

Three C's Support

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Inspection report

Unit 4
82-84, Childers Street
London
SE8 5FS

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12 February 2019

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Three C's Support provides care and support to young people and adults who are living with a learning disability and have mental health needs. At the time of this inspection, 131 people were using the service.

People's experience of using this service:

Each person had their care and support needs assessed. People and their relatives were involved in their assessments and their views were considered during the process. Individual care and support plans were developed which captured the support people required to maintain their health and wellbeing.

People participated in activities of their choice. People were supported to continue their education and supported to find paid and voluntary employment.

People were free to explore and talk about their individual needs including their cultural, gender and sexual identities.

There were systems in place to ensure people were kept safe and protected from the risk of harm and abuse. Staff had gained knowledge of the types of abuse through safeguarding training.

Risks to people's health and wellbeing were assessed and a plan put in place to manage each potential risk.

Medicines were administered by staff to help manage people's health care needs. Staff used medicine administration records (MARs) to record when people had their prescribed medicines. The MARs were audited for their accuracy.

The registered manager followed the provider's recruitment processes which included the return of pre-employment checks. This ensured suitable staff were employed to support people.

People were supported to have maximum choice and control of their lives and office based staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives were happy about the care and support they received. They also said the management of the service was of a good standard.

People commented that staff were supportive, showed them kindness, were caring and thoughtful in their approach with them.

People and their relatives contributed to their initial care plan and the review of their care.

The registered manager ensured people received a good standard of care through regular reviews and

monitoring of the quality of the service.

Rating at last inspection: This is the first inspection of this service since the change of location in February 2018.

Why we inspected: This was a planned scheduled inspection. At this inspection we found the service was rated Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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. Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective. Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring. Details are in our Caring findings below.□

Is the service responsive?

Outstanding ☆

The service was outstanding in responsive. Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led. Details are in our Well-Led findings below.

Three C's Support

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This announced inspection took place on 12 February 2019 and carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who is living with a learning disability and has mental health needs.

Service and service type:

Three C's Support provides care and support to young people and adults who are living with a learning disability and have mental health needs. At the time of this inspection, 131 people were using the service. Not everyone using Three C's Support receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is medium sized and the registered

manager is often out of the office supporting staff. We needed to be sure that they would be in. Inspection site visit activity started and ended on 12 February 2019. We visited the office location on 12 February 2019 to see the registered manager and office staff; and to review care records, policies and procedures.

What we did:

Before the inspection, we looked at information about the service we held, including notifications. A notification is information about important events, which the service is required to send us by law. 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.

During the inspection:

- We spoke with 12 people who used the service.
- We also spoke with the registered manager and four members of staff, including the social inclusion and volunteers manager and the job coach.
- We looked at 15 care records and medicine administration records (MAR) for five people.
- We also looked at 15 staff records and other documents relating to the management of the service.

After the inspection:

We received feedback from 11 support workers and two health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- All members of staff completed training in safeguarding adults. This training helped to increase staff's knowledge of how to protect people from the risk of abuse.
- The provider had a safeguarding policy. Staff followed this process to ensure people were kept safe from harm and potential abuse. One member of staff said "I was given enough support to hold difficult conversations, report and address safeguarding allegations and carry out investigation procedures."
- All current allegations of abuse were managed appropriately and investigated by the registered manager and the local safeguarding team.

Assessing risk, safety monitoring and management.

- All people we spoke with said that they felt safe receiving care from staff.
- Staff identified risks associated with people's care and support needs. This included eating and drinking mental health needs, road safety and mobility needs.
- Each risk that was identified was recorded in people's care records. A management plan was developed a plan which gave staff guidance on how to help people manage those risks.
- Staff described the support people needed from them to reduce the likelihood of the risk occurring and keeping them safe. One member of staff said "We are quite risk positive as an organisation, this is not to say that we are careless or risky, but we would break down any objective as far as possible to support someone we support to achieve what they want or need."
- Each person had a review of their risk assessment and management plan. This ensured people and staff were aware of them and new risks were captured to meet people's continued support needs.

Using medicines safely.

- There was an effective system staff used to manage people's medicines.
- Staff supported people with taking their prescribed medicines to help them to maintain and improve their health. People who were able to self-administer their medicines did so safely and this was appropriately risk assessed.
- Staff completed medicine administration records (MAR) to confirm people had their medicines as required. Each (MAR) we looked at was accurately completed with no unexplained gaps in them.
- There were systems in place for completing medicine audits. The audits helped staff review the management of medicines and to check people had their medicines.
- Staff completed training in medicines administration. Staff completed medicine competency assessments to ensure they had applied the knowledge they learnt in the medicines training.
- Staff we spoke with confirmed they had completed medicines management training and were assessed as competent before supporting people.

Staffing and recruitment.

