

3L Care Limited

# 3L Care Limited

## Inspection report

The Old Chapel  
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Winsford  
Cheshire  
CW7 3DN

Tel: 01606215315

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: 3L Care Limited is registered to provide accommodation and personal and nursing care to up to six adults with complex needs such as acquired brain injury, physical and learning disabilities. At the time of our inspection they were at full capacity.

People's experience of using this service:

A holistic approach had been adopted in the assessing, planning and delivery of people's care and support. Care plans were extremely detailed and identified intended outcomes for people. Staff provided excellent care and support that was met in a way people preferred and provided consistent and positive outcomes that exceeded expectations. Staff worked hard to provide a consistently better quality of life for people by supporting them to develop in areas such as communication, social interaction, education and independence. Family members spoke highly of the support provided and told us how their relatives had achieved improvements in their own abilities, independence and confidence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to live enriched lives and do what they chose. Staff encouraged them to be as independent as possible whilst ensuring they remained safe. Risks that people faced were identified and assessed and measures were put in place to manage them and minimise the risk of harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely and people received medication at the right time. Family members told us they felt extremely confident their relatives were safe.

Positive relationships had been developed between staff and people using the service. There was laughter and warmth within the service and staff spoke positively about the people they supported. Family members spoke positively about the caring attitudes of staff and told us their relatives were well looked after. Staff treated people with dignity and respect and made sure personal information was kept private.

Staff showed a genuine motivation to deliver care in a person-centred way based on people's preferences. The management team and staff had developed strong, familiar and positive relationships with people and family members. Throughout the inspection the management team and staff were observed to be warm and affectionate towards people and often displayed physical contact that was appropriate and accepting from people. Family members described staff as being extremely caring and that the service 'went the extra mile' for people to ensure they lived a good quality life.

The leadership of the service promoted a positive culture that was person centred and inclusive. Family members and staff all described the management team as supportive and approachable. The management

team showed a continued desire to improve on the service and worked closely with other agencies and healthcare professionals in order to do this. Effective systems were in place to check on the quality and safety of the service and improvements were made when required.

Rating at last inspection: Good (report published 6 September 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

This service was exceptionally effective.

Details are in our Effective findings below.

Outstanding ☆

### Is the service caring?

This service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

This service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

This service was Well-led.

Details are in our Well-led findings below.

Good ●

# 3L Care Limited

## 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:

This inspection was carried out by one adult social care inspector.

#### Service and service type:

3L Care Limited is registered to provide accommodation and personal care to up to six adults with complex needs. They are located a short distance from the centre of Winsford.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is a small service and we needed to make sure that someone would be available. We also wanted to give the registered manager time to prepare people who use the service for our visit to help reduce disruption to their day.

#### What we did:

Our plan took into account information the provider had sent us since the last inspection within their provider information return (PIR). We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team, Healthwatch and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

People using the service were not able to give us their views. During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with two family members, three members of support staff, a nurse and the registered manager.

We looked at three people's care records and a selection of medication and medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for five staff and records of checks carried out on the premises and equipment.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse; staffing and recruitment

- Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff knew what was meant by abuse and were confident about how to report safeguarding concerns.
- The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future incidents occurring.
- Enough suitably qualified and trained staff were on duty to meet people's needs and keep them safe. Staff were proactive at providing support when needed.
- Safe recruitment processes were being followed to ensure that staff employed were safe to work with vulnerable people.
- Personal emergency evacuation plans (PPEPs) were in place to provide information and guidance to safe evacuate people in the event of an emergency.

Assessing risk, safety monitoring and management; Using medicines safely

- Individual risks to people had been assessed with the involvement of the person and their family members where appropriate. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm.
- Risks to people were continuously assessed and plans reviewed when changes were identified. This ensured appropriate support was provided without placing restrictions on people's lives.
- Regular safety checks were completed on the environment to ensure it remained safe.
- Family members told us they felt their relatives were extremely safe. Comments included "Yes [name] is safe, we have never had any concerns in that respect. [Name] is very well cared for" and "Absolutely [name] is safe, no concerns at all."
- Medicines were stored and managed safely by appropriately trained staff. Medication administration records (MARs) were completed correctly and staff had access to information and guidance about how to safely administer people's prescribed medication.
- Staff had access to detailed guidance for people who required medicines to be administered 'as required'(PRN).

