

Triple S Care & Support Services Limited

Triple S Care & Support Services

Inspection report

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04 December 2018

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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

People's experience of using this service:

People were kept safe as a result of thorough risk assessment processes. Staff used these to develop a calm and consistent approach to the risks people faced.

People's medication were managed safely and there were high levels of staffing to ensure people received the support they needed.

People were supported by skilled and well-trained staff who worked effectively as a team. The building was designed to give people the experience of living in flats which helped them develop their independent living skills.

People and relatives liked the staff team and people had regular opportunities to share their views and make decisions about their care and support. Staff worked hard to ensure people achieved goals that were important to them and staff helped people access specialist advice when required.

The service was organised around people's needs and support was provided in an individualised way. People were supported to work through problems and difficulties at a pace they could manage.

People, staff and relatives were very happy with the way the service was being led. The service had established good relationships with external partners for the benefit of the people living in the home.

Regular checks were carried out to make sure the quality of the service and support were maintained.

More information can be found in the detailed information below.

Rating at last inspection:

Good (report published 09 November 2015)

About the service:

Triple S Care and Support is a residential care home that provides personal and nursing care for people with learning disabilities, autism and/or mental health difficulties. At the time of the inspection there were 8 people using the service.

The care service has been developed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism can live as ordinary a life as any citizen.

Further details about the service can be found in the full report.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor the service through the information we receive.

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?

Good ●

The service was 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.

Triple S Care & Support Services

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector carried out this inspection.

Service and service type:

Triple S Care and Support is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during our inspection.

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:

The inspection was unannounced and took place on 04 December 2018.

What we did:

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about by law. We also assessed the information we require providers to send us at least once a year to give some key information about the service such as what the service does well and improvements they plan to make. We contacted the local authority about information they held about the provider. We used all this information to plan our inspection.

We spoke with three people about their experiences of using the service. We also spoke with two relatives, three support workers and the registered manager.

We reviewed a range of records including two people's care records, medication records and two staff files. We also reviewed records relating to the management of the home including checks and audits.

Following the inspection, we spoke with one professional who worked with the service.

Is the service safe?

Our findings

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

Systems and processes

- Staff we spoke with had a good understanding of the types of abuse people may be at risk from and who they should report concerns to. Records showed that staff received regular safeguarding training. .
- Audits and checks were carried out to ensure the environment was safe and well maintained.
- One person told us, "I am safe here – this is the safest I have ever been and the staff make me feel wanted."

Assessing risk, safety monitoring and management

- People were kept as safe as possible because staff had carefully assessed the risks to people and there was a shared understanding of what action should be taken to reduce these risks.
- People had detailed support plans which staff could use to ensure they responded consistently when people became anxious.
- People were encouraged to take positive risks to increase their independence and improve their life skills and this was done in a planned way. For example, one person told us how they were going shopping independently during our visit but that staff would follow at a distance to keep them safe.

Staffing levels

- There were enough staff to keep people safe and provide individual support when required.
- We saw that staff were careful to ensure there was a constant staff presence in communal areas to ensure people stayed safe.
- One member of staff told us, "There are lots of staff on duty which helps us to manage situations."
- There were systems in place to check staff suitability before they started working with people.
- One member of staff told us, "I had a DBS check before I started and I know these are reviewed." The disclosure and barring service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people working with vulnerable groups.

Using medicines safely

- People's medicines were stored safely and records showed that people received their medication as required.
- People were given their medication in line with their care plans. For example, two people who had swallowing difficulties received their medication with food.
- Records showed that staff received training in how to give medication safely and their competence was checked regularly by managers.

Preventing and controlling infection

- We saw that the home was clean and that staff had access to equipment that helped to prevent the spread of infection. Checks were carried out to ensure cleaning tasks had been completed.

Learning lessons when things go wrong

- The registered manager told us that incidents and accidents were analysed and changes made to people's support when required. For example, an analysis had shown that one person did not like being supported by a specific member of staff so staff rotas were changed accordingly.

Is the service effective?

Our findings

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; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed in detail to ensure they received the right support.
- Records showed that care and support was regularly reviewed and amended when needed.
- Plans were made to support people to achieve outcomes that were important to them. One person told us how staff had supported them to have contact with their family again.
- People received consistent care and support because communication amongst staff was effective. This meant all staff were kept up to date with any changes to people's support plans.

Staff skills, knowledge and experience

- People were supported by staff that had received specialist training to improve the quality of support they received. One member of staff told us, "The training on emotional regulation and de-escalation was very useful in working with people."
- Staff records showed that many staff were well qualified before they were employed at the home and staff told us they were keen to keep learning all the time.
- Staff also told us that they had lots of opportunities to reflect on their practice in team meetings and supervision meetings and that these were used to improve the quality of support provided.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they were supported to plan their own meals which they then helped to prepare in their flats. Some people had diabetes so were being encouraged to eat more healthily to improve their diet.
- One relative told us, "[Person's name] is not eating very well but they [the staff] are doing the very best they can."

