

Mr Alan Hannon

Threen House Nursing Home

Inspection report

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Date of inspection visit:
24 February 2022
28 February 2022

Date of publication:
14 April 2022

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

Threen House Nursing Home is a nursing home in a converted, detached property. The service provides personal and nursing care and accommodation for up to 26 adults. At the time of our inspection there were 16 people using the service.

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

There were arrangements in place for preventing and controlling infection but these were not applied consistently. Some records regarding the management of the service and staff employment had not always been kept up to date. The systems in place for monitoring the quality of the service and making improvements were not always effective as they had not enabled the registered manager to take timely action to address the issues we found.

Relatives and visitors spoke positively about people's care and the atmosphere of the home. One relative told us, "They really seem to care."

There were enough staff to meet people's needs safely. There were recruitment processes in place to help make sure the registered manager only employed suitable people. Staff liked working at the home and felt supported by the registered manager and provider.

People were supported to take their medicines safely, although the registered manager could not always demonstrate they had ensured staff remained competent to provide this support.

The service worked together with other health and social care professionals to meet people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 May 2018).

Why we inspected

As part of CQC's response to care homes with outbreaks of COVID-19, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice is safe and that services are compliant with IPC measures. This was a targeted inspection looking at the IPC practices the provider has in place. This included checking the provider was meeting COVID-19 vaccination requirements. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service. We inspected and found there was a concern with IPC practices so we widened the scope of the inspection to become a focused inspection to include the key questions of safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the

findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Three House Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led findings below.

Requires Improvement ●

Threen House Nursing Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Threen House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Threen House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information about incidents the provider had notified the CQC about. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the provider, a chef, a care worker, a senior care worker and a nurse. We observed people being supported in the communal areas. We viewed a range of records relating to people's care and the management of the service. This included three people's medicines support and care records and three staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service, including audits, maintenance records and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also requested more evidence about the management of the service, including staffing and premises maintenance records. We spoke with two relatives, a local priest and a healthcare professional who had visited the home regularly.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- There were arrangements in place for preventing and controlling infection but these were not applied consistently.
- Staff were not always using personal protective equipment (PPE) safely. When we visited on 24 February we found a number of care and nursing staff and the registered manager were not wearing face masks. This was not in line with the home's infection control policy or national guidance on keeping people safe during the COVID-19 pandemic. This meant we were not assured that the provider was always using PPE effectively and safely. We discussed this with the registered manager and signposted them to relevant guidance. They improved practices promptly so they and staff then wore masks during the inspection.
- The environment was homely, appeared free of offensive odours and well-ventilated, but not all areas were maintained so as to be sufficiently hygienic. We found the plastic coatings on support handles on the walls in two toilet rooms were in a peeling condition. We discussed this with the registered manager who arranged for the rails to be removed for replacement during the inspection.
- We saw the staff toilet room was not in sufficiently clean condition, with no holder for toilet roll and a dirty light pull-cord. We discussed this with the registered manager so they could make improvements.

These issues indicated the prevention and control of the spread of infections was not always managed in a safe way. This placed people at risk of harm. This was also a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider supplied staff with suitable PPE to keep themselves and people safe, such as the face masks and gloves, aprons and hand sanitiser. The registered manager had provided staff training on how to use this appropriately.
- The registered manager accessed regular COVID-19 testing for people using the service and staff. This helped them to monitor people's safety and identify an infection outbreak the service had experienced recently.
- The provider gave staff information and training on infection prevention and control, including guidance about COVID-19.
- The registered manager had processes in place for admitting people safely to the service.
- The provider had arrangements in place managing outbreaks effectively.
- We were assured that the provider's infection prevention and control policy was up to date.
- The kitchen appeared clean and well-maintained when we visited.
- The provider was following the current government guidance for visitors at the time of our inspection.

Relatives we spoke to also confirmed this.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

We checked to make sure the service was meeting this requirement. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Staffing and recruitment

- The registered manager had processes in place to complete a series of recruitment checks to make sure they only offered roles to fit and proper applicants. They had not always been able to do this in a timely manner during the COVID-19 pandemic when starting new staff quickly to ensure there were enough on shift to support people safely.
- The registered manager had arranged staffing rotas so there were sufficient staff to meet people's needs.
- Staff told us they thought there were enough of them to support people well and they did not have to rush to do so. We saw staff respond to people promptly and support them in a gentle, unhurried manner.

Assessing risk, safety monitoring and management

- The registered manager made sure there were risk management plans to assess and reduce risks to people's health, safety and well-being. These plans considered risks such as nutritional needs, oral health, COVID-19, choking and mobility and set out actions for staff to help people to mitigate those risks. For example, we saw people's plans stipulated how their food and drink needed to be prepared so they could have this safely.
- Some people's risk management and care plans noted they needed staff support to reposition their body regularly to promote skin integrity and manage or avoid pressure sores. Daily care records we viewed showed people were receiving this support as required. A relative told us staff and the registered manager were diligent in supporting their family member with their skin integrity needs.
- The registered manager and provider completed a range of checks to monitor and maintain people's safety. These included checking gas and lighting, water temperatures, bed rails and servicing mobility equipment.
- The provider made sure there were appropriate fire safety arrangements in place. These included a fire safety risk assessment and management plan. Staff we spoke with knew what to do in the event of an emergency.