Preventing and controlling infection

- Staff had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.
- Staff used personal protective equipment (PPE) where required and followed correct guidance in relation to disposal of PPE and other waste products in order to minimise the spread of infection.
- All areas of the home were clean and well maintained.

### Learning lessons when things go wrong

- A record of any incident or accidents that occurred were kept and reviewed monthly to identify any patterns or trends so that lessons could be learnt when things went wrong.
- The registered manager completed a thorough review and analysis of incidents in order to learn how to manage future situations in a more safe and effective way; such as those related to distressed behaviours.

# Is the service effective?

## Our findings

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

People's outcomes were consistently better than expected compared to similar services. Feedback from family members described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The service adopted a holistic approach to assessing, planning and delivering care and treatment to people. Prior to people moving into the home, the service worked with other health and social care professionals to complete thorough assessments of people's needs to ensure they were able to provide the right support. We saw examples of where this had resulted in drastic improvements to people's outcomes and well-being.
- Assessments were completely individual and contained information and guidance specific to each person's needs and personalities. For example we saw people socialised and engaged in activities which they would not have done without this assistance.
- The service worked extremely hard to provide people with effective support to achieve the best outcomes possible and enhance people's quality of life whilst ensuring their needs were met. For example people had begun to engage in group activities, care for themselves and build trust which improved their outcomes.
- Through the positive actions of staff people had more enriched lives; some had developed in confidence, independence, communication and social interaction.
- The service was committed to working collaboratively with other healthcare services and specialists to help improve people's quality of life. For example, specialist advice was sought and accessed from various health professionals and we saw this had been used to manage and reduce distressed behaviours in people; this had a positive impact on people's lives as well as those around them.
- The service continuously looked at new techniques and interventions to provide consistently effective support.
- Family members spoke extremely positively about the impact the service had on their relatives. One family told us "[Name] is so much happier now and settled. I have seen such a difference in them since living at 3L. The staff are amazing and have worked so hard to improve their life."

Staff support: induction, training, skills and experience

- Staff knew people extremely well and how to best meet their needs. Staff used the training and experience they had received to support people and provide excellent outcomes and a good quality of life. For example highly skilled nursing staff used the training they had received to help manage a person's diabetes and distressed behaviours which resulted in positive outcomes and a better quality of life.
- The service recognised the importance of continuously developing staff's skills, competence and knowledge to ensure high-quality care. Staff were supported to gain new skills and share best practice.
- Family members told us they felt their relative's needs were met extremely well by staff and helped provide positive outcomes and a more meaningful life. One family member told us "Staff knowledge is

excellent, they really work hard and know exactly what [name] needs. That have worked hard to make a difference to their life."

