Threeways Care Limited

Threeways

Inspection report

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Tel: 01737760561

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 28 March 2017. The inspection visit was announced.

Threeways is a residential care home for six people who have a learning disability and autism. People have varied communication needs and abilities. At the time of inspection there were five people living at the service.

On the day of inspection we met the registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service on 18 November 2015 where concerns were identified with regards to staffing levels, risk management, consent, dignity and respect, person centred support and auditing.

The registered manager had made several improvements with regards to incident reporting, consent, dignity and respect and person centred support. Despite this we still found a shortfall with regards to the management of risk while people were being supported out in the community..

Relatives felt their loved ones were safe at Threeways. Despite this we found that the registered manager did not always ensure people were support by a safe amount of staff while accessing the community. This put people at risk as their assessments indicated they become anxious and distressed while out in the community.

Further risks of harm to people were identified at the initial assessment of care and staff understood what actions they needed to take to minimise risks. Staff understood people's needs and abilities.

People were supported by staff who understood the signs of abuse and their responsibilities to keep people safe. Recruitment practices were followed that helped ensure only suitable staff were employed at the service.

People were supported by regular members of staff who supported people in a timely manner. Staff were confident and had the knowledge to administer medicines safely. They knew how to support people to take their medicines safely and to keep accurate records.

Staff felt they received the training and support they needed to meet people's needs effectively. Staff felt supported by the management team.
The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of MCA and DoLS. When people lacked capacity the best interest process was followed.

People were supported to eat meals of their choice and staff understood the importance of people having sufficient nutrition and hydration. Staff referred people to healthcare professionals for advice and support when their health needs changed.

Relatives praised staff for their caring nature. Relatives told us staff were kind and respected their privacy, dignity and independence. Care staff were thoughtful and recognised and respected people's wishes and preferences.

People received person centred care and people were supported with activities.

Relatives knew how to complain on behalf of their loved ones and were confident any complaints would be listened to and action taken to resolve them.

Relatives praised the quality of support offered to their loved ones and agreed that the service was managed well. The registered manager understood their responsibilities in terms of notifying CQC of significant events at the service.

The registered manager audited the care and support delivered and sort feedback from people and relatives regarding the support received. All feedback from audits and questionnaires was positive so it was hard to judge if this had been used to improve the service provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not supported by safe number of staff while out in the community.

People were protected from harm. Staff could identify and minimise risks to people's health and safety. Accident and incidents were recorded and staff understood how to report suspected abuse.

The service had arrangements in place to ensure people would be safe in an emergency.

People were supported by staff who were recruited safely.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

The requirements of the Mental capacity Act (MCA) were met and staff had a good understanding of the MCA and Deprivation of Liberty Safeguards.

Staff had the skills and training to support people's needs and staff felt supported.

People's nutritional needs were met.

People had access to health and social care professionals who helped them to maintain their health and well-being

Is the service caring?

Good

The service was caring.

Staff were kind and respectful. They treated people with dignity and encouraged them to maintain their independence.

Staff took into consideration people's communication needs and

involved them in daily decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's care was person centred and care planning involved people and those close to them. People were supported to enjoy activities.

People's needs were assessed and reviewed to ensure they received appropriate support. Staff were responsive to the needs and wishes of people

People and relatives knew how to make a complaint and were confident any concerns they had would be acted on.

Is the service well-led?

Good

The service was well led.

Several improvements had been made since the last inspection.

The registered manager audited the care and support provided.

Staff knew and understood the organisational values which were reflected in the support we observed.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 March 2017 and was announced. The provider was given 24 hours' notice because the location is a small provider and we needed to be sure someone would be available to meet with us. This inspection was carried out by one inspector who has experience of people with learning disabilities.

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 service. We looked at information received from relatives, social workers and commissioners and in the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law.

We observed care and support being provided in the lounge, dining areas, and with their consent, in people's bedrooms. People had complex care needs which meant some had difficulty describing their experiences of living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also observed people receiving their medicines and spent time observing the lunchtime experience people had.

During the inspection we spoke with two people, three staff, the registered manager and the provider. We also spoke with one person's advocate. Follow up calls to three relatives were made We reviewed three people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves

people received a quality service.

Requires Improvement

Is the service safe?

