

Three C's Support

Three C's Support - 71-73 Dunton Road

Inspection report

Bermondsey
London
SE1 5TW

Tel: 02072320016
Website: www.threecs.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 ●

Summary of findings

Overall summary

This inspection took place on 17 November 2016 and was unannounced. Three C's Support - 71-73 Dunton Road is a care home that provides accommodation and support for up to seven people, who live with mental ill health. At the time of the inspection there were six people using the service.

There was 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.

We last inspected this service on 17 November 2015 and at this time the service had not met the regulations we inspected. We found that the service was in breach of five regulations. These breaches were related to person centred care, dignity and respect, need for consent, safe care and treatment, meeting nutritional and hydration needs, good governance and staffing. We issued requirement notices for each of these breaches. We made a recommendation to assess the effectiveness of training provided to staff based . In addition we made another recommendation to support people to express their views and involving them in decisions about their care, treatment and support. We asked the registered provider for an action plan for improvements and we received this as requested.

At this inspection we followed up on the breaches of the regulations and to see whether the registered provider had made improvements to the service. We found the service had made the required improvements to meet the standards of the regulations. We have made a recommendation to improve the quality of care in connection with methods of communication for people with Autistic Spectrum.

People took part in activities that interested them and there were some planned activities in the service.

The registered provider had guidance in place to reduce the risk of harm. Staff had acted appropriately in the management of allegations of abuse. Staff informed people's care coordinator and the local authority safeguarding team if abuse of risk of harm was suspected.

Risks associated with people health and well-being needs were identified. Plans were put in place to manage those risks. The provider managed and identified environmental risks at the service.

People were cared for by staff who were supported by the provider. Staff had access to regular training, supervision and an annual appraisal to help them in their roles and reflect on their working practices.

People gave consent to care and support to staff. People were cared for in a way that protected them from risks from the unlawful deprivation of their liberty. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff understood how to support people within the Mental Capacity Act

2005.

People were treated with respect and dignity by staff, and people we spoke with confirmed this. There were sufficient staff employed to meet the needs of people that was also flexible to meet people's individual needs.

Meals were provided by the service and people had a choice in the meals they received. Meal times were flexible so people could choose when they ate. Food and drink was stored appropriately, labelled and in date.

Health care support was available to people when they chose. Care assessments and care plans were updated and reflected changing needs.

Medicines were managed safely and people received them to manage their health needs. People had their medicines as prescribed and staff ordered and stored them safely. Medicine administration records were accurate and updated. When people required 'as when' medicines these were recorded appropriately.

The provider monitored the service and carried out quality audits to ensure people received quality care. There was a registered manager that was supported by the project leader who provided daily management cover.

People were provided with information on how they could make a complaint and how this would be managed.

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. Staff were aware of signs of abuse and took action to raise an allegation of abuse appropriately.

Risks to people's health and wellbeing was identified and managed.

People received their medicines safely as prescribed.

There were sufficient staff to meet people's care needs appropriately.

Good ●

Is the service effective?

The service was effective. Staff received training, supervision and an annual appraisal to support them in their role.

The provider, staff and the registered manager were aware of their responsibilities in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards.

Meals provided met the preferences of people and mealtimes were flexible.

People had access to healthcare services when required.

Good ●

Is the service caring?

The service was caring. People or their relative made decisions regarding their care and were able to contribute to their assessments.

People were treated with dignity and respect by staff.

People took part in activities of their interest.

Good ●

Is the service responsive?

The service was responsive. People and their families were involved in the development of their care assessments and care plans.

Good ●

People had ways to raise a complaint with staff and they were confident that their complaint would be managed and resolved.

Is the service well-led?

The service was well-led.

The quality of care was monitored and the provider carried out regular audits of the service.

There was registered manager in post.

Notifications were sent to CQC as required.

Good ●

Three C's Support - 71-73 Dunton Road

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.

This inspection took place on 17 November 2016 and was unannounced. It was carried out by an inspector, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service and what we received from the local authority. We used the action plan sent to us to help us plan our inspection. During our visit we spoke with five people who use the service and four members of staff. We also spoke with the registered manager and the project leader. We reviewed six people's records and their medicine administration records and other records relating to the maintenance and management of the home.

