3L Care Limited

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Inspection report

The Old Chapel
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Tel: 01606215315

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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

Summary of findings

Overall summary

The inspection took place on the 28 June 2016 and was announced.

The service was registered in November 2014 and had not previously been inspected.

The service is registered to provide accommodation and personal care and support to a maximum of six people, and at the time of the inspection they were at full capacity. The service offers support to people with complex health needs, acquired brain injuries and physical and learning disabilities. It is located a short distance from the centre of Winsford.

A manager was in post who had been registered with the CQC since December 2014. The registered manager was supported by another manager who was based onsite and helped with the day-to-day running of the service. 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.

Staff had received training in safeguarding and knew how to recognise the signs that may indicate abuse is taking place. The registered provider had a safeguarding policy in place, and staff were clear how and who to report their concerns to.

There were sufficient numbers of staff in place to meet people's needs. People's relatives told us that they had never seen the service short staffed. The registered provider had robust recruitment measures in place to ensure that staff were of suitable character and skill. This included checks by the disclosure and barring service (DBS), and obtaining references from previous employers.

People were supported to take their medication by staff who had been trained in the safe administration of medicines. Medication was stored securely, and appropriate records were in place to document when these had been administered.

Staff had received training and support which enabled them to carry out their roles effectively. Staff demonstrated a good understanding of the roles and responsibilities in relation to the MCA, and people were offered choice and control over their care needs. This ensured that people's liberties were protected in accordance with the law.

People received the necessary support during meal times, and there were clear instructions in care records for staff to follow around this. Charts were in place to monitor people's nutritional and fluid intake, where they were at risk of weight-loss. People were supported to access health and social care professionals where required. This ensured that people's health and well-being was maintained.

Positive relationships had been developed between staff and people using the service. Throughout the inspection there was a lot of laughter and warmth, and staff spoke positively about the people they supported. The service had received a number of compliments from outside agencies about the staff. The staff team had won 'best care team' at the national care awards in 2015 due to their work with people using the service.

People were frequently supported to engage in activities, both outside and inside the service. There were examples of people going Kayaking, out for walks and there had been a recent holiday to Blackpool. This demonstrated a compassionate approach, and also ensured that people received the social stimulation they needed.

The registered provider had a complaints policy in place, and people's relatives felt able to complain. There was an easy read complaints policy in place for people using the service, however no complaints had been received. The registered manager was aware of how to access the local advocacy service, to support people with decision making, and we saw that one person had the details of their advocate pinned to the notice board.

Staff and people's relatives told us that management were approachable and supportive. There were clear lines of accountability in place, and staff knew who to report to if they had any concerns. There was a process in place for learning from any issues that may have occurred. Information around any issues was cascaded to staff so that they were aware of risks, and how to prevent these occurring in the future.

The registered manager and the registered provider carried out audits and quality checks of the service to ensure that standards of care were maintained. This included checks on care records, the environment and infection control. Follow up action had been taken in response to any issues identified within a timely manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of staff in place to ensure people that people's needs were met and they received safe care. People lived in accommodation that was clean and well maintained.

Recruitment processes were robust and ensured that staff were of suitable character and skill.

People were supported to take their medicines safely by staff who were trained to do so.

Is the service effective?

Good

The service was effective.

People received the necessary support during meal times to ensure that they were protected from the risk of dehydration and malnutrition.

People's rights and liberties were protected. Deprivation of Liberty Safeguards (DoLS) were in place for those people who required them.

Staff had received the training and support they needed to carry out their job effectively.

Is the service caring?

Good

The service was caring.

The registered provider had taken steps to ensure that everyone was able to engage in activities and holidays away.

Positive relationships had been developed between staff and people using the service. Staff spoke kindly towards people and with affection.

Staff were proactive and involved people in their own care, and acted quickly to offer reassurance during episodes of anxiety or

distress.

Is the service responsive?

Good

The service was very responsive.