- Enough members of staff were available to provide care and support to people using the service.
- People received appropriate care to meet their needs and support workers were provided with sufficient time to travel to visits so people received their assessed care as planned. One person said "If the support workers are running late then they will always call to let me know."
- The registered manager followed the provider's recruitment processes. Newly employed staff completed a job application process. This included submitting an application form and attending a job interview.
- People using the service were involved in the interview panel, they asked new candidates questions about their experiences and were involved in hiring new staff.
- Before new candidates worked with people, pre-employment checks took place. Employee references, right to work in the UK and proof of identity were provided with each job application. Staff also completed a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. All staff files we looked at held all documents related to the staff recruitment process.

Preventing and controlling infection.

- There was an infection control policy in place at the service.
- Staff understood the provider's infection control policy. Staff knew what actions to take to reduce the risk of the spread of infection through infection control training.
- Staff used personal protective equipment such as gloves and aprons to reduce the risk of infection.

Learning lessons when things go wrong.

- There were records of accidents and incidents and safeguarding that occurred at the service.
- The registered manager completed an internal investigation and root cause analysis to identify key learning from each incident.
- We saw records of an incident that was shared with staff for learning purposes. In response to an allegation of financial abuse the registered manager reviewed the incident. Staff took action to reduce the likelihood of this happening again. One member of staff said, "Yes there have been times when things go wrong or when people are unhappy with the service, but I have seen the manager responsively address those issues." We saw another example of learning from incidents. There was an incident of potential financial abuse. Recommendations from the review resulted in changes in staff practices to reduce this risk. This included, auditing the cashbooks and receipts, checks of activity expenses and compare costs with other people's receipts. Staff meetings and supervisions were used to discuss people's financial records.
- Staff understood the reasons for sharing incidents and learning when things go wrong and the importance of implementing recommendations to protect people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People had an assessment of their needs and made choices about their support and care before they received a service. For example, people were able to make choices in the time and frequency of the care visits to fit in with their individual needs.
- People contributed to the development of their individual care plans. Each care plan provided staff with enough information about people that ensured they received appropriate care and support to meet their needs.
- Staff had an understanding of local and national standards, best practice guidance and current legislation. This included the guidance from the local authority mental health learning disability team in supporting people with mental health problems and learning disabilities.
Staff support: induction, training, skills and experience.
- Staff were supported by the registered manager. Each member of staff completed and induction, training, supervision and had an appraisal.
- People were supported by staff who had been inducted into the service and were familiar with the service. The induction process helped new members of staff to develop an understanding of the organisation, policies and people they supported.
- Staff completed mandatory training to help them to develop skills and knowledge to support people effectively. Training in safeguarding adults, basic first aid, medicines management and infection control was completed.
- All people said that they felt staff were adequately trained to do their job. Staff commented, "The training I receive is very good and helps me to deliver best outcomes within people's lives", "I have gained so much skills with opportunity to develop into a managerial position" and "Training such as Qualifications and Credit Framework (QCF) Level 5 alongside in-house leadership and management meetings have been key to my progression, but the support from my line manager has been positively influential."
- Staff had regular supervision and an appraisal. Staff had the opportunity to reflect on their practice and identified professional and personal development needs. Staff said the registered manager listened to them and provided additional support when this was required.

Supporting people to eat and drink enough to maintain a balanced diet.

- People had enough to eat and drink throughout the day to meet their nutrition and hydration needs. One person said "The staff make me tea or coffee when I ask."
- When people had specific dietary requirements these were assessed and a plan put in place for staff to follow to ensure these were met.
- People and staff often went out into their local community to have meals of their choice.

- Support workers we spoke with had an understanding people's nutritional needs and preferences and how to meet them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People received support from health care professionals when this was required. This helped to maintain people's health and wellbeing.
- Records showed that people had support from, speech and language therapists, occupational therapists, clinical psychologists and their GP.
- Outcomes from these interventions were recorded and kept on people's care records. This ensured staff had access to the most accurate records relating to people's needs. One health and social care professional commented, "We do work with Three C's and find that they usually provide a good service."
- Each person had a hospital passport. This provided hospital staff with important information about people, including medicines, communication needs, medical conditions, eating and drinking risks and professionals involved in their care. This ensured hospital staff had enough information to care for people to ensure continuity of care and support. One member of staff told us, "I have observed the care provider to be protective of their service users and does go an extra mile to support the needs of their service users when supported to visit the hospital."

Ensuring consent to care and treatment in line with law and guidance.

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.

We checked whether the service was working within the principles of the MCA.