- People consistently received excellent care from staff which resulted in people being able to enjoy a better life; for example staff used their skills and experience to develop trusting relationships and build routine into people's lives. This helped people to develop in confidence and independence and resulted in them having a more enriched life. For example people had improved their appearance and diet resulting in a healthier life and improved interaction with others.
- Newly recruited staff completed a comprehensive induction which included a period of shadowing other more experienced staff. This gave them the opportunity to get to know people's needs and behaviours before lone working. Staff told us the induction period gave them confidence in their roles and helped enable them to follow best practice as well as effectively meet people's needs.
- Staff felt supported in their role and received regular one to one supervision. Staff told us the on-going support they received enabled them to discuss their work concerns or leaning development when needed.
- The service encouraged people to be involved in staff recruitment by allowing them to be part of the interview process where appropriate. One person helps by preparing questions for interviews and providing feedback to the registered manager following interview.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals.
- Where staff identified changes in people's needs, referrals to appropriate healthcare professionals were completed in a timely manner and records were maintained to evidence such referrals and any advice given.
- Each person had a 'health passport' which provided a detailed summary of the support people needed when accessing health appointments.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to maintain a healthy balanced diet. Staff recognised and placed a strong emphasis on the risks associated with poor food and drink intake.
- People were supported and encouraged to participate in the preparation of meals in order to develop and maintain independence. We saw an examples where this had improved people's health and assisted them to reach goals they would not have otherwise achieved.
- Staff had good knowledge of people's preferred food choices and dietary requirements and ensured these were provided.
- Staff maintained daily charts for those who require their food and drink intake to be monitored daily.
- People were protected from risks associated with poor nutrition, hydration and swallowing difficulties.
- Staff are well trained and highly skilled in people's nutritional needs. Their skills and knowledge, along with the collaborative working with other health professionals, has helped to improve people's nutrition.

Adapting service, design, decoration to meet people's needs

- Technology and equipment was used effectively to meet people's care and support needs.
- A small 'independent' kitchen area had been built for one person to support with increasing their independence and ability. Staff told us this person had gradually become more independent and with lots of encouragement was able to do more things for themselves.
- People had been given the opportunity to decorate their rooms in the way they chose; each room was individual and contained items personal to them and decorated in a theme of their choice.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation to ensure decisions made on behalf of people were lawful.
- Where people lacked the capacity to make particular decisions, they were supported to have maximum choice and control over their lives and were supported by staff in the least restrictive way possible.
- Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; equality and diversity

- People received good care and support and were treated with kindness and compassion by staff who knew them well.
- Family members spoke positively about the care provided by staff. Comments included "[Name] is very well cared for. The staff are lovely and are always kind and caring to [name]" and "All the staff are really nice, they are brilliant with [name] and have built a really good relationship with her."
- Staff displayed positive, warm and familiar relationships when interacting with people. There was a mutually genuine, kind and compassionate relationship between staff and people living in the home.
- Staff spoke of people with genuine fondness and felt privileged to be supporting them. One staff member told us "I would happily come in on my days off just to work with people, they are amazing and we all just want the best for them."
- Staff understood and supported people's communication needs and choices; various methods of communication were used to ensure information was made accessible to people. One family member told us "[Name] is unable to communicate verbally, they use eye contact and gestures; staff appear to have worked hard to understand him and communicate with him."
- People and family members had been given the opportunity to provide information about their lives, important relationships and preferences about how they wanted to be supported by staff. Staff used this information as well as positive interaction, to get to know people and engage them in meaningful conversations.
- People were supported to maintain and develop relationships with those close to them, social networks and the community.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised.
- Staff provided support and comfort to people who were upset and anxious to help relax them.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private.
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.
- People were given choice and control in their day to day lives and supported to maintain their independence wherever possible. Staff were keen to offer people opportunities to spend time as they chose and where they wanted.

Supporting people to express their views and be involved in making decisions about their care

- People, along with family members, were encouraged to share their views about the care people received with regular reviews and meetings.
- Staff signposted people to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care that was based on their individual needs. Staff knew people's likes, dislikes and preferences well and used this knowledge to care and support people in the way they wanted.
- People and their family members were involved in care planning. One family member told us "We have regular reviews about [name's] care and I always feel involved in the decisions made."
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed.
- Staff maintained a daily record of people's care and support to ensure that all relevant and up-to-date information was available.
- The service recognised and met the communication needs of people with a disability or sensory loss. Electronic devices and other communication methods were provided where needed to support people to communicate and ensure information was accessible to everyone.
- People were supported to access a range of personalised activities and encouraged to maintain hobbies and interests.
- Staff, along with the involvement of people, created a detailed activities planner every week; all activities planned were chosen by people. Staff told us the activities planner was flexible as they understood that people's needs and emotions changed from day-to-day.
- One person had been supported to achieve many goals with the activities that had been planned. Another had been supported by staff to purchase their own vehicle so that staff could take them out more.
- People had access to sensory equipment to help create a calm and stimulating environment.
- Family members were mostly positive about the activities provided for people and told us they felt their relatives were given many opportunities to get out. However, one family member told us they felt the service needed staff with specific knowledge and skills in activities to ensure people received a good level of stimulation. They also felt better communication was needed to update family members on the activities their relative took part in.