We spoke with one social care professional after the inspection.

Is the service safe?

Our findings

At the last inspection we found that the provider was in breach of the regulations. The health of people living in the service and staff had not been taken into consideration, and they were at risk of fire and health complications due to people smoking in the service. People's risk assessments were not always up to date. People's identified risks were not managed appropriately, therefore, increasing the risk of them receiving unsafe care and support. Reports of safeguarding allegations were not promptly acted on by staff. People's medicines were not correctly recorded increasing the risk of drug errors which could impact the health and well-being of people. We also found the service was not maintained. In addition the communal telephone for people's use was not working. This limited people's privacy and the ability to use the telephone as they wished. These issues were a breach of regulation 12 and regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken sufficient action to meet the regulations we inspected.

The registered provider took action to protect people at risk of fire. A fire risk assessment for each person was in place. The personal evacuation emergency plans (PEEP) identified how people and staff could respond in the event of an emergency at the service. The aim of the PEEP is to keep people safe by identifying and reducing the likelihood of those risks for each person. In response the registered provider said and told people that smoking was not allowed in their bedrooms any longer. People who choose to smoke were able to smoke in the designated room.

There were regular fire drills, tests of the fire alarm systems and fire risk assessments of the building. This was to make sure people and staff were familiar with the fire safety arrangements and equipment.

People had an assessment of risks that affected their health and wellbeing. Those risks identified were managed and the likelihood reduced through the development and implementation of a risk management plan. Staff had the understanding of how to keep people safe from risk. For example one person required specialist support with their mental health needs to prevent deterioration. The person's care plan detailed the person's support needed and staff were able to explain these. Staff had followed the healthcare professional's guidance to monitor and maintain the person's mental health.

People were protected from the risk of harm and abuse. The provider had acted promptly in discussing allegations of abuse with the local authority and the person's care co-ordinator when applicable. We found that staff had also taken steps to investigate concerns of suspected abuse and developed and implemented a plan to keep people safe in the service. We saw records where safeguarding allegations were followed up and managed appropriately or were waiting for a conclusion to the investigation.

People's medicines were given as the prescriber had intended. We observed staff giving people their medicines as required and according to the instructions on the medicines records. There was a system in place to order medicines for people. For example, staff completed an audit of medicine stocks and people's

medicines were ordered every four weeks to ensure there were sufficient medicines available. People's medicines and 'as when required' medicines were recorded appropriately. People's medicine administration records (MAR's) were accurate and completed correctly. There were no gaps in these records and there were codes on the MAR's to indicate why medicines were not given by staff.

People received a service which was safe and met their needs. People told us they felt safe living in the service. One person told us, "I do feel safe here, it's not dangerous or anything like that. [My relative] also thinks this is the safest place for me." Another person said, "I do feel safe here, the doors are locked and there are [staff] here."

The environment had been redecorated and was clean. We looked in people's bedrooms and the communal areas of the service. People's bedrooms were decorated in accordance to their wishes with personal items in their rooms. We noted that the communal areas were clean and maintained and there were no signs of peeling paint internally that we saw on our last inspection. One person told us "It's [the service] always clean." All areas of the service had appropriate lighting that was working. People had access to make private telephone calls. The communal telephone was working and people had the ability to use the telephone as they wished. The provider had ensured that people lived in their home that was well maintained and safe for them to use and live in.

People were cared for by enough staff to meet their needs. There were sufficient numbers of staff who provided care and support for people. The staff rota showed that there was a mix of skilled workers on each shift. For example, a project leader provided daily management of the service with the support of the registered manager. When people required support to attend a hospital appointment or a social activity the project leader would provide additional staff. One person told us "Yes, there is enough staff here, I'm fine with that." Another person said "There is always staff around for a chat or just to make sure everything is okay. It is fine."

The registered provider had made changes to the role and responsibilities of the care staff. This ensured that suitably qualified and skilled staff were deployed to support people. One member of staff said, "The new way of working is brilliant. I was worried in the beginning of the new changes. But it is for the better for the service users as well." The registered provider requested job references, criminal records checks and staff UK employment requirements before newly employed staff started working with people at the service.

Is the service effective?