- Staff understood their roles and responsibilities in relation the MCA and had completed training which helped them develop skills to protect people's rights and support them to make their own decisions wherever possible.
- Staff completed assessments to identify people's decision making abilities to make specific decisions.
- Mental Capacity assessments were carried out with people, their relatives and health and social care professionals involved in their care. This was to ensure that decisions were made in their best interests where people were unable to make particular decisions for themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff spoke about people in a respectful way. Staff knew people they supported well and were able to discuss the care and support they provided to them.
- All people we spoke with had developed relationships with support workers that visited them. People commented "Staff are easy to talk to and listen to me when I have problems" "[Support worker] is very attentive towards my needs" and "They are kind to me."
- People were supported to maintain relationships with partners, friends and relatives. People also attended events and activities that celebrated and met their cultural, identity and religious needs.

Supporting people to express their views and be involved in making decisions about their care.

- Staff supported people to make decisions about their care and support because information was presented to them in a format that they could understand.
- People had clear communication plans that were kept in their care records and used by staff.
- People were asked about their likes and dislikes. These were recorded to ensure this information was available to support workers to ensure appropriate care was delivered.
- People were able to give their opinion of the service using signs and symbols that people were familiar with.

Respecting and promoting people's privacy, dignity and independence.

- People using the service said that staff were respectful of their privacy and dignity.
- Staff welcomed and celebrated diversity in the service. Records showed that people using the service discussed their personal relationships and their sexual and gender identities. For example a couple living with learning disabilities were supported to celebrate their relationship by getting married to each other. They celebrated their fifth wedding anniversary in 2018.
- We saw another example where a person was supported to explore their sexual identity. They were encouraged to talk about their sexuality and the support from staff helped them to embrace their identity and celebrate being gay. The person was also supported to attend the Lesbian, Gay, Bisexual, Transgender and Queer Pride event.
- All personal care and support were carried out in privacy to ensure the people were kept safe with their dignity maintained.
- Each person had an activity plan. People were encouraged to develop and maintain their independence.
- People took part in activities which interested them and they enjoyed. People had a variety of interests, that included developing their education, taking up voluntary and paid employment and attending social

activities.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Assessments took place for each person before receiving a service. Assessments captured people's needs including their care, support and treatment requirements. The assessments gave staff enough information to decide on the appropriate care and support to meet people's needs.
- People's care and support needs were reviewed on a regular basis to ensure people care remained relevant. People said "[Staff] are very attentive towards my needs" and "Staff support me to go at my own pace."
- People attended activities that interested them and met their needs. The provider had a number of activities and events that people could take part and be involved in. A person was supported by their social worker, local authority client affairs officer and occupational therapist to plan a holiday.
- Records showed that the person and staff had explored the feasibility of the holiday, taking into consideration their mental capacity and care needs. The outcome was that in consideration of the person's views and potential challenges, the person was able to go on holiday with plans and support in place.
- People said they were involved in their local communities. Comments included "The support workers take me out shopping I really enjoy looking around the shops", "Yes I go out to restaurants and I go down to the high street" and "We go down to the café and into the town centre."
- Staff supported people to develop new relationships. One person was supported to find a new partner. The person said that they wanted to use a dating app to help them to find a romantic relationship. We saw records that showed staff were supporting the person with this request. This meant that staff were supporting people to make decisions while helping them to achieve their personal goals.
- People were supported to maintain their independence. We saw one example where a person enjoyed travelling on buses and trains, often late at night. Staff had safety concerns and had completed an assessment and care plan to ensure this activity was carried out safely. The person had decision making capacity and therefore staff supported them to understand the potential risks of this decision.
- Staff began to telephone the person several times each night when they were not home. However, it became apparent that the person began to feel restricted because of the numerous telephone calls from staff. In response to this it was agreed in consultation with the person that staff would contact them once to say if they need anything to call the service. This increased the person's involvement in their care, provided them with an opportunity to be more independent whilst being able to ask for support when required.
- Carers and staff supported people to go away on holiday. We saw an example of people organising their travel to Spain. Staff supported people with making the arrangements. We saw photographs of people on holiday and they looked happy and enjoying themselves. This helped improve people's independence and wellbeing. A member of staff said, "Three C's believes in supporting people to take positive risks, staying healthy, safe in their homes, taking part in their community and following their goals and aspirations."
- The service had a job coach, social inclusion manager and volunteer co-ordinator employed at the service.

These services provided individualised specialist support to people. People were supported to take up employment in either a voluntary or paid capacity. We were provided with one example of where a person who was reluctant to go outside of their home, found employment with support that they enjoyed.

- People were supported through interview coaching, developing a CV whilst exploring ideas on a career and new employment. People chose to work in a variety of industries, including catering, offices and in local pubs. People also worked at the head office of Three C's Support in reception which helped them to develop their administration skills. Employment helped people to increase their independence while learning and developing new skills.

Improving care quality in response to complaints or concerns.