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback about their experiences of care. The service provided a range of accessible ways to do this.
- People and family members were given information about how to make a complaint. Comments included "If we had any concerns we would contact [manager], we have had many discussions about [name's] care and we are confident any issues or concerns would be dealt with" and "I have never felt the need to make a complaint but if I did I know [manager] would deal with it straight away."
- The registered manager kept a record of any complaints received and how these had been managed.

Complaints that were made were dealt with appropriately by the registered manager and where required were used as an opportunity to improve the service.

#### End of life care and support

- The service had not, to date, had to support anyone who required end of life care.
- We found that staff understood the importance of providing end-of-life care that was tailored around each person's individual wishes and preferences. Staff described how they would support people at the end of their life to have a comfortable, pain free and dignified death.'

# 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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager planned and promoted person-centred, good quality care and good outcomes for people. Family members spoke highly of the registered manager and the care and support they provided. Comments included "[Manager] is lovely, she does everything she can for [name] and puts the residents first" and "[Manager] is fantastic, she is always straight on to things if there is a problem."
- The culture of the service was caring and focused on ensuring people person-centred care that met their needs effectively. It was evident that staff knew people well and put the person-centred values into practice.
- Staff felt motivated and passionate about making a difference to people's lives; they described the house as warm, happy and like a second home. Staff told us it was a pleasure to work for the service.
- Staff understood the registered manager's vision to give people the best life they could have and were keen to implement this within the service.
- It was clear that people were at the heart of the service and the 'can do' attitude of staff created a warm, friendly and calm atmosphere.

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

- The service was well-led with a clear management structure in place. The registered manager, nurses and support staff understood their individual roles and responsibilities.
- Family members felt confident in the abilities of the registered manager and staff team. One family member told us, "[Manager] is really good at what she does, she has worked so hard with [name] and you can see the difference with her."
- Family members were confident their loved ones were well cared for and looked after by all staff and the registered manager; it gave them the freedom to live a life free of worry.
- Staff felt supported and valued by the registered manager and were confident about discussing any concerns in an open manner.
- The staff team were supportive of each other and helped create a happy working environment. Staff members told us they loved working at the home and would happily come in on days off to support people.
- The registered manager was aware of their legal requirement to notify CQC about certain events and submitted notifications when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others.

- The service involved people and family members through meaningful discussions about the care. Views were obtained through regular meetings, reviews and discussions and information was used to improve the service.
- Family members felt listened to and involved in the care their relative received.
- The management team and staff worked closely with other agencies and community groups to achieve good outcomes for people.
- The service holds regular fundraising events which they invite local residents to in order to help encourage members of the community to engage with people using the service.

#### Continuous learning and improving care

- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the registered manager and staff to identify areas of improvement. Clear action plans were created and tasks were allocated to appropriate staff to complete.
- The registered manager met regularly with managers from other services and the director of care within the provider group to share learning and experiences; information shared was used to help improve the service.
- The registered manager and nurses complete observations and create scenarios for support staff to observe the care and support provided. Any issues identified are addressed through team meetings and supervisions with staff. The registered manager told us this was a good way to address complacency and ensure staff are providing consistently good care.
- Regular meetings are held with staff to discuss shared learnings and case studies; this provides an opportunity to discuss improvements made or needed. 'Topics of the month' are then created to remind staff of their responsibilities.
- The registered manager kept a record of all improvements and changes made since the previous inspection and any they still planned to make; they were continuously looking at ways to improve the environment and quality of care to ensure good outcomes for people.