Our findings

At the last inspection we found the provider was in breach of regulations. We found that the provider had not ensured people had access to food that met the required food safety standards. Staff did not have an understanding of people's nutritional needs to manage their health condition. We also found that staff did not follow professional's guidelines to manage people's health needs. Staff did not have an understanding of their role and responsibilities of the Mental Capacity Act 2005, consent or involving people or their relatives in making decisions in their care. These issues were in breach of regulation 14, 12 and 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken action so they met the regulations we inspected.

People had access to food and drink to meet their needs. We checked food available to people and these items were stored appropriately and within eat and use by dates. There was a system in place to check and dispose of expired food items. Fridge and freezer temperatures checks were regularly taken to ensure food was stored safely and were working as intended. Staff ordered food shopping and people were able to request food items they enjoyed. People would go to the local shops to buy milk or bread for the home if required.

People enjoyed the meals that were provided. One person said "The food is good. We can have as much as we want." Another person said, "The food is nice, it is like a buffet most of the time so we can help ourselves, it is fresh, some days are tastier than others but we have choice." A third person said, "I am given halal food here [when I choose]." At lunchtimes meals were prepared by staff with the support from people. We saw that people had the choice of when they wanted to eat their meals. For example people could make their breakfast when they chose to and the lunchtime and evening meals were cooked and put into heated food servers. This allowed people to serve themselves and eat their meals when they chose. One person said "I'm happy with the food here, I can have seconds if I want."

Staff demonstrated an awareness of people's nutritional needs to manage their health conditions. For example, a person at the service required a specialist diet due to their medical condition. The person's care plan detailed the person's dietary requirements and staff were able to explain how to prepare those meals. Staff had followed the healthcare professional's guidance to ensure the person had a diet that was suited to their needs. We saw records that documented the person's dietary intake each day which was in line with the person's care needs and requirements.

People had access to healthcare services when their needs changed. We found that staff had arranged an appointment and supported a person to attend the dentist. We found another example where a health professional recommended additional support for a person with their diabetes care and this was followed up by staff. Staff supported people with regular blood tests to be taken according to their individual requirements and needs. People told us they had adequate access to health care services and that their GP was not too far away. All people were registered with a GP. People had regular health checks and could make an appointment to see a GP as required. One person said that they were able to visit their GP if they were

unwell and needed to feel better. Records of GP visits and health care recommendations were recorded in people's care records.

People who had capacity for specific decisions gave their consent to receive care and support from staff. The records we looked at confirmed this. All care records had consent forms documented. People signed that they consented to support for example, with the management of their medicines from staff. One person said "The staff do ask me and I will agree and then they will help me." During our observations we noted staff did seek consent when providing care and support to people.

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 authorisation 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. When required people had a mental capacity assessment, best interests decisions recorded and followed by staff. Staff made a DoLS application to the local authority to safeguard people. People were cared for in a way that protected them from risks from the unlawful deprivation of their liberty. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff had an understanding of their role and responsibilities in line with the requirements of Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had training in MCA to equip them to support people who may lack the capacity to make decisions for themselves. When required people had a mental capacity assessment to check their capacity and any decisions made in the person's best interests were recorded. For example, a person had to make a decision regarding their treatment options for a health condition. Staff checked the person's understanding of the information and their decision making capacity.

People were cared for appropriately and within the DoLS framework. Staff made a DoLS applications to the local authority 'supervisory body' to safeguard people. The registered manager received the DoLS authorisations. Staff supported people in accordance to those instructions to ensure people cared for in a way that protected them from risks from the unlawful deprivation of their liberty.

The registered manager and project leader supported staff to access training through supervision and appraisal. Staff had completed the registered provider's recognised mandatory training. This included medicine management, safeguarding people, fire safety, moving & handling and food safety. Staff were able to describe the training they had attended to us. A member of staff said, "I do a lot of training and when there is refresher training my manager makes sure I am included." Senior staff assessed the competency of staff training. For example when staff had completed medicine management training their competency in the safe administration was observed before staff were able to support people with their medicines.

