

3L Care Limited

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Inspection report

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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

3L Care Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide accommodation for up to six people who require support and care with their daily lives.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

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, and a garden. At the time of the inspection there were eight people living in the home.

The service had a registered manager in post who was also the provider. 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 spoke with one person who lived in the home and one relative of a person who lived in the home and both gave positive feedback about the home and the staff who worked in it.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. The service provided care to people who had very complex needs and needed specialist support. We found that staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit and observed warm, positive relationships.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. We did find one medication cupboard unlocked but this was rectified at the inspection.

The management team understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected. We asked that the audit trails around these decisions be improved and this was being actioned during the inspection.

Care plans were person-centred and driven by the people who lived who lived in the home. We saw clear

one sheet profiles that gave clear information about the most important aspects of their care for that person. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. We saw that the home tried hard to enable people to engage in making decisions about their lives no matter how small the decision.

The provider and the management team used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. The staff team were consistent and long standing. They demonstrated that they were committed to providing the best care possible for the people living in the home.

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 had deteriorated to Requires Improvement

Requires Improvement 

Is the service effective?

The service remains Good

Good 

Is the service caring?

The service remains Good

Good 

Is the service responsive?

The service remains Good

Good 

Is the service well-led?

The service remains Good

Good 

3L Care Limited

Detailed findings

Background to this inspection

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

The inspection took place on 5 March 2018 and was unannounced. It was carried out by an Adult Social Care Inspection Manager.

Before the inspection we contacted a commissioner from a local authority who had placed people in the care of the home. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about and from the service since the last inspection. This included notifications about issues that had happened in the service.

During the inspection we looked at all parts of the premises. We spoke with the registered manager who was also the provider, the manager, deputy manager and four other members of staff. We met with people who lived at the home and spoke to one relative. We observed staff interacting with people in the home. We looked at medication records. We looked at staff rotas and training records. We looked at maintenance records. We looked at care records for three of the people who lived at the home. 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 with us.

Is the service safe?

Our findings

We looked at medicines management in the home and saw that it was generally good. The medicines were audited regularly. However, we found a medication cabinet that was unlocked and contained medicines that could freely be accessed. We were concerned that this meant that people could be at risk from harm by accessing medicines that were not prescribed for them. We raised this with the manager who took immediate action to ensure that the cupboard was kept locked.

We saw that the home was clean and well maintained and all areas smelled pleasant. We checked the premises safety certificates and saw that they were up-to-date. However, we noticed a number of cleaning schedules that were attached to the walls outside people's bedrooms. We shared our concerns about this practice as it was not necessary for these records to be displayed and did not support a homely environment. The manager removed them immediately and placed them into a file. We spoke with one relative who told us that their family member was safe and well looked after. They told us, "It's the best home she's been in by a long way. They are amazing."

We saw that staff had been trained in safeguarding and they were able to describe to us what constituted abuse and what they would do if they suspected that someone was at risk from harm or abuse. Safeguarding concerns were rare at 3L Care Limited. Two safeguarding notifications had been sent to CQC since the last inspection but these were about the risks identified when the people from the home were being cared for in different care settings, not at the home.

We saw that the home was staffed by a consistent staff team who were very committed to their job roles. We looked at the rotas and saw that staffing levels were maintained. During the inspection we saw that staff were able to meet people's individual needs in a timely manner and spend quality time engaging with people.

We looked at risk assessments and saw that they were managed well. We saw detailed risk assessments that identified what support that people needed to keep them safe. We saw that attention was paid to key areas in people's care that signified a risk such as mobility and dietary intake.

We looked at the recruitment records for three staff members who had been recruited since the last inspection. They contained all the records required including references and satisfactory criminal records checks to demonstrate that robust recruitment procedures had been followed. We saw that the home focussed on the value base and ethos of the person as a potential staff member as much as their experience and qualifications. The registered manager felt that these were important qualities that could not be taught and they needed to ensure from the beginning that the right people came to work in the home.

Is the service effective?

Our findings

We observed the lunch time period in the home and saw that it was a happy and relaxed time. People were supported to eat at their pace by staff who obviously understood their needs well.

We saw that all the people in the home had specific dietary needs and some people had health conditions that had to be carefully managed and that dietary intake was a significant concern. We saw that staff were skilled in managing the issues carefully to ensure that people's needs were safely met.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We spoke with the management team and found that they had a clear understanding of the MCA and DoLS. We saw that the staff considered people's choices and these were mostly documented. We did see that some of the audit trails around consent and capacity to make decisions needed to be updated. We spoke with the management team and they began taking action to update these records during the inspection.