Care records were personalised and contained appropriate information to enable staff to ensure that people's needs were met.

The management team worked to ensure that facilities were available to meet people's needs

There were a range of activities available to people which staff supported people to access.

Is the service well-led?

Good

The service was well-led.

The management team were proactive in ensuring that resources were available to people so that their needs could be met.

Staff and relatives spoke positively about the management team and felt that they went 'above and beyond' their role.

There were robust quality monitoring systems in place to ensure that the standards of the service provided were maintained.

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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 took place on the 28 June 2016. The provider was given a short period of notice because the location is a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

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

Before the inspection, 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.

Prior to the inspection we contacted the local authority safeguarding and quality monitoring teams who did not raise any concerns. We also contacted Health watch who did not raise any issues with the service. Health watch is an independent consumer champion, which has powers to access and report on adult social care services.

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 with us. We spoke with four people's relatives and looked at the care records for three people who used the service. We spoke with six members of staff including the registered manager. We also looked at records pertaining to the day to day management of the service.

Good

Is the service safe?

Our findings

People presented as relaxed and at ease around staff, and their relatives told us that they felt their relatives were safe. Their comments included, "[My relative] is as safe as them being at home", "Yes [my relative] is safe there" and "[My relative] is very safe".

Staff had received training in safeguarding people, and were aware of the signs that may indicate abuse is taking place. Staff were aware of how to report any issues, and told us that they would not hesitate to contact the local authority with any concerns. The registered manager was aware of where it would be appropriate to refer their concerns to the local authority, and we saw examples where they had done this. The registered provider had a safeguarding policy and whistle blowing policy in place, which was accessible to staff. Whistleblowing is where staff can raise concerns, either inside or outside the organisation without fear of reprisals.

Recruitment processes were safe. We looked at the recruitment records for three members of staff. The registered provider had robust recruitment measures in place to ensure that staff were of suitable character to work with vulnerable people. New staff had submitted an application outlining their previous experience and qualifications, before being invited to a formal interview, during which their suitability for the role had been assessed. A check with the disclosure and barring service (DBS) had been carried out by the registered provider prior to a person commencing employment. A DBS check informs employers of any criminal convictions prospective staff may have, and decide their suitability for the role. New staff had been required to give two references, one of which had been from their most recent employer.

Staff rotas indicated that staffing levels were consistent and that there were sufficient numbers of staff in place to meet people's needs. Throughout the inspection there were enough staff ensure people were safe, and those people who required one to one care had this in place. People's relative's told us that when they visited they felt there were enough staff in place. Their comments included, "There's enough staff, and there's a low staff turnover" and "I've never known them to be short staffed".

The registered manager kept a record of accidents and incidents. This included details around any injuries, or marks that people may have sustained and the follow up action that had been taken to minimise the risk of a reoccurrence. In one example staff had found a mark on a person's neck. The registered manager had made a referral to the Occupational Therapist to assess the suitability of the current wheelchair, because one of the straps had been rubbing against the person's neck. This ensured that appropriate action was being taken to keep people safe.

Risk assessments were in place, and clearly outlined how staff should support people to reduce risks. The delivery of people's care had been developed to ensure that they were supported in the safest way possible. Risk assessments included people's mobility and the risk of falls, their mental and emotional wellbeing, and physical health needs that may cause specific risks, for example epilepsy. Risk assessments were reviewed on a regular basis which ensured that information was kept up-to-date. This ensured that people were kept safe.

People were supported to take their medication as prescribed, by staff with the necessary knowledge and skills. Medication was stored securely at all times. Those medicines that needed to be kept cool were stored in a designated fridge in line with the manufacturer's guidance. This ensured that the medicines maintained their efficacy. The temperatures of the fridge and the room were monitored to ensure that they remained at the correct temperature. One person required some of their medication to be taken with them if they went out. During the inspection we noted that staff appropriately updated records to indicate this medicine was being taken off the premises so that it would be available to the person whilst on a trip out. We looked at the medication records of two other people and found that these were being kept up-to-date by staff.