Staff had regular supervision meetings and an annual appraisal. These meetings allowed staff the opportunity to discuss their role and responsibilities. Goals and targets were developed between staff that

their line manager and these were revisited on a regular basis to ensure actions were taken to achieve them. A member of staff said, "I have regular meetings with my manager and I can discuss any concerns I have with my job." Another member of staff said, "Yes, the manager listens to me and helps me solve any concerns I may have."

Is the service caring?

Our findings

At the last inspection we found that the provider had not ensured people were involved in the development of their care plans. We made a recommendation to support people to express their views and involving them in decisions about their care, treatment and support.

At this inspection we found the provider had taken action so they met the regulations we inspected.

People lived in a home that demonstrated they were a caring service. People told us "The staff are okay. They remind of things and talk to me a lot." A second person said, "Yes, [staff] are really good." A third person said, "Staff are polite and Friendly."

People were supported to make care and support decisions where needed through regular meetings with their key worker. Those meetings were recorded and actions taken were recorded in their daily care diaries. During care plans reviews staff met with the person or their relative and recorded their views. Care records were signed by people to demonstrate they understood the care and support choices offered to them. People were involved in developing their care plans and made decisions in how they wished to be cared for.

People told us they felt staff respected them and showed them kindness and compassion when supporting their needs. One person told us, "Staff are really good, they always knock on the door before coming in the bedroom." Another person said, "They [staff] do knock on the door before coming into the bedroom." We observed staff and people interacted and engaged with each other during the day. People approached staff to speak with them when they chose. One person said, "Overall I would say they are fine." People and staff relaxed together in the lounge and dining room areas. It was clear from the discussions they were having that people were comfortable with each other and staff. Staff approached people that was caring and respected their privacy and dignity.

People maintained relationships with people outside of the home. People and their relatives were encouraged to visit each other when they wished. For example, one person wanted to visit their family for a holiday. The person told us they planned the holiday with their relative and said they were looking forward to spending time with them.

People had information and explanations about their care given to them. Records showed that people had assessments that were written in a way that they understood. Information was written using easy read documents which had symbols which people understood. We found where people did not have English as their first language an interpreter was used. For example, during mental health review meetings. On other occasions a relative would be used in an emergency or at short notice. There was a communication passport that had basic phrases in the person's language which staff used with them. However we found that staff required additional support when communicating with a person with Autistic spectrum disorder. We used a tool to communicate with a person with Autistic spectrum disorder. This allowed us and the person to communicate with each other and gathered their views of the service. This type of communication tool was not available in the person's care records.

We recommend the service seek advice and guidance from a reputable source to improve the quality of care in connection with methods of communication for people with Autistic Spectrum.

People's personal information was kept safe and was accessed by staff when needed. Care records and records relating to assessments for people were stored securely in a locked room. Other records were located on a secure computer system and authorised staff had access to them when needed. Staff maintained confidentiality of people's records and ensured the safety of personal private information.

Is the service responsive?

Our findings

At the last inspection we found the provider was in breach of regulations. We found that people or their relatives were not involved in making decisions, and had not contributed to the assessment and planning of their care. People were not encouraged to participate in social activities which interested them. These issues were in breach of regulation 12 and 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken actions to improve the service so they could meet the regulations we inspected.

Assessments were completed with people before coming to live at the service. People's contributed to their assessments with their personal histories, likes, dislikes and preferences were recorded on their assessments. For example one person's care records showed that religion was very important to them and the wanted to continue to practice their faith. People were supported to make decisions including how they wanted their care delivered.

People's care plans were regularly reviewed to ensure they were relevant. For example, a person's health needs had changed since their last care review. Staff sought guidance from a health care professional who was involved in the person's care. Health care recommendations were made which staff followed. We saw their care records were updated to reflect this change. This meant that people's needs were routinely reviewed to ensure they received appropriate care.

People's hobbies and interests were also assessed prior to coming to live at the home which helped staff to plan appropriate support for them. For example, a person who had an interest in fishing, which was an activity that they enjoyed doing before coming to live at the service. Staff had arranged the purchase of fishing equipment and supported the person with this activity. Each person had an activity timetable. People participated in daycentres in their local community and in house activities to help them to develop independent living skills. There were regular movie nights where people could enjoy a film of their choice. Additional staff were on duty to support people with outdoor activities if they chose. People were able to practise their religion and had local links to religious organisations that they could access when needed.