- People and carers could make a complaint about the service. People said that they knew who to make a complaint to if they were unhappy about an aspect of the service.
- The provider's complaints policy encouraged people to raise a complaint about an aspect of the service if they were dissatisfied.
- Records showed that complaints were managed appropriately and in line with the complaints guidance. The registered manager provided a response including actions taken to resolve the concern to the complainant following an investigation into their complaint.

End of life care and support.

- At the time of the inspection no one using the service was in receipt of end of life care.
- Staff we spoke with had an understanding of the health and social care professionals who could provide specialist care and support. They also had an awareness of how to support people to ensure they had a comfortable, dignified and pain free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager took action to monitor the quality of the service.
- Checks were completed on the service that included a review of safeguarding, medicines management and accidents and incidents that occurred. These were reviewed and discussed with the staff team and areas for improvement were acted upon.
- Regular monitoring of people's care and support needs took place. This included an annual review of whether people had a health check with their GP and medicines review. Where people had not had a review, this was recorded, and action taken to make appointments with people and their GP if required.
- The registered manager and all the staff we spoke with were committed to providing good care to people they supported. Each member of staff we spoke with said they enjoyed working for the service. Staff talked positively about the management of the service. Staff comments included, "I feel honoured to work with the people I do and privileged with the opportunities that Three Cs has given me so that I can develop into a much more competent support worker", "I have in the past, raised concerns with a senior manager and these were looked into and responded to", "I receive very good support from Senior Managers and my employer anytime I need" and "do I truly appreciate the support I have received, and the confidence in my abilities that has been bestowed on me by my line manager and then senior managers."
- The registered manager ensured relevant information was sent to the Care Quality Commission (CQC). The notifications sent were related to a safeguarding incident that occurred. This provided CQC with details of concerns, so we could take action promptly.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The service had strong leadership which focussed on improvements and development of the service. The registered manager and the chief executive were visible within the service. Staff members told us "Three Cs has shown me is that there is a willingness and openness to receiving feedback, in an effort to continuously improve and grow" and "I believe the very top level management set a very good example of valuing people, being approachable, being open and honest and always ready to assist anyone. They are never too busy to listen."
- The registered manager operated a 24 hour on-call service. This enabled people and staff to speak with a manager for advice and support.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics.

- People were supported to provide their feedback and views about the service. People completed regular questionnaires and provided their views about the service. The feedback we saw showed that people were satisfied with the level of care and support they received. People commented "They are easy to talk to and listen to me when I have problems", "The support workers are always there for me" and "Support workers are kind to me, they come and see me."
- Staff told us the managers listened to them and their views. Staff said "When people wanted to be more involved, the customer journey team was created. When staff complained about how many health support documents there were to complete, these were reduced to only a handful of documents"
- Staff achievements are recognised by the provider. Staff have the opportunity to celebrate success through recognition and award where staff contribution to the service and work with people using the service are acknowledged and appreciated.
- People using the service wanted a Christmas party. In response to this request staff arranged a Christmas Event at the office. They contacted a number of local supermarkets who provided refreshments and chocolates at no cost. People and staff also celebrated the 25th anniversary of Three C's Support service in 2018. Various events, performances and food was provided for people to enjoy and celebrate this event.
- People using the service were part of the Three C's Support board meetings. People attended these meetings and had a copy of the board report before each meeting. This was written in a format that people could understand and comment on.
- People were also involved in the development of the provider's 'News at Three' newspaper. The newspaper contained information about the provider's services, important events at the service and employment opportunities. People were involved in creating and developing ideas for the contents and design of the newspaper. This enabled people to be involved in the service, share ideas, learn from each other and be kept updated with developments in the organisation.
- Staff attended regular team meetings. These meetings happened on a monthly basis. Staff shared their knowledge and learned from colleagues. One member of staff said "The knowledge I receive is shared with staff to make sure our service remains safe, effective, well-led, caring and responsive. I have a good understanding of safeguarding and always work with effective guidelines to make sure people are supported well at all times putting their best interests first."

Continuous learning and improving care.

- The registered manager shared new learning with staff following the review of the service. An improvement plan was developed and included areas for improvement to the service. We saw records that showed how staff would reduce the risk of incidents occurring. Staff were aware of these changes and implemented them to improve the care people received.
- Staff said that they were asked for their opinion and were involved in the development of the service. One member of staff said, "They are constantly reminding staff to approach them or bring forward their views via emails to senior management, staff forums, surveys and team meetings or approach in person."

Working in partnership with others.

- The registered manager had developed working relationships with staff from the local authority and the clinical commissioning group. This approach ensured people received consistent care and support which helped to improve people's health and well-being.
- This relationship helped staff gain advice and an assessment when people's needs changed.
- Staff had also developed links with local services. These included commercial businesses and local charities. These relationships provided employment opportunities for people.