Checks on the environment had been carried out to ensure that it was safe. Electrical equipment had been tested to ensure it was in working order and a gas safety check had been completed. A legionella check had been carried out on the water system to ensure it was free from harmful bacteria, and water temperatures were monitored to ensure that the water was at a suitable temperature. Hoists and beds were checked on a weekly basis to check that they were functioning correctly and safe for use.

Personal emergency evacuation plans (PEEPs) were in place for people, and outlined the level of support that people would require in the event of an emergency. Fire alarms had been tested, and records indicated that a fire drill had recently been completed, in a prompt and timely manner.

Good

Is the service effective?

Our findings

Relatives told us that staff had the necessary skills and knowledge. One relative commented, "Staff always seem to have the right skill set. They seem skilled and well trained". We observed skilled interactions by staff, for example working to distract people from situations that may put them at risk, or offering reassurance where people became anxious.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

People who required a DoLS had been referred to the local authority as required. The registered manager maintained a record of when these had been authorised and when they needed to be renewed. This meant that people's human rights would not be infringed.

Staff had received training in the MCA and were aware of their roles and responsibilities in relation to this. Staff told us that people were able to make their own decisions, and were encouraged to do so where they were able. One member of staff commented, "I always give people options to help them make a decision, like what to watch on TV, or what to have for dinner". One person's relative commented, "Staff give [my relative] the option of doing things. They never make demands". Throughout the visit we observed that people had choice and control over their care, and that their care records stated whether they had capacity to make decisions, and where a decision had been made in a person's best interests.

Staff had received training which enabled them to carry out their roles effectively. One member of staff commented, "We get plenty of training. It's accessible online, or sit down sessions with a trainer". Records indicated that staff had completed training in topics which included safeguarding, MCA, fire safety, moving and handling, epilepsy awareness and equality and diversity. Staff were also supported to complete additional qualifications in health and social care. Some staff were also being supported by one of the management team to apply for funding so that they could gain further professional qualifications.

New staff were required to complete an induction which included a period of shadowing experienced members of staff and the completion of training, such as that outlined above. The registered provider's induction process was in line with the standards outlined by the care certificate. This is a national set of minimum standards that need to be met by health and social care workers. This ensured that new staff had

the correct skills and knowledge to carry out their role.

Staff received supervision and appraisals on a regular basis. Supervision enabled staff to raise any issues they may have, or discuss any training opportunities. It also enabled the registered manager to discuss any performance related issues, or areas of development. Staff confirmed that they found this to be a supportive process. Team meetings were held routinely and were used to inform staff of any updates, and discuss any changes to people's needs

People received that care and support they needed during meal times, which protected them from the risk of malnutrition and dehydration. People's care records contained detailed information around the level of support they required, for example one person's record stated, "[Name] requires 1:1 uninterrupted support", whilst another stated, "[Name] requires 1:1 support with meals. Meals need to be moist and soft". During the inspection people had chosen to go out for lunch, and had been supported to do so by staff. Care records indicated that where required people had received support from the dietician, and any updates or changes were clearly reflected. Supplementary charts around food and fluid intake were also completed for those people at risk of weight-loss or dehydration.

People were supported to maintain their general health and wellbeing. People's care records indicated that they had been supported to access support from health and social care professionals where they had been unable to do this themselves. Examples were available where people had been supported to access the occupational therapist, GP and social worker.

Good

Is the service caring?

Our findings

People's relatives told us that staff were kind and caring towards people using the service. Their comments included, "The staff are really caring toward [my relative]. The manager is lovely. She goes beyond what she needs to do", "Its not like a care home, it's like a caring home", "I've heard interactions with other residents. Staff are patient and kind", and "The staff are very empathetic. If [Name] says something they respect this".

People's relatives confirmed that they were made to feel welcome, and that staff were forthcoming and respectful. Their comments included, "You're always greeted with a coffee", "I definitely feel welcome when I go in" and, "You can call anytime of day or night, and the staff are always polite and professional".

Good relationships had been built between people and staff. There was a lot of laughter within the service and this was infectious. We saw many examples where people and staff were laughing together, or where staff would go out of their way to make people smile. People presented as calm, relaxed and at ease in the presence of staff who appeared fond of them. One person's relative commented, "All the staff are lovely. They have a real soft spot for [My relative]". During a discussion with one of the management team they became emotional whilst discussing some of the activities they had supported people to undertake, telling us they were proud of what people had been able to achieve.

The registered provider showed kindness and compassion towards people. The registered provider made sure that activities and holidays were available to every person regardless of their ability to fund this for themselves. For example where people could not fund their own holidays the registered person provided the funds to ensure that everyone was included. .

People had been involved in the development of their care, and where appropriate had been supported by their relatives with this. One person's relative commented, "Yes we were involved in care planning". We saw examples where staff involved people in their day-to-day care and asked their permission before giving support. Staff spoke slowly, and gave people time to process and respond to information.

The service had received a letter of compliment. This letter stated that a person had seen two people who used the service on a day trip out with two carers, and commented, "They were alert, happy, clean and well presented. They were experiencing normal, everyday activities with two carers who were obviously proud to be working with their clients. They were chatting, laughing and having fun". This demonstrated that people were treated with dignity, and that good relationships had been developed.

People were treated with dignity and respect. People looked well-dressed, clean and comfortable. One person's relative told us, "I've yet to see [My relative] less than immaculate. They always look nice and smell nice. [Name] loves their hair, and staff always make sure that it looks nice". During the inspection we saw staff brushing this person's hair and helping them to style it. We overheard one member of staff telling them, "You have beautiful hair" whilst another member of staff commented to someone else, "That bracelet looks lovely on you". People smiled and laughed at receiving these compliments.

People had key workers which helped ensure a consistent approach towards their care. Care records contained information about their personal histories and staff had a good knowledge of the people they were supporting, and the things that mattered to them. One person's care record outlined the strong relationship they had with a member of their family, and the importance of maintaining this relationship. This person's relative told us, "3L are very hands on. They suggested we used Skype on the ipad so that I can stay in contact with [Name], as I live a distance away". They confirmed that this person was supported to Skype them when they wanted to. This demonstrated a person-centred approach towards meeting people's needs.

Staff worked to include people in their care. During the inspection the registered manager gave one person their mail and helped them to open it. A member of staff went through their mail with them, and when they started to get anxious the member of staff offered reassurance, which helped to relax them.

The service was aware of how to access support from the local advocacy service, and one person had the contact details of their advocate pinned to their notice board. An advocate acts as an independent source of support for people to help ensure that people's voice is heard when decisions are being made about their care, or other important aspects of their life.

People's privacy and confidentiality was maintained. Care records containing personal information was stored securely in a locked cabinet, and office doors were locked when not in use. Staff ensured that doors were closed when they were supporting people with their personal care needs, and were discreet when asking people if they needed any support with managing their continence needs.

Good

Is the service responsive?

Our findings

Relatives told us that people received the care and support they needed, and that staff had a good understanding of people's needs. Their comments included, "Staff are always on the ball when you phone. They're very amenable to questions day or night", "[My relative] is empowered by their daily routine. The staff give a personalised approach", "If I could bottle the care and bring it closer to where I live I would" and "I'm very, very happy with the care [Name] receives".

People were supported to engage in a range of activities and this was recorded. During a recent holiday to Blackpool people were photographed having fish and chips on the promenade, and attending a fancy dress party. Photographs also showed people being out on local walks, attending day care and one person kayaking. During the inspection people had asked to go for a walk, so staff took them out to have their lunch. One person's relative commented, "I'll ring up and very often they're not in, as they're out somewhere or have gone to the pub". Another relative also told us of an example where staff had taken one person to a birthday party, and had stayed beyond their hours so that they could continue to spend time with their friends and enjoy themselves. We have reported on an example under 'caring' where the registered provider had gone beyond their responsibilities to ensure that all people were included in going on activities.

People had a personalised care record in place which clearly outlined their needs, and what staff needed to do to support them. This information was gender specific and outlined specific needs that male and female people had. People's health needs were clearly outlined in a section titled 'all about by health', which provided detailed information around communication, health needs, allergies and any medication people were prescribed. Where people had health issues such as epilepsy, very clear information was documented around what may trigger a seizure, and what staff should do to support people if this occurred. Care records also referenced publications, to demonstrate where information had been sourced. This ensured that information related to guidance around best practice.

Information around people's preferred daily routine, likes and dislikes were included within care records. We saw examples where this was included into the day-to-day support that was provided, for example staff spent time giving one person a hand and foot massage as this was one of the things they enjoyed doing. Another person had their music on during personal care support, as it was one of the things they liked. This demonstrated that people had been involved in the development of their care, and also showed that their wishes were respected by staff.

Information contained within people's care records was reviewed on a regular basis. Where necessary relevant health professionals were asked to support with ensuring information was correct, and up-to-date. In one example one of the managers, and another member of staff had been speaking with a health professional to ensure that details around when to give medication after a seizure was correct. In another example contact had been made with a specialist health professional, and plans were in place to discuss the level of support currently in place for one person to ensure it was appropriate for people with an acquired brain injury. This ensured that care was in line with best practice, and that staff had access to information that was up-to-date and relevant.

Adaptations were being made to develop a small kitchen area for one person, to support with increasing their level of independence and ability. A small station had been set up as a temporary measure, which included a kettle and items for making a drink. Staff told us that this person had gradually become more independent, and that their levels of independence had increased. Following the inspection we saw photographs of the kitchen which evidenced this had been installed.

Staff had a good understanding of people's needs, which meant that the necessary care and support was delivered. People's key workers demonstrated knowledge that reflected information contained within care records, and we saw that staff were alert and responded quickly to people's needs. In one example staff anticipated and quickly intervened to prevent one person from drinking someone else's drink as they were at risk of choking fluids that were not thickened. In another example we saw a staff member supporting someone to do exercises which had been prescribed to help with their posture.

Staff had recognised the importance of a person being given access to the correct equipment to meet their needs. They had had played a crucial role in procuring an appropriate wheelchair for one person by seeking a second opinion from an Occupational Therapist, where they had felt an initial opinion had not been in the person's best interests. This ensured that this person was getting the necessary care and support.

People had been supported to meet their educational needs. One person expressed a wish to continue with their education after school, and had been supported to procure funding from the local authority so that they could access a specialist further education facility that could accommodate and meet their needs. The registered manager commented, "We felt that [Name] was bright and that they should have the opportunity to go to college". The person's relative commented, "One of the managers was crucial in supporting with writing the applications for the funding. They found out the process, and wrote the applications. They were very supportive and really pushed for it to go ahead".

One person's relative commented, "The continuity of care helps. Staff know how to communicate with [my relative]. Staff had a good understanding of people's communication needs, which enabled people to be engaged and included in their own care. Personalised information around non-verbal communication, and the use of assistive technology was included in care records. We observed staff communicating effectively with people, and giving them options around their care and support. Staff members consistently supported the same person, which aided communication and understanding.

People's relatives told us that they were aware of how to make a complaint and felt that their concerns would be listened to. Their comments included, "They are very receptive to feedback", "I would complain if I had to, however I have no issues at all", and "I would very happily to complain if I had to". There was a complaints process in place which clearly outlined how people could go about making a complaint. The registered provider had an easy read complaints policy in place which was accessible for people using the service. No complaints had been received, however some concern had been raised by the community around parking. The manager within the service had applied for a designated parking bay outside the service in response to this. This demonstrated a proactive and timely response to concerns.

Good

Is the service well-led?

Our findings

There was a manager in post who had been registered with the CQC since December 2014. They were also the registered manager for another nearby service. The registered manager was supported by another manager who was based onsite and helped with the day-to-day running of the service. Staff spoke very positively about the management team and had a clear understanding of the lines of accountability and who they should report to.

In 2015 the staff team had been nominated and won 'best care team' at the National Care Awards. The care awards aim to highlight excellence within the care sector. The nomination for this award included a number of testimonials from people's relatives who spoke positively about the team and the service as a whole, and highlighted examples of positive interactions between staff and people using the service.

Staff told us that the management team were approachable, and that they would not hesitate to report any concerns either inside or outside the organisation. Staff were aware of whistleblowing procedures and where to access the policy on this. Their comments included, "The managers are approachable and supportive. Everyone in the team gels well", "We have really supportive managers. They're available day-to-day and very approachable".

People's relatives spoke positively about the management team, referring to them as "lovely" and going "above and beyond" their role. People's relatives commented that they felt able to approach managers, and that there was a good level of communication between them. Their comments included, "I would ring the manager with any concerns. They're very proactive", "The manager is very good", "I'm kept up to date on everything. I'm always invited to meetings, but they run it past [Name] first to make sure it's ok". Throughout the inspection management were visible within the service. They spoke knowledgably about people and any developments in their care, which indicated that they had a 'hands on' approach.

The management team had a proactive approach towards tackling challenges. They spoke to us about the current financial climate and the challenges around procuring the funding to ensure that people's needs were met. They had developed a comprehensive financial breakdown for each hour of support provided every day, which was used to justify expenditure. This ensured the necessary resources were available to meet people's needs.

The service had strong links with the community. People had been supported to access further education which had involved making funding applications to the local authority. Input from health professionals had also sought to ensure that the correct care and support was being provided to people. The registered manager had liaised with the local authority on a monthly basis to report any safeguarding concerns, which ensured that any issues could be dealt with appropriately.

The service was willing to learn from mistakes and continuously strove to improve. A record of 'lessons learnt' was kept in the office and contained information around incidents that had occurred. This information had been shared with staff during a team meeting to make them aware of the risks and how to

prevent these issues from occurring in the future. Team meetings were held on a monthly basis, and enabled managers to share information about developments within the service, and staff to raise any concerns or discuss anything they felt could be done better. Staff told us that they felt able to make suggestions, and could approach management with these informally or during team meetings.

The registered manager informed us that there was no formal system of getting feedback from people or their relatives, however felt that people approached them on an informal basis. There was an option for people to leave feedback on the registered provider's feedback,

There was a disciplinary procedure in place which staff had to read as part of their induction. There were no examples where this had needed to be used, however it demonstrated that the registered provider had processes in place to ensure that staff and management could be held to account for any actions where required.

Staff were aware of the vision and values of the registered provider, which were outlined in their statement of purpose. These included providing individualised care and support that promoted people's independence and self-esteem. Staff comments included, "I prompt people to be independent but also give support where it's needed" and "It's person-centred here. It's all about them and making them feel like an individual".

The registered provider had up-to-date policies and procedures in place around key areas such as the MCA, DoLS, safeguarding people and complaints. Staff were aware of where these policies were kept, and we saw that these were accessible to them.

There were systems in place to monitor the quality of the service being provided. Audits of people's care records had been completed and outlined where any amendments needed to be made. Follow up action had been taken in response to these. Medication audits were carried out weekly and fortnightly to ensure that stock levels were correct and that records were being filled out correctly. The registered provider had completed quality monitoring checks on the environment, and carried out an infection control audit. Where appropriate an action plan had been developed, which included timescales by which issues needed to be remedied. Those actions that had been identified were minor, and had been followed up within the time scales. This ensured that improvements were made where required.

The registered provider is required by law to notify the CQC of specific events and instances that occur within the service. The management team were aware of where this would be appropriate, and our records indicated that this had been done appropriately.