The registered provider had a system in place to support people to make a complaint. People said if they had a complaint about an aspect of their care they would talk with staff in the first instance. People said they were confident that their concerns would be dealt with by staff. The complaints policy and procedure was available for people, relatives and staff. One person said, "I don't have any complaints about the service. If I did I would talk to the staff." The complaint process was written using an easy read approach so people could understand how to make a formal complaint of the service. Staff understood how to support a person or relative to make a complaint. The registered manager told us how they would manage these by completing an investigation into the complaint and responded directly to the complainant with an outcome. There were no current complaints about the service or about the care people received.

Is the service well-led?

Our findings

At the last inspection we found the provider was in breach of regulations. We found that the provider had not ensured people lived in a service that was well-led. A registered manager was not managing the service at the time of our inspection and there was no clear management of the service. There were no effective quality assurance systems in place. We found areas of concerns regarding fire safety, risk assessments, access to health care and medicine administration records. We also found there were no processes in place to monitor and dispose of expired food. Fire drills, were not carried out on a regularly basis. These issues were in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken action to improve the service so they could meet the regulations we inspected.

There was a registered manager in post at the service. They were registered with CQC since 2 December 2016. The registered manager provided the overall management of the service on a daily basis with the support of the project manager.

Staff were complimentary about the registered provider and the registered manager. A staff member told us, "We are all happy here since we had these changes in our job title and job role the service." Staff told us, the managers demonstrated an open and transparent approach within the service. They said this allowed improvement in the quality of care for people. One person said, "There's always staff around when you need them." However two people were unsure whether it was the registered manager or the project leader that was managing the service. One person said, "I think the manager is a woman but she is not here much." A second person said, "I am not sure who the manager is, I think it is the man upstairs." We discussed the management of the service with both the registered manager and the project leader they confirmed the daily management of the service was by the project leader with the support of the registered manager. They added that they would ensure people were aware of the management arrangements. This meant that people did not know always know the clear management structure of the service or which manager to speak to.

The registered manager supported staff to be responsible in their caring roles. Staff told us the managers of the service listened to their views. Regular team meetings took place and staff and managers were able to discuss the operation of the service. Meeting minutes showed that staff discussed openly and honestly their concerns. One staff member said, "Things are so much better. We can talk freely and now that the managers will listen."

The registered manager kept the Care Quality Commission (CQC) informed of notifiable incidents that occurred at the service. We found when notifications were made follow up information was sent to us when the issue or concern was resolved.

There registered provider had quality assurance systems in place. During the inspection we asked to see

information on how the service monitors and reviews the quality of service provided to people. The service identified, monitored and reviewed the quality of care and had developed a service improvement plan. This looked at the well-being of people, safeguarding people using the service, maximising the independence of people and a review of the systems in place to improve the quality of care. For example staff reviewed each person's care needs. From this review it was identified that a person had improved and maintained their physical and mental health. This meant that the service was no longer appropriate for them and with support the person was able to live independently. Staff took actions to support the person to move on from the service in a safe way to enable them to maximise their independence.

The project leader carried out weekly and monthly checks. This involved audits of medicine administration, fire, health & safety, finances, key working and staff support. These checks were carried out as planned and the associated records were correct and reflected any actions taken. For example staff ensured that people's income and expenditure was recorded. People's financial records were then reviewed by the project leader on a weekly basis. This ensured people's cash balance available matched what was recorded. Errors in people's finances could be detected and resolved promptly through this method of money management.

People completed questionnaires and feedback on the service. The responses were complimentary about the care and support that they received. People were satisfied with how their care was delivered and raised no concerns. People were able to contribute and be involved in the service. People attended residents meetings where they could discuss aspects of their care that mattered to them. People contributed and made decisions to go on holiday together and chose where they wanted to go as a group. We saw that staff respected their decision and supported people to make arrangements for their holiday. People were able to provide feedback and actions taken to resolve any concerns.

Staff worked in partnership health and social care organisations. People's care needs and support benefitted from the advice and support from their care co-ordinators and from health care service. Staff had developed and maintained contacts with the local authority and the local mental health teams so people's care needs were co-ordinated and effective.