Adapting service, design, decoration to meet people's needs

- The home was large and spacious and people could choose to spend time in communal areas or in their own flats which had individual kitchens, bathrooms and seating areas.
- Some areas needed repairs or improvements to the décor, including the hall and main lounge. This was recognised by the registered manager and plans were in place to carry out the work required.
- We saw that people's flats were personalised and contained belongings and items that were important to them.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to make healthy choices such as using fresh food and people were offered support to give up smoking.
- One relative told us, "[Person's name]'s health has improved since they moved in."
- People's records showed that they attended regular healthcare appointments outside of the home.

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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority were being met.
- Records showed that where people lacked capacity, the registered manager had sought authorisation from the local authority and conditions on DoLS were being met. For example, one person had a condition which stipulated they should have 2:1 support during the day and we saw that this was in place.
- Where people were not able to consent or understand risks, records showed that staff made sure decisions were made in people's best interests. This included involving other professionals and relatives where appropriate. For example, the family of one person and the relevant professionals involved in their care were consulted about the decision for staff to enter the person's flat to ensure the rooms were clean to reduce the risk of infection even though the person did not always want this to happen.

Is the service caring?

Our findings

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

Ensuring people are well treated and supported

- We observed people being treated with kindness and respect by staff and people told us they liked the staff team. One person told us how staff had supported them to arrange contact with family members. They told us, "[Relative's name] is coming here for the first time soon and I'm cooking for them. This is making me very happy".
- Relatives were very positive about the care and support their loved ones received. One relative told us, "They [the staff] all like [person's name] and I think the staff are smashing."
- During our visit, we observed staff using sense of humour and physical touch to communicate with people appropriately and helping people to understand what was happening. For example, one person was struggling to tell the time and staff used simple language to help the person understand when it was time for the next activity.

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

- People were allocated a keyworker to help them express their views and check they were happy with the support they were receiving. A keyworker is a member of staff who has particular responsibility for a person's care plan, well-being and progress.
- Records showed that people met with their keyworkers at least once a month to review their progress against their goals and to see how they were feeling about life in the home.

Respecting and promoting people's privacy, dignity and independence

- We saw that people had the opportunity to develop their independence in their flats and were involved in cooking, shopping, laundry and cleaning routines.
- People's privacy was respected. We saw that people had keys to their own flats and a code pad had been installed in one flat because the person had had some difficulties with locks. One person told us, "I have my own key and staff have to knock before they come in."
- One professional told us about how the staff team had supported one person. They said, "They [the staff] have been very dignified in the way that they have supported [person's name]."

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Personalised care

- Staff knew people's likes and dislikes and how important routines were to them. They used this knowledge to support people in the way they wanted. For example, some people liked to stay up late at night or lie in bed during the day and this was respected.
- People's support was arranged around their routines and preferences. For example, staff had arranged with the GP for one person's medication to be changed to an evening dose as the person liked a long lie in every day. Another person's care plan stated they did not want to be checked during the night and staff respected this.
- Staff understood that people's feelings often affected their behaviour and staff looked for ways to make people feel better rather than just dealing with the behaviour. For example, the registered manager told us about one person who was currently being supported to make a decision about their gender and staff had arranged for that person to receive specialist advice and counselling to help them make an informed decision.
- Relatives and professionals told us they were happy with the way staff encouraged people to take part in activities and be part of their local community. One relative told us, "I have noticed an improvement in [person's name], they are a lot more alert. In their previous home, they just sat in the corner doing nothing, but here the staff get them doing things".

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain and raise concerns and were confident that action would be taken when required.
- No formal complaints had been received in the last 12 months but records showed that people's concerns had been picked up during keyworker sessions and acted on.
- Records showed that the home had received a range of compliments about the quality of care and support over a period of time.

Is the service well-led?

Our findings

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Records showed that the deputy manager had been proactive in investigating a safeguarding concern and the registered manager had then taken prompt action in response to this.
- Staff understood the registered manager's vision for the service and told us the staff team worked well to deliver high standards.
- One relative told us, "[Registered manager's name] is top notch because they care for everyone and try to get the best help for everyone."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care

- The service was well-run. People, relatives and staff were consistently happy with the way service was led and felt confident that the registered manager was improving standards.
- One member of staff told us, "I am very happy with the manager, they are always there and have offered me a lot of training and support."
- A range of audits were carried out to ensure standards remained high and action was taken where necessary. These included daily checks on medication and monthly checks on people's files.
- The registered manager told us they were well supported by the provider who was responsive and accessible. For example, a new maintenance post had been filled in response to the registered manager's concerns about the standard and timeliness of repairs in the home.
- The registered manager kept up to date with new guidance and practice by attending local forums and events run by care associations and local authorities.

Engaging and involving people using the service, the public and staff

- People using their service and their relatives were encouraged to share their views and these were used to make changes to the service. For example, people had voted in a recent meeting that they wanted to be referred to as 'housemates' and this was now being incorporated into the provider's paperwork.
- A newsletter was prepared every month for people living in the home to make sure they knew about up and coming changes and activities etc.

Working in partnership with others

- The registered manager told us that the service had good links with key external organisations such as the GP, local pharmacy and community learning disability services for the benefit of people using the service.
- A professional told us, "The service are quite open and always check their thinking with us. We are kept informed of any changes and the staff team are really committed to their work".