protected against risks associated with unsafe treatment by the quality assurance systems in place. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were involved in the day to day running of the home through day to day discussion, regular meetings and a recent survey. Feedback was positive with people saying they were happy and well looked after.

There was a positive open culture at the home. The registered manager was committed to providing a caring environment where people were well looked after and want to live. The registered manager worked there on a daily basis and had constant contact with people. She knew people well and had a good understanding of their needs and choices. People and their relatives knew her by name. They told us she was approachable and they were always able to contact her.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People's personal records were not accurate and up to date.</p> <p>The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.</p> <p>Regulation 17(1)(2)(a)(b)(c)(f)</p>