3L Care Limited

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Inspection report

Chapel Road
Winsford
CW7 3AD
Tel: 01606 215395
Website: www.3lcare.co.uk

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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?	Good

Overall summary

The inspection was unannounced and took place on the 10 December 2015.

The service provides a mixture of permanent accommodation and respite support for up to ten people with complex needs, including physical and learning disabilities. Respite can be used as a short period of support for people away from their own homes, for the purpose of carer relief or rehabilitation. The service contains single bedrooms which are located on the first floor together with four bathrooms. Other facilities include a cinema room, an activities room, a quiet sensory room, a hydrotherapy pool and a garden.

The last inspection took place on the 02 August 2013 The inspection found the service met all the regulations that were assessed.

The service had a registered manager in post. 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.

There were sufficient numbers of staff in place to ensure that people's safety was maintained. The registered

Summary of findings

manager reviewed staffing numbers each week, to reflect the number of people on respite within the service. Recruitment processes were robust and ensured that people within the service were kept safe.

Staff were able to identify potential safeguarding issues and they gave examples of indicators and signs that may indicate abuse is taking place. Staff knew how to report any concerns and felt confident in being able to do so.

People's care records clearly outlined risks and how these should be managed by staff. Care records were personalised and showed that people and where appropriate, their families had participated in the planning and development of care.

Accidents and incidents were logged and an analysis of them had been undertaken to prevent future issues. The registered manager had monthly correspondence with the local safeguarding team to keep them up-to-date on any safeguarding issues that may have arisen.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The registered manager kept a record of all people subject to a Deprivation of Liberty Safeguard (DoLS), and when these needed to be renewed.

Staff had undertaken training that enabled them to carry out their work effectively. The management team within the service were supportive of staff gaining additional qualifications and were in the process of supporting them to access funding to do so.

People were supported with maintaining their diet and fluid intake. Staff had undertaken the training necessary to support those people who were unable to take diet and fluids orally. People had been supported to access support from dieticians and other health professionals where required. This meant that people were receiving the support they needed to maintain their wellbeing.

Staff were caring and respectful in their approach towards people. People's dignity was maintained during personal care interventions, and we observed that bedroom doors remained closed when staff were supporting people. People's care records were kept in a locked cabinet which helped to maintain people's confidentiality.

People were supported to undertake activities and they had their own activity planner for the week. People made use of the facilities within the service which included a hydrotherapy pool and a sensory room which could also be turned into a cinema. People were supported to attend day care and they had key workers who supported them to attend trips out in the community. This prevented people from becoming socially isolated.

People felt that their complaints and concerns would be listened to. The registered manager held family open days twice a year and also had an open door policy for anyone with any concerns. We saw examples of where concerns had been raised and how the registered manager had responded appropriately to these.

Quality audits were completed by the registered manager and the registered provider. The information from these was used to generate improvements to the service which benefited people who used it.

Summary of findings

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 safe.

People were safe from abuse. Staff were able to recognise the signs of abuse and knew how to report their concerns.

Recruitment processes were robust enough to ensure that people's safety was maintained.

Medication was managed safely and was administered within the appropriate time scales.

Good

Is the service effective?
The service was effective.

People's rights were upheld in line with the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of the principles of the Mental Capacity Act 2005.

Staff were supported to access additional training to enhance their skills and ensure ongoing use of best practice within the service.

People's nutritional requirements were met. Staff had received sufficient training to enable them to manage people's dietary requirements.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect by staff during personal care interventions.

People's confidentiality was maintained as personal records were kept in a locked cupboard.

Good

Is the service responsive?
The service was responsive.

People's care plans were personalised and outlined their needs clearly. They enabled staff to provide appropriate support that met people's needs.

People were protected from social isolation and were supported to access a range of activities.

People felt confident that their concerns would be listened to.

Good

Is the service well-led?
The service was well-led.

Staff felt supported by the management team and they were clear about their roles and responsibilities.

The registered provider had measures in place to assess the quality of the service. These were used to maintain standards and generate improvement.

Good

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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 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.

The inspection was unannounced and took place on the 10 December 2015. The inspection was carried out by an adult social care inspector. Prior to the inspection we contacted the local safeguarding team and the contracts and commissioning team with the local authority, neither of which had any recent issues regarding people's safety. We also contacted Healthwatch, however they had not recently undertaken an inspection of the service. Healthwatch is an independent organisation commissioned to look at health and social care services.

At this inspection, people we saw were unable to communicate with us. We made observations around staff interactions with people and spoke with two relatives of people who used the service. We looked at two people's care records and made observations on the fabric of the building. We spoke with five members of staff including the registered manager and another member of the management team and also spoke with a student nurse who was on placement at the service.

Good

Is the service safe?

Our findings

People's relatives told us that they felt the service was safe; "I feel that my [relative] is in safe hands." We observed that people were settled in their rooms and staff remained nearby to ensure that they could offer support if it was needed. We also spoke with staff who told us that they felt people were safe, their comments included; "People are 100% safe here", "Yes people are safe".

We spoke with staff who demonstrated that they had a good understanding of the signs and indicators that may indicate that abuse is taking place. Their comments included; "People may have bruises, or be withdrawn", "If there's a change in their behaviour it might suggest that something is wrong", "Types of abuse include financial, physical and emotional. There will be different things to watch out for depending on what's happening". Staff told us that they would not hesitate to report their concerns. Comments included; "I would raise any concerns with my manager", "I'd go to the manager with any concerns, but if they were not available I would go to the CQC or the safeguarding team". The registered manager was able to demonstrate that she reported concerns to the local safeguarding team in a timely manner, and kept a record of what was sent.

People's care plans contained clear information around the risks that were associated with their needs and how staff should respond in the event of an emergency. For example, one person's care plan highlighted that they were at risk of their catheter becoming blocked. Detailed information was provided for staff on how to monitor this, and an emergency out-of-hours contact number was included so that staff would know what to do.

The registered manager had completed an environmental audit that identified any risks associated with the environment and what action needed to be taken to rectify them. For example; the bath hoist in one of the bathrooms was not working and as a result a contractor had been contacted. Hot water taps were also monitored on a regular basis to ensure that water temperatures were at a safe level and a certificate was available to demonstrate that legionella checks had been completed as required. This meant that the environment was safe for those people who used the service.

Personal emergency evacuation plans (PEEPs) were in place to inform care staff on how to support each person in the event of an emergency.

The registered manager kept a record of accidents and incidents that had occurred. Records indicated that these were investigated by the registered manager and measures were implemented to prevent them reoccurring. For example, in one instance it had been identified that one person's ventilator was not functioning properly. As a result of this, the ventilator was fixed and checks had been introduced to ensure that equipment continued to function properly.

There were sufficient numbers of staff on duty to ensure that people's safety was maintained. Staff were positioned close to those people who required a high level of care and support and they completed regular checks on people within the service in accordance with care plans. Staff who told us that they felt the staffing numbers were appropriate to meet people's needs, their comments included; "People get a good level of support", "There's always enough staff". The registered manager explained that each week she reviewed how many people would be using the service for respite, and she showed us how she used this to determine the number of staff required.

We looked at the recruitment files for two members of staff and found that the recruitment processes were sufficient to ensure that people's safety was maintained. The disclosure and barring service (DBS) provides important information that allows employers to determine whether

applicants are of suitable character to work with vulnerable people. Both staff members had received an up-to-date DBS check and had two references from a recent employer.

We observed that the bins in people's bedrooms were not pedal operated and that pillows in the linen cupboard on the first floor were being stored on the floor. This is not in line with Department of Health guidance. We raised this with the registered manager who said that she would make these changes as soon as possible.

Medication was stored securely in a locked cabinet, and that medications which needed to be kept cool were stored in a fridge in a room that was kept locked. Fridge temperatures were monitored on a daily basis, however we noted that there had been some minor recording issues which we bought to the attention of the registered

Good

Is the service safe?

manager. Medication administration record (MAR) charts were used to record when medication had been given. We reviewed a sample of these and found they were correct and up-to-date.

Good

Is the service effective?

Our findings

One person's relative told us that they felt staff were competent, "Staff are very competent to do the work they do".

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 is legislation designed to protect people who are unable to make decisions for themselves, and to ensure that any decisions are made in people's best interests. The registered manager showed us that she had made the relevant applications to the local authority to put DoLS in place for people using the service on a permanent basis and those on respite. People's care plans contained information around their mental capacity, and meetings had been held and recorded with family and other professionals, to make decisions in people's best interest where it determined that they were unable to do so themselves. This demonstrated that the correct procedures were being followed in line with the Mental Capacity Act 2005.

The registered manager kept a record of training that staff had undertaken and what training was outstanding. We looked at the training for three members of staff and saw that none of them had been recorded as having completed training in the Mental Capacity Act 2005 or the associated deprivation of liberty safeguards (DoLS). The registered manager told us that this had been completed, however the training matrix had not been updated. We spoke with staff who demonstrated an understanding of the Mental Capacity Act 2005 and DoLS. Comments included; "I would seek consent before completing any personal care tasks", "I explain what I'm going to do before I do it", "DoLS are used to make a decision in someone's best interest".

Staff had undertaken training which the registered provider had deemed to be mandatory, such as infection control, food safety and manual handling. There was an induction process in place, during which new staff shadowed more experienced members of the team and undertook training required to carry out their roles.

Some staff were supported to access higher education and were in the process of being supported by the management team with making applications for funding. Some care staff were being supported to apply for a foundation degree, and nursing staff who held a diploma were being supported to top this up to degree level. This showed that the registered manager and registered provider were supportive of developing staff skills, which would ensure that staff knowledge and practice remained up-to-date.

Staff received supervision from the registered manager. It is important that staff receive supervision to support with any issues, and to identify any areas of development that are needed.

Some people who used the service required nutritional supplements and fluids to be given via a percutaneous endoscopic gastrostomy (PEG) or radiologically inserted gastrostomy (RIG). This is where a tube is fed directly into a person's stomach if they are not able to take food and drink orally. Staff had received appropriate training in how to support people with managing this. Care plans contained detailed information from the dietician on how often people required nutritional supplements to be given and the quantity. Care staff monitored people's weight to ensure that they remained healthy. People were given a choice of food and they had a choice of where they ate their meals, such as in the communal area or in their rooms if they preferred.

Care records indicated that people had received support from a variety of health professionals, including GPs, district nurses and dieticians. This indicated that people were supported to maintain their health through accessing the appropriate professionals.

Good

Is the service caring?

Our findings

People's relatives told us that the service was caring, their comments included "I'm happy with the service. [Relative] has been supported to settle in well". People's relatives also told us that they were made to feel welcome when they visited the service; "I'm always made to feel welcome when I visit".

Interactions between staff and people who used the service were positive and relaxed. Staff were kind and sensitive in their approach, and we saw staff laughing and joking with people, indicating that a good rapport had been developed. Staff told us that they enjoyed their work, and they spoke fondly of the people that they supported.

Staff ensured that people's privacy was maintained by ensuring that bedroom doors were closed whilst they supported people to attend to their personal care. Staff also spoke discreetly when discussing people's care needs. We saw that care records were kept in a secure cabinet, to ensure that people's confidentiality was maintained.

Staff gave examples of how they respected people's dignity, for example one staff member told us, "If I'm helping someone to eat, I always make sure I tell them the spoon is coming and what I'm doing". Another staff member told us, "We always make sure that people's personal care needs are met and that they look presentable". We observed that people were wearing clean clothes and looked well dressed and comfortable. This showed that people's dignity was being maintained.

Care records contained information about people's lives and personal preferences which helped care staff know and understand the people that they were supporting. Where people had been unable to communicate their own needs and wishes, we saw that families had been consulted to ascertain important details about people's preferences.

People's family were able to visit them in the service. One relative commented, "I'm always made to feel welcome when I visit." Some people also chose to go out with relatives. We saw one example where skype was used to maintain contact with one relative who lived far away.

People had their own bedrooms which were personalised to their own taste, containing items such as ornaments and photographs. Staff supported people to maintain the cleanliness of their bedrooms, and we saw that these remained tidy throughout. Some people preferred to spend time in their own rooms rather that sit in the communal areas. This was respected by staff who spent time checking on people at regular intervals to ensure their wellbeing was maintained.

In the entrance to the building there was a copy of the service user guide for people to look at. This provided people with information on the service and the different kinds of support that the service offered. This gave people and their relatives the opportunity to understand the level of support that the service should be providing.

The contact details for the local advocacy service were on display at the entrance to the building, however at the time of the inspection there was no one who required the use of advocacy support.

Good

Is the service responsive?

Our findings

People's relatives told us that they felt the service was responsive, comments included; "My concerns are listened to, we have had a few niggles but these have been sorted", "I would be confident going to the manager to discuss my concerns".

People's care records contained detailed and personalised information that outlined their support needs and what staff needed to do to ensure that these were met. Care records contained an up-to-date photograph of the person who the file belonged to, a front sheet that gave a clear summary of the person's needs, and the contact details of their GP and next of kin. The lay out of the file meant that information was easily accessible for staff and other professionals.

Care records contained information on people's likes and dislikes, for example one person's records stated, "I dislike watching the news and soaps. I like seeing my family. I like cars and trains". Another stated, "I enjoy playing on the Nintendo DS." This enabled staff to support people in accordance with their wishes and preferences.

Information on how carers could communicate effectively was also contained within the care records, for example the care record for one person who had difficulty communicating verbally stated, "[name] will either voice what [they] want or write this on the white board". Staff told us that where people have difficulty communicating they speak with their families about what the persons preferences are. Considering different methods of communication is important in ensuring that people remain involved in the delivery of their own care.

Care records were reviewed on a monthly basis, or as and when any changes in people's needs occurred. Care plans had been updated to reflect any changes following a review taking place. This ensured that information was up-to-date and accurate, enabling care staff to provide people with appropriate support.

People were supported to engage in a range of activities. Each person had an individual weekly planner which outlined the various activities for the week ahead. People had access to an indoor hydro therapy pool, and there was a sensory room available which could also be turned into a cinema room to watch films. One person's relative told us, "There are loads of activities for [them] to do. [They] really enjoy it". At the time of the inspection most of the people the service were out attending day care at other local services. This meant that people's wellbeing was maintained through preventing social isolation.

A copy of the complaints policy was kept on display at the entrance to the building for people to access. The registered manager kept a record of complaints that had been made and the response that had been actioned. Responses considered how to prevent issues from occurring in the future.

The registered manager informed us that they had a large number of people who used the service for respite purposes. Before someone accessed the service an assessment was completed and a meeting held with the person, their family and any professionals involved in supporting them to manage their care. This helped to ensure that the service was equipped and capable of meeting people's needs.

We saw one example where a family had given positive feedback on how the service had supported them with the transition between services, "It was very hard leaving children's services and finding somewhere new. You have been very supportive".

Good

Is the service well-led?

Our findings

The service had a registered manager in place. People's relatives told us they knew who the registered manager was and that they would feel confident in approaching her if they had any issues or concerns. One person told us, "Yes I'd go to the manager with any concerns". Staff also told us that they would feel confident talking to the registered manager about any issues, and they told us that they registered manager was approachable.

There was a positive culture throughout the service that was evident in the way that staff interacted with people. Staff told us they felt it was their duty to ensure that people were kept safe and well looked after. Staff had a good understanding of the processes involved in raising concerns and they told us that they would not hesitate to do so.

Staff spoke positively about the management team and told us that they felt supported. Staff told us that they received supervision, which was evidenced by records kept by management. Some staff members were being supported to access additional training that would enhance their qualifications. One staff member told us, "I feel that they (the management team) are helping me to develop my skills". This showed positive leadership within the service that was supportive of the team and its development.

We saw that audits had been completed by the registered manager which identified, and rectified any issues that were found. Audits which had been completed included care records, first aid and infection control. The registered provider had commissioned an audit on medication management by an external agency in January 2015, following which the registered manager had implemented the recommendations that had been made.

The registered manager held family open days twice yearly to gain feedback from people and their families on how the service could be improved. The service also produced a newsletter, which contained the registered manager's contact details, so that people were able to contact her with any comments that they may have. The registered manager told us that she operated an 'open door' policy and welcomed people to come and talk to her about any issues. This meant that there were a number of ways in which people could voice any concerns that needed addressing.

We saw that a number of compliments had been received from families which the registered manager kept in a folder. Comments included; "A big thank you for all the support you have given us and [name]", "Thank you so much for making me feel welcome", "Thank you for looking after me". A record of complaints was also kept and a response had been given to each made and an action plan identified to remedy the issues.

Handovers were completed at the start and end of each shift to pass on any issues that required monitoring. Regular team meetings were held during which information was shared by the registered manager, for example people that would be coming to the service for a period of respite and what their needs were.

Care records were personalised and indicated that people and where appropriate, their families had been involved in the development of their care and support.

There was evidence that the external health professionals were having regular contact with people who required their support, and that the registered manager and staff were working with them to ensure that people's health and wellbeing was maintained.