The staff were trained regularly and this was demonstrated by the records shown to us by the manager. The records were audited so it was clear when staff needed refresher training. Staff members told us that they regularly received training and had been trained in all the areas required in order to meet people's needs safely. Staff members also told us that they were well supported to do their jobs and they could raise any concerns if they had any. We saw that two care staff were being supported by the provider to undertake a 'Care Practitioner' course at college to enable them to undertake more tasks to support people in the home and improve their skills and qualifications.

We saw that people had regular access to health care and their care files showed that people were monitored closely. We saw that the staff knew the people well and how to identify quickly when something was wrong and get them the support that they needed. We saw that many of the people in the home had significant and complex health concerns and that staff were skilled in supporting these. We saw a letter from the local district nurse team leader and she was thanking the staff team and the letter stated "It has been apparent that the patient's best interest has been at the forefront of the care that 3L Care provide."

The management team told us that the home was due to undergo a refurbishment plan on a large scale. The lift had been problematic and was being replaced with a new lift and then the home was going to have new flooring and the décor updated.

Is the service caring?

Our findings

We spoke with one person who lived in the home and they told us that they had very good relationships with the staff who worked in the home.

We observed the staff interacting with the people who lived in the home and it was obvious that the staff knew them well and how it was best to support them. Staff were very observant of people's behaviour and we saw that they were able to identify cues and respond accordingly.

We saw that people's confidentiality was maintained in the home. Records were locked away in the office. Staff were careful that none of the people could access information about the other people in the home. However, we did note that personal information was displayed about one person in the kitchen. We pointed this out and the information was immediately removed.

We saw that the care and support provided was person-centred and led by the person receiving the care. Staff were very much guests in the people's home and this was very apparent. We observed warm, positive relationships with staff providing very individualised support to meet people's needs.

We saw that one person who lived in the home had previously been in a very poor physical condition and did not communicate. After ten weeks of living in the home they had significantly changed; making eye contact, focussing on people and activity and being able to mobilise their arms. Three months on the person's communication had improved considerably.

We saw that the home worked with families to gain their confidence prior to people moving into the home. We saw one example where the relationship was slowly built up over a period of time to make sure that everyone involved was happy with the care being provided. There were examples where family members had stayed over at the home because they were concerned about their relative and they needed to feel reassured that their relatives were safe. The staff worked closely with families to offer this reassurance.

We saw that the home made sure that they recognised people's individuality and took steps to treat people's diversity. We saw that staff were mindful of people's routines and how they liked to be cared for. One relative told us, "They get her. They all know her really well; not just her keyworker. I love it. You know that she is well cared for whoever is on duty."

Is the service responsive?

Our findings

Individual care files were in place for the people living at the home and we looked at three of these in detail. Care files contained clear assessments, guidance and information about the person and how to support them effectively. This included the support people needed to manage their health and personal care, medication and day-to-day lives. There was clear person-centred information that had regularly been updated. The records showed how the person wished to be cared for and what was important for staff to know about them. We saw that staff were attentive to changes in people's needs and the care plans were updated accordingly.

We saw that there was a complaints procedure in place. There had been no formal complaints since the last inspection. We did see that there were lots of compliments and that people had thanked the home for the quality care that it had provided.

The home supported people at the end of their lives and there were care plans in place to support this process in accordance with people's wishes. The management team demonstrated that they considered how the people who lived in the home and the staff who worked there were affected when someone passed away.

The home provided a wide range of activities and these were differentiated to meet people's very specific needs. We saw that every month had a theme and activities were planned around whatever the theme was. When the inspection took place we saw that there were plans for a Mother's Day celebration, St Patrick's Day and Red Nose Day. Some of these activities were also fundraising activities to raise money for charities that had a personal meaning for people who lived and worked in the home.

Is the service well-led?

Our findings

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. The service had a registered manager who had been in post for a number of years. The registered manager was also the registered provider.

A staff member told us that the management team was very supportive. They told us that the team worked closely together and supported each other to provide the best possible service for the people who lived in the home. They told us that they loved working in the care home and would not work in any other home as, "This one was special and genuinely cared about people."

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. We saw that people with learning disabilities and autism who used the service were able to live as ordinary a life as any citizen. The management team were fully aware of this guidance even though the home was not specifically for people who had a learning disability.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, staff records, care records and medicines. We saw that these checks were carried out regularly and thoroughly and that any action that had been identified was followed through and completed.

We saw that regular staff meetings were held in the home. All the meetings were recorded and minutes kept for future reference. We saw that staff were able to raise concerns and share ideas for how to make improvements to the care being provided.

There was a positive person-centred culture apparent in the home and obvious respect between the registered manager, manager, deputy manager, staff and people who lived in the home. One staff member told us that the managers "worked alongside us". We could see that there was clear learning and development taking place. The registered manager was able to demonstrate that they had applied the learning from the other two services that they were responsible for to improve the quality in all of the homes.