Our findings

Relatives said that their loved ones were safe at Threeways. One relative described their loved one as being, "Absolutely safe," because the support met their needs.

During our last inspection we found that there were not always enough staff deployed at certain times to meet people's needs. There had been times when staffing levels were below the levels that the provider deemed to be safe. During this inspection we found that the provider had employed more staff and was consistently meeting the levels of staffing the provider set out to be safe. Staffing rotas indicated that there were four members of staff on each shift. Our observations backed this up. Relatives and staff agreed that there was enough staff to meet people's needs and keep them safe.

Despite this staff had not always been deployed in the numbers required to keep them safe. On the day of inspection we observed four people being supported out in the community by three members of staff. According to their risk assessment three of these four people were assessed as needing additional support to access the community safely. This meant that people were being supported to access the community with lower staffing levels than their risk assessments indicated. When we spoke to the provider about the staffing levels of this community activity we were told, "We are confident there is not a breach of safety" as staff review people's moods before they access the community in groups. We were informed by the provider that this had been risk assessed and that the local authority was aware of this arrangement. Despite this we found no evidence that the provider had risk assessed people accessing the community in groups with lower staffing levels than their assessed needs. When we spoke to the local authority we were told, 'Social service is not aware or agreed that X or the other residents can go out together with less staff than their risk assessments state.'

There were insufficient staff deployed to keep people safe when out in the community. This meant that risks to individuals were not always being managed and people were not always protected. Due to the potential impact of this this is a breach of Regulation 12 Heath and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who were able to describe different types of abuse and how to report suspected abuse. A staff member said, "If someone was being abused I would immediately report it to the manager." The registered manager raised safeguarding alerts with the local authority when abuse was suspected and the service had taken steps to address any concerns.

During our last inspection we found that staff response to incidents had not been recorded. Improvements had been made in this area and it was now clear how staff responded. There had been 16 recorded incidents this year. All these incidents involved people becoming distressed and anxious. These incidents had been analysed by management so that the risk of similar incidents occurring in the future was reduced. There was evidence that the frequency of people's challenging behaviour was recorded and discussed on a regular basis within the team and with the relevant professionals at the community learning disability team.

People who were at risk of becoming anxious and distressed had positive behavioural support plans and support guidelines for staff to follow. These plans gave guidance to staff on how best to support people to reduce their anxiety. Staff had a good knowledge of support strategies in place to reduce the impact of anxiety and distress. For example, staff spoke about the diversion techniques these use for each person, which were reflected in people's support plans. One member of staff said, "First we must talk to them to see what is bothering them. Perhaps they want something? Perhaps they do not understand me? We try different things." Other member of staff said, "We use diversion techniques to reduce anxiety."

People were helped to keep safe from harm because staff could identify and minimise risks to their health and safety. Several risks had been identified by staff and had been appropriately risk assessed. These risks included, choking and falls. Staff informed people of the risks, to help them understand and make their own decisions around safety. One staff member said, "Staff also ensure the environment is safe for people. Staff are always with people and can tell them if they are doing anything that maybe harmful to them."

Risk assessments had been undertaken on the home to ensure it was safe for people, staff and visitors; this included a premise health and safety risk assessment. Annual safety checks included items such as general lighting, power circuits and PAT testing. Generic risk assessments were in place that covered areas such as infection control and first aid.

People would be protected in an emergency because arrangements were in place to manage their safety. These arrangements included a contingency plan, which listed the actions staff needed to take in the event of an emergency. Each person had their own personal emergency evacuation plan, known as a PEEP, which explained the safest way to support someone to evacuate the home in an emergency. These plans were person specific and took support needs and risks into account. Staff had knowledge of these procedures and knew how to keep people safe during an emergency.

The provider had ensured that only fit and proper staff were employed to support people. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People received their medicines in a safe way. People were supported with their medicines by staff who had received medicine training and an annual medicine competency assessment. Staff had knowledge about people's medicines and what they were prescribed for.

We observed that people were given the time needed to take their medicines safely. People had written protocols in respect for receiving medicines on an 'as needed' (PRN) basis, which were reviewed regularly. Staff checked that people had taken medicines before signing the medicines administration records (MAR) to ensure that records accurately reflected the medicines people were prescribed.

Medicines were stored and disposed of in a safe way. Medicines were locked in a secure cupboard. Regular medicine audits were in place and the MAR charts showed all prescribed medicines were signed as being taken by staff trained to do so.

Peoples medicines were well managed when they were away from the home. There was an 'Away from home policy' for people when they visited their families which had clear documentation about taking their medicines safely whilst away from the home. Where people needed to have their medicines administered in a specific way this was agreed with the GP and documented that it was safe to do so. For example, one person had swallowing difficulties and needed to have their medicines crushed.

Good

Is the service effective?

Our findings

We looked to see if the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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.

During the last inspection we found that the requirements of the Mental Capacity Act were not always followed. This was because peoples consent had not always been sought about what care and support they needed or wanted. During this inspection we found that the provider had made improvements in this area. These improvements were highlighted with the review of all mental capacity assessments and the implementation of teaching sessions for staff that focused on consent.

Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were followed. Staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One member of staff said the MCA is, "In place to protect people who cannot decide. We do everything in people's best interest." Throughout the inspection people were asked by staff if they consented to care and support before it was given to them. For example, people were asked if they wanted to take their medicines before it was administered.

When people lacked capacity and did not have an allocated person authorised to make decisions in their best interest the provider took appropriate steps. These steps included working in collaboration with an Independent Mental Capacity Advocate (IMCA) during best interest meetings and reviews where appropriate. An IMCA is involved when a vulnerable person who lacks mental capacity needs to make a decision about serious medical treatment, or accommodation. They offer help to people to make decisions in their best interest. The IMCA had been involved with Deprivation of Liberty Safeguards for one person.

All the people living at Threeways had their freedom restricted to keep them safe. For example, the front door was locked at night, people were subject to constant supervision and some people had 'as required' medication when these became anxious and distressed. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this for a care home are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the local authority. At the time of the inspection one of these applications had been granted and the other four were still being processed by the local authority. Whilst they waited for them to be agreed staff supported people in line with the application that had been made. On the day of the inspection the home received a visit from an IMCA who said although it is important restraints are regularly reviewed, "They are currently in X's best interest and are least restrictive."

Staff were trained to meet people's needs. Members of staff said they had the training to carry out their roles effectively. Training courses covered areas such as positive behavioural support, challenging behaviour, first aid and safeguarding. One member of staff said, "We have enough training to support people." If we notice a training need the manager will take steps to provide it."

As an additional to formal training courses the registered manager had introduced monthly teaching sessions to support staff with their learning and development. A member of staff said, "We talk about a different topic each month. They are very useful and help refresh knowledge." We saw that they had carried out session recently with regards to consent and dignity and respect.

People were supported by staff who received a comprehensive induction to the role, the people and the home. Two new members of staff we spoke to agreed that the induction was, "Very good." One member of staff explained that the induction gave a good introduction to social care. They also explained they had shadowing experience with experienced staff. They said it, "Focused on the people and their needs." Another member of staff said, "They explained all I needed to know about the service users and challenging behaviour and what I needed to do." New staff were supported to complete the Care Certificate. The Care Certificate is a qualification that aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

People were supported by staff who had regular supervisions (one to one meeting) with the registered manager. The supervisions gave staff the opportunity to discuss their development and training needs so they could support people in the best possible way. One member of staff said, "We get supervision from management and I feel supported."

People's nutritional needs were met. People used a pictorial menu to choose what they wanted to eat and alternatives were offered. The menu offered a variety of meals. People were supported by attentive staff who gave enough time for them to eat and enjoy their meals and checked if they wanted more. Staff were aware of people's dietary needs and preferences. A relative was complimentary about the food on offer at the home saying, "The food is good."

People had access to health and social care professionals, who helped maintain their health and wellbeing. Staff responded to changes in people's health needs by supporting people to attend healthcare appointments, such as to the dentist, opticians or doctor. People had annual health reviews with their GP and their medicines were reviewed at least annually. People with more specialised health needs had been referred to appropriate health care professionals. For example, one person had input from a consultant psychiatrist and an advanced nurse practitioner. People had health action plans, which help monitor the health input they received.

Good

Is the service caring?

Our findings

A relative said staff at Threeways are, "Friendly and supportive." Another relative described their loved one as being, "Happy," living at Threeways, and described staff as, "All so kind." A person's advocate said, "X is very happy and settled. There is a relaxed environment." The relaxed atmosphere is something we picked up from our observations.

During our last inspection we found that people's dignity was not always respected by staff. During this inspection we saw that improvements had been made in this area. Staff had received privacy and dignity training and had a teaching session that was focused on dignity and respect. During this inspection staff demonstrated their knowledge and skills to treat people with respect. One member of staff said, "We always maintain dignity and privacy. When supporting with personal care we shut the door and curtains. We ask people's permission. We ask before going into people's rooms." We observed people being supported respectfully during the inspection, for example staff were heard asking if they could enter a person's room.

Staff respected people's privacy and confidentiality. During the inspection information about people living at the home was shared with us sensitively and discretely. Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of people's individuality and character.
Staff knew people's background history and the events and those in their lives that were important to them. Staff knew people's interests, which were used to help support people to calm when they were feeling agitated.

Our observations and conversations showed there was a caring culture amongst staff and staff demonstrated they knew people well. Staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of staff. They were seen smiling and communicating happily, often with good humour. The atmosphere at the home was quiet and calm. A relative said that their loved one was, "Always delighted," to return to Threeways after a family visit.

Staff communicated effectively with people. Staff did not rush people; they took time to engage with them. A member of staff was observed giving a person praise as they completed a puzzle. The member of staff spoke in a soft, calm voice, which the person responded well to. The member of staff was observed to actively encourage the person to start a new puzzle when he had finished, which they looked grateful for.

People were supported to express their views and be involved in decision making about their care. People had regular meetings to discuss menus and activities. One person had a communication passport, which explained the meaning of words and phrases they regularly said. This helped the person feel included as the staff had a greater understanding of their communication needs allowing them to communicate more effectively with people.

Staff promoted people's independence and involved people in the day to day running of the home, for example, laying the table, washing up, making cups of tea and preparing meals. One person enjoyed using the vacuum cleaner and keeping their room tidy. People were actively involved in making choices about the

decoration of their rooms, which gave a caring feel to the home as rooms were individualised and reflected people's characters.

Relatives said they always felt welcomed at the service. One relative said, "We are able to visit anytime. Relatives generally visited and also kept in touch with people over the phone.

Good

Is the service responsive?

Our findings

Relatives said that staff at the home was responsive and consistently praised the staff, care and the service provided. One relative said, "We are so please he is there. They are very good to him."

During our last inspection we found that activities were not provided that were tailored to people's interests and abilities. During this inspection we found that improvements had been made in this area. The provider informed us that, "Since the last inspection we have been working on independent skills and introducing new activities."

We saw that the registered manager had introduced a range of new activities for people including swimming and badminton, which they discussed at resident meetings. The provider had also purchased a trampoline, which one person said they enjoyed using. In a recent survey relatives praised the activities the home provided. Relatives we spoke to during the inspection praised the activities on offer. One relative said, "X goes swimming, horse riding, plays badminton, goes to the shops and goes on holiday." Another relative said, "X is happy. X loves to be out and doing things, like basketball and badminton and going on walks." We saw that each person had an 'Opportunity Chart' in place, which indicated how many activities they had been support with over a period of time. One person's chart indicated that they had been on 21 trips out between 1st March and 27th March. This including attending discos, horse riding sessions and a trip to the cinema. This information tied in with the information in the person's daily notes. On the day of inspection four people went horse riding and others were supported with in-house activities, such as puzzles.

People were supported by staff who had a good knowledge of person centred support. One member of staff said, "Its support that gets the best out of them and not us." People were involved in planning their care. People had regular care review meetings with their keyworkers who communicated with them through prompts and gestures which reflected individual communication needs. For example, pictures were used to aid decision making for people who could not verbally communicate, particularly with choosing what to eat. If people wanted them, relatives were also involved in their care planning and reviews of support. When a person did not have relatives then an advocate was involved in care planning and reviews.

Before people moved into the home a comprehensive assessment of people's needs was completed with relatives and health professionals supporting the process where possible. The assessment process meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet their needs which had earlier been identified in the initial assessment. A member of staff said, "Care plans are easy to read and understand. We review them all the time."

People's choices and preferences were documented and staff were able to tell us about them without referring to the care plans. There was information concerning people's likes and dislikes and the delivery of care. For example, one person enjoyed a specific musical band, which staff knew. Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them, which staff were seen to understand and follow.

People's emotional support needs were met. When needed people had a positive behavioural support plan, which detailed how staff were to respond if a person was feeling anxious and distressed. Staff used behavioural charts to monitor people's moods. This enabled them to liaise effectively with health professions so they could respond to any patterns of behaviour appropriately. A member of staff said there had been, "A lot of reduction in people's behaviour since they have been here." A relative agreed with this assessment saying, "X is calmer now." We were told that one person gets increasingly anxious when their relatives visits. This person has specific guidelines and risk assessments in place that staff follow to ensure these visits go as well as they can. Although the relative said, "I think X's behaviour is getting a bit worse," they praised the support and approach of the home. They said the staff understand it is important for them to see each other.

Relatives were made aware of the complaints procedure. Relatives knew how to raise complaints and concerns on behalf of people. All relatives we spoke to said they had never needed to make a complaint. One relative said, "I can't fault it." Another relative said, "We have no worries. We are so delighted." A person's advocate said, "I have no concerns for X." There had been no complaints in the last year. When asked about this the provider said, "We have not had any complaints. We are always here. We like to nip things in the bud. We are proactive." The registered manager informed us that if a complaint was received they would be taken seriously by the provider and used as an opportunity to improve the service.

Good

Is the service well-led?

Our findings

People and relatives spoke of the service in high regard. One person said they enjoy living at Threeways. One relative described the home and staff as, "Absolutely fantastic." Another relative described the home as an, "Absolutely brilliant place." A person's advocate said, "They are always very welcoming. They are very open." Another relative said, "They are very good. They have never hidden anything. That's what families want."

The registered manager had made several improvements regarding the support provided to people since the last inspection. These improvements included tightening up the accident and incident reporting system and ensuring people were supported with dignity and respect. Despite this they failed to address a recommendation highlighted regarding staffing levels that now impacted on people's safety.

The care and support provided to people was regularly monitored. Audits covered areas such as medicines, care plans and health and safety. The registered manager audited accidents and incidents in order to determine if there were patterns or factors that could be learnt from. The registered manager highlighted areas which they have improved and future plans, which linked to their PIR. Improvements that the registered manager had highlighted were regarding the environmental aspects of the home, for example the decoration of the lounge.

Feedback from people and their relatives was sought. People were supported to fill in a satisfaction survey. The results were very positive. All next of kin had completed a recent service survey that focused on all aspects of their visit to the home. The surveys included questions such as, were they welcomed to the home, were staff approachable and were staff actively supporting people. The survey also gave an opportunity for relatives to comment on their overall feedback on the home. All questions were answered as 'Very good.' The registered manager informed us that if there were concerns that were raised then an action plan would be implemented to improve the service provided. As no concerns had been raised there was not an action plan.

The service had a culture that was friendly and caring. Relatives told us that the registered manager and staff know people well. This was made evident on the day of inspection. Throughout the inspection people felt comfortable approaching the registered manager with questions they had about their support. The registered manager gave time to answer these requests.

The registered manager told us about the home's missions and values of, "Ensuring people are happy, valued and we work with stakeholders so people reach their potential and work in a person centred way." Staff we spoke to understood the values and ensured people received the care they needed.

Staff were involved in the running of the home. Team meetings were used in an effective way to concentrate on important themes when they arose such as the implications of the mental capacity act on people. Staff were given the opportunity to raise concerns in these meetings, which were followed up my management.

The registered manager worked regularly with people and had a shared understanding with members of

staff of the key challenges, achievements, concerns and risks, which were highlighted in their provider information return (PIR). For example, ensuring that training offered continued to meet the changing needs of people. The registered manager had implemented the teaching sessions to say on top of this.

Relatives and staff felt that they could approach the management team with any problems they had. Members of staff agreed that the registered manager was approachable and supportive. Relatives told us that the registered manager was always on hand and visible in the home. One relative said, "I'd go to management if concerned. They listen to what you say."

The registered manager understood their legal responsibilities. They sent us notifications about important events at the home and their PIR explained how they checked they delivered a quality service and the improvements they planned, which ensured CQC can monitor and regulate the service effective.

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 Risks will people were supported in the community were not managed safely and people were not protected.