Using medicines safely

- There were processes in place to make sure people received their medicines as prescribed.
- Staff who administered medicines had completed training on how to do this. The registered manager had not always completed in a timely manner staff annual competency assessments to provide this support, due to managing the service priorities during the COVID-19 pandemic. We discussed this with the registered manager and they demonstrated they had completed the assessments shortly after our inspection.
- People's care plans provided information about their prescribed medicines, including 'when required' medicines such as for pain relief. Staff signed medicines administration records (MARs) to indicate they had supported people to take their medicines as prescribed. The MARs we viewed had been completed appropriately.
- The registered manager oversaw safe systems for ordering, handling and disposing of medicines, including controlled drugs. There were appropriate arrangements for administering a person's medicines

covertly when they lacked the mental capacity to consent to this, agreed by a multi-disciplinary team. The registered manager conducted regular audits to make sure people received their medicines as prescribed.

- A healthcare professional told us they had no concerns regarding people's medicines support.

Learning lessons when things go wrong

- There were procedures in place for responding and learning from incident and accidents.
- Staff recorded information about incidents and accidents, such as what happened, immediate actions taken, how the person's well-being was observed afterwards and other agencies. For example, if a person experienced a fall.
- The registered manager reviewed all incident records so they were aware of what happened.

A healthcare professional told us the registered manager was "on the ball" and "in tune with everything going on." The registered manager compiled and audited incidents on a monthly and annual basis to help monitor the service and identify improvements, such as ensuring timely referrals to other agencies such as a physiotherapist or a falls clinic.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people using the service from the risk of abuse. Relatives told us they felt people were safe.
- Staff we spoke with understood how to recognise, respond to and report safeguarding concerns. This included escalating concerns to other agencies if required. They had completed safeguarding awareness training to support this. They were confident senior staff and the registered manager listened to and responded to concerns.
- The registered manager knew how to respond to safeguarding concerns and reported these to statutory services. They investigated concerns and maintained appropriate records that demonstrated how these had been handled and actions taken.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant that while leaders and the culture they created supported the delivery of high-quality, person-centred care, the management and monitoring of care was inconsistent at times.

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

- There were a range of checks and audits to monitor the quality of the service. This system had not always been effective as it had not enabled the registered manager to identify and take timely action to address some of the areas for improvement we found. This meant there was a lack of consistency in how risks to the quality of the service were managed.
- These checks had not consistently ensured people's safety from infection by always making sure that all staff used PPE effectively and maintaining a sufficiently hygienic environment.
- The registered manager had not always followed practice guidance in maintaining appropriate records when they recruited staff quickly during the COVID-19 pandemic. For example, when they could not complete some of the usual recruitment checks swiftly they had not always recorded all their decision-making to appoint an applicant and the mitigations they put in place to manage the risks of this. We discussed this with the registered manager and signposted them to relevant 'interim' guidance on conducting recruitment checks during the COVID-19 pandemic.
- Staff were required to document hot water temperatures before supporting a person to wash. Records showed this was done regularly, but the documents for these checks were not all in place for staff when we visited. The registered manager addressed this when we raised it with them. These issues indicated the registered manager had not always maintained up to date records regarding the management of the service and the employment of staff.

We found no evidence that people had been harmed however, these issues indicated systems were either not in place or robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The assurance checks included assorted monitoring of issues such people's skin integrity concerns, checks on infection prevention and control practice, medicines support and the maintenance of the building.
- Staff and relatives spoke positively about the registered manager and their leadership. A relative said, "We're very pleased with [the registered manager] – very straight, in a good way, explains everything."
- The registered manager said they were supported in their role by the provider who visited frequently and was in regular contact with them.
- The registered manager notified the CQC of important events or incidents as required. The provider

displayed the previous inspection ratings at the home. This helped people to find out about the quality of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and visitors to the service told us they felt people were supported well and treated by staff in a caring and respectful way. They described the culture and atmosphere as "a home from home" and "very family-orientated." They commented they "couldn't be happier" and had recommended the service to others.
- We observed a number of staff, the registered manager and the provider interacting with people in a caring, attentive and respectful way. Staff described a positive and compassionate culture. One said they felt their work was valued and others commented, "I really enjoy coming to work" and "I'm pleased about the love [the people] are given here... I am proud to be part of this team."
- Staff felt supported by their colleagues and the registered manager, who they said was approachable and helpful.

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; Continuous learning and improving care

- There were processes in place to respond to concerns about people's care when things may have gone wrong. Relatives and staff said they were listened to if they did raise an issue.
- The registered manager was responsive to the matters we found and acted to address these promptly when we discussed them.
- The registered manager did not have an up to date recorded service improvement or development plan in place at the time of our visit. They intended to address this after the inspection. However, there was a commitment to learning and developing the service. A professional credited the registered manager for making improvements to people's care experience, stating, "I have been impressed since [the registered manager] has been there. I can definitely see the difference."

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

- Relatives we spoke to felt involved in their family members' care and the service.
- The registered manager had not held a staff meeting with a large number of staff for over a year as a safe working measure during the COVID-19 pandemic. They planned to re-institute this soon after our inspection. They kept staff informed about the service through supervisions, notices, emails, handovers and daily conversations and staff confirmed this.
- The registered manager had not conducted a formal survey with people, relatives or staff to get feedback about the service for 18 months. They planned to do this in the months after the inspection. However, relatives and staff told us they felt involved in the running of the home, informed about what was happening and could always approach the manager or the provider.
- We observed the provider welcome a local religious leader into the home to provide a service to people, which they participated in when they chose and appeared to enjoy. This took place regularly. We noted staff supported people to celebrate festivities and occasions throughout the year, such as Christmas, Halloween and Valentine's Day.

Working in partnership with others

- The service worked in partnership with other agencies to provide coordinated care to people. For example, the registered manager and staff worked with GPs, social workers, tissue viability nurses, dieticians and opticians. A healthcare professional told us they felt the staff worked collaboratively with them to meet people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care and treatment was always provided in a safe way for service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person was not always effectively operating systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity