Triple S Care & Support Services Limited

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Inspection report

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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

Overall summary

The inspection took place on 22 January 2015 and was unannounced. Two inspectors carried out the inspection. This service had been previously registered with us but the previous provider had changed to become a limited company. This was the first inspection of this service with the new provider.

The home is registered to provide personal care for up to eight people who may need support due to learning disabilities, autistic spectrum disorders, mental health conditions, physical and or sensory difficulties or be younger people. When we inspected there were six people living in the home and another person arrived whilst we were there. People were supported in individual flats but there was a communal living area where people could meet.

Summary of findings

A registered manager was 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.

People living in the home were safe because staff were aware of and responded appropriately to situations where people put themselves or other people at risk of harm. All staff we spoke with knew how to report any allegation or suspicion of abuse to the appropriate agencies. Risks due to people's health conditions and choices were assessed and plans were made and reviewed to minimise the risk of harm. Staff administered medicines appropriately and knew about them. Where people refused medicines advice was sought to find the best way to support people to take medicines they needed to maintain their health.

Staff were recruited and supported by the management. There were enough staff to support people to have their personal care needs met or support their progress to independence as much as people would allow. Staff understood that the majority of people who lived in the home had capacity to understand the unwise choices they sometimes made and did not restrict people because of this. Staff supported people in ways which were detailed in their care plan. People who were able were helped to plan their menu, budget for and cook food. People were given support to have food that was healthy and was prepared in accordance with the care plan or risk assessment.

People were supported to have appropriate health care and advice they needed. Staff were knowledgeable and had received training on health concerns that affected people who lived in the home. Information about people's health care was written in a way to help them understand the benefits of the health support they were receiving.

We observed that people were well cared for. Staff were able to communicate effectively with people. They were able to anticipate when people were becoming anxious and appropriately intervene. People were encouraged to make choices about their care and lifestyles and this helped to ensure that people had some control over their lives. We found that people were offered a range of employment, educational and leisure activities based on their interests and wishes.

People raised no complaints with us although one person felt it was time they were moving on to more independent living. The provider ensured that people could express their views about the care they received and acted on any concerns they had.

The management systems to check the quality of care for people in the home were effective. Where any minor shortfalls were identified action was taken to remedy the situation quickly. Social care professionals involved with people in the service told us that the manager had appropriate knowledge and skills to manage people's complex situations, health and care needs.

Summary of findings

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 is safe.

Staff were aware of the risks to people and from people and there were enough staff to manage these risks well.

Staff understood their responsibility to notify other agencies if they had concerns about people's safety ensuring concerns could be investigated independently.

Medicines were administered appropriately and this helped to keep people well.

Good

Is the service effective?
The service is effective

Staff were knowledgeable having received appropriate training to meet the needs of people in the home.

Staff understood and ensured people's rights to have control over their lives.

People were informed about appropriate food and supported to have food that met their health needs.

Staff and management worked well with health and social care services to meet the needs of people.

Good

Is the service caring?
The service is caring.

We saw good interactions between staff and people who lived in the home and social care professionals told us that staff had a good rapport with people.

Staff ensured that people were given advice and support about all aspects of their chosen lifestyles.

Good

Is the service responsive?
The service is responsive

People were involved in the assessments about their needs and staff reviewed and responded to any changes in these needs quickly.

There were frequent opportunities for people to express their views about their care and goals and these views were responded to.

There was a system in place for people to complain if their views were not taken into account.

Good

Is the service well-led?
The service is well led

The manager was knowledgeable and skilled in how to support and meet the needs of the people in the home. Staff and care professionals felt confident in how the home was managed.

Good

Summary of findings

Systems were in place to monitor the safety and quality of the home and the service provided. Action was taken quickly if any possible improvement was identified.

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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.

We inspected the service on 22 January 2015. The inspection was unannounced and carried out by two inspectors.

Before our inspection we reviewed information the provider had sent us since our last visit. We asked the provider to complete 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. Before our inspection we checked the notifications about the home. Providers have to tell us about some incidents and accidents that happen in the home such as safeguarding concerns and serious accidents.

We spoke with three of the six people who lived in the home, other people did not want to speak with us. We also spoke with a relative. We observed the interactions between people who did not stay in their rooms and care staff. We spoke with three social care workers. We spoke with the representative of the provider, registered manager, deputy manager and three care workers.

We looked at a variety of records to review the care people received including parts of three people's care plans and three people's medicine administration records. We looked at the recruitment records for three newly appointed staff, staff rotas and training records.

Is the service safe?

Our findings

The three people we saw who lived in the home looked content and were being supported appropriately. Posters were displayed to ensure that people had contact numbers if they were concerned about their safety. All of the staff we spoke with told us they had been trained in safeguarding and whistle blowing procedures. They were able to tell us the agencies they could report to if they had any concerns. The provider ensured that they notified us of any safeguarding concerns about people in their care. Appropriate action was taken to notify all other agencies such as the local safeguarding authority and when necessary the police when safeguarding concerns were raised. This helped to ensure that due consideration could be given by all agencies about how to protect people in the future.

People living in this home sometimes took action that put that themselves or other people at risk of harm. Staff were aware of, should a situation arise, the ways they could use to protect people in the home. They were able to describe the steps they would take to diffuse situations, guide people away from situations or intervene. Staff told us that they had appropriate training to manage these situations when they occurred and this helped to ensure a consistent approach. Staff were given support from the management after incidents to discuss what had happened and the interventions were used as part of the learning. This supported staff to gain confidence in managing difficult situations and keep people safe.

A relative and three social care professionals involved with people told us that any incidents were usually managed well. They told us that risk assessments were updated quickly following incidents and when advised by multi-disciplinary meetings. We were told for the most part the changes were effectively communicated to staff. We were also told that people and the service were able to take positive risks where this, for example, increased people's skills. Staff we spoke with were aware of the risks specific people presented when they were upset and what may trigger these events. They were able to describe to us the strategies in place to manage these risks and this helped to keep people safe. We were told that the number of incidences of risk had lessened for some people. Staff told us there was a focus meeting each week that in part discussed individual issues for people including any increases in risks to people in the home. This helped to ensure that people were kept as safe as possible.

People's medicines were kept safely in lockable cupboards. Staff we spoke with told us they had received training in medicine administration before they could administer medicines. They spoke knowledgeably about what specific medicines were for. Records showed that staff's ability to administer medicines was checked regularly to ensure they remained safe to administer medicines. We looked at the records and checked the stock for two people's medicines and found that these matched the records.

If people were refusing medicines on a regular basis we found a best interest discussion with health professionals had been undertaken to decide whether essential medicines should be administered disguised in food or drink. Where this had been decided, clear instructions were stored with the medicine administration records about how to disguise medicines. Medicines were ranked in the level of beneficial effects for the person so that staff were clear about which medicines to try and administer first.

A person told us that there was staff about but that they worked long hours. A relative told us that the manager was accommodating and would: "Manoeuvre staffing hours so that staff were available when they needed them." We observed that staff were available at all times and that where people required one to one support this was given. Staff told us there were always enough staff on duty to provide appropriate care for people who lived in the home. Any shortfalls in staffing were usually replaced by known existing staff as they were aware of the complex needs of people who lived in the home. A social care professional told us that the stability of the core staff time had helped a person's confidence and was helping their rehabilitation into the community. The manager told us as part of assessing and meeting new people coming into the home they looked at the impact their admission would have for the staffing levels of the home. There were sufficient suitable staff on duty to keep people safe and meet people's needs.

A person who lived in the home told us: "The manager is too picky about the staff he recruits." The staff we spoke with told and records showed that staff had been subject to appropriate checks to ensure they were safe to work with people. We looked at the staff recruitment files for three

Is the service safe?

recently recruited staff and found that staff had the appropriate checks before they started work. There was evidence of application forms or curriculum vitae (cv). References were applied for although not always returned by former employers. When these were not returned the provider ensured other references were obtained. Checks with the Disclosure and Barring Service (formerly the Criminal Records Bureau), proof of the applicant's identity and copies of any previously acquired relevant social care qualifications were gained. Some staff gained experience of supporting people working as apprentices with the service before becoming care worker to ensure that they were able to work well with the people who lived in the home. The provider had made appropriate checks to ensure that staff were safe to work with people who lived in the home.

Is the service effective?

Our findings

Staff we spoke with were knowledgeable about the care and support needs of specific people who we asked about. The details they gave us matched what was written in people's care plans and this helped to ensure that support was consistent. We observed staff communicating with some of the people in the home and noticed that they were able to understand and communicate with people well.

Staff told us they were expected to undertake training and were able to ask more training if they wanted. Training that staff were required to complete ensured that there were enough staff who were able to provide effective care. For example the majority of staff we spoke with had completed training in first aid at work, fire marshalling, safeguarding people and health and safety courses to ensure people were kept safe. Staff told us that in addition they were given training specific to the needs of people in the home such as care for people with diabetes, autism, epilepsy and challenging behaviour. They found this helped to ensure people were given care and support individual to them.

Staff told us that they had received training when starting at the home and had spent time shadowing other staff before they were counted in the numbers of staff on shift so that they could see practically the support people needed. They told us that they had regular supervision about their development but could also request supervision at any time if they had any concerns. There was a weekly focus meeting that discussed staff team performance matters as well the care of individual people so that the staff team could work consistently.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

The majority of people living in the home had the capacity to make decisions. However, it was recognised at times when some people were angry or distressed their capacity lessened. There was evidence that applications had been made to deprive people of their liberty in advance for these times but the supervisory body had not authorised these deprivations requiring urgent ones to be done at the time instead. Staff we spoke with were aware of both MCA and DoLS and understood that people were able to make unwise decisions and choices when they had capacity. A social care professional we spoke with told us: "They have recognised when certain provisions have been overly restrictive and been pro-active in trying to identify how to overcome these barriers." In some situations where people did not have capacity to make decisions other laws had been used to protect their rights.

A person told us that they did not receive enough food or personal spending money but we found that the amounts provided were reasonable and in line with expected amounts. People who were able were supported to plan their menus, budget and buy food that they liked and cook it in the kitchen within their flats. Staff encouraged healthy eating and purchases of some foods such as chocolate and crisps were classed as luxuries and came out people's personal spending money. Staff had differing ideas about what point the person needed to buy this from their own money so as to be sure that they had enough money for nutritious food. This lack of consistency could make some people dissatisfied with the amount of money they had to spend.

Some people had special requirements for the storage and preparation of their food. Staff we spoke with and people's records showed that appropriate health professionals had been contacted where needed. Staff implemented the recommendations and were alert to the risks posed by people's actions in respect of food. One person had recently achieved their optimum weight and staff identified a risk to another person showing that they were taking action when needed.

People did not have anything to tell us about their health care needs, so we spoke with staff and looked at records. We found that people had access to health professionals for their diagnosed health conditions and risk assessments were in place for these health conditions where needed. A social care professional told us that the service had demonstrated that they had clear and direct communication with health professionals. We saw that staff had received appropriate training quickly if a person was newly diagnosed with a health condition and this helped ensure that the support provided was effective.

Is the service effective?

Where people had lifestyle concerns that could affect their health staff helped people get information and support from relevant agencies so people could keep as well as possible.

Is the service caring?

Our findings

People we spoke with told us that the care in the home was: "All right" or showed that they were happy with their care. One person wanted to move on as they felt that their abilities had improved. When we observed care staff interact with people in the home they showed that they listened and responded calmly and appropriately. Staff spoke about the challenges that people had with their health in a sympathetic way and showed a keenness to support people to move forward. When we spoke with a relative and social care professionals their comments included: "They [Staff] have built up a really good rapport with [person's name] in difficult circumstances…it is clear [the person's name]'s self esteem has improved," "Incidents [of concern] have lessened and I have seen [person's name] begin to mature" and "Although [person's name] was making unwise choices staff went the extra mile and [person's name] may well have been in prison if it was not for the manager."

People were given choices in their day to day lives. For example, we saw that people could choose whether to spend individual time in their flats or be with other people in the communal lounge area. Whilst people were encouraged to maintain usual waking and sleep patterns people still had the choice not to do this. Staff checked that people remained safe. People who were able could use their kitchens to make food and drinks when they wanted and were supported to gain skills in this area. They were supported to complete other domestic tasks such as laundry and housework to maintain and increase their level independence.

Where difficult decisions needed to be made, staff gave support and also helped people to get advice and support from advocates where needed and wanted.

People were observed to be dressed in differing styles that they had chosen helping to preserve their identity. Information about people's health was available in formats that the relevant person who lived in the home could understand. Records showed where a person wanted to be involved in specific religious services that staff prepared the person for this to happen successfully.

Staff told us that they had training on maintaining people's privacy and dignity and this was confirmed by the training records. Staff we spoke with were able to describe to us how they maintained this for people who required support with personal care. We saw that all staff acknowledged people when they came into communal areas and responded appropriately to any questions they had. We were told that staff always knocked on the door of people's flats and did not enter unless given permission. We saw records confirming this.

Is the service responsive?

Our findings

We observed that staff had meetings to discuss potential new admissions to the home to ensure that appropriate care could be given immediately. People either visited the service or, if this was not appropriate, received information and pictures and relatives or other significant people were asked to visit.

We looked at the admission assessment records for a person. Information on the assessment had been completed by the person and countersigned by a health professional. This showed that the person had been involved in their initial assessment. As well as the person stating their diagnosis it included their views on their strengths and weaknesses, what made a good or bad day for them, their interests, religion and life skills. In addition questions were asked to help the service improve the care planning such as the gender of staff who supported them and what happened when they became distressed and how staff should help. This information helped staff provide an individualised plan of care to support the person.

People's care was reviewed routinely and we saw that when people's needs changed that the care and support of people changed and this was reflected in the person's care records.

Two of the people we spoke to told us that they were supported to maintain contact with people that were important to them. A relative told us: "All of the staff treat me with respect and are very polite." Records showed us that people were also assisted to consider if contacts with people may be unsafe.

People were supported to maintain their interests and improve their skills. People were supported to try new interests or educational opportunities although this was not always successful. They were also supported to set some achievable goals for themselves. People had individually participated either in some voluntary work, or had attained a qualification and joined in staff training, attended college or been involved in shopping and indoor activities.

We have received no complaints about the service. People we spoke with did not make complaints about the care they received. One person had expressed some dissatisfaction but we found this was mainly in connection with their finances and they were being offered support with this. We looked at the complaints the service had received and found where a complaint had been made that this had been resolved appropriately. The home had a complaint policy that had been recently updated and had evidence that they were responding quickly to any recommendations made by any health or social care professionals.

Is the service well-led?

Our findings

People who lived in the home were asked their views about their care on a regular basis. The format asked people to comment on the care they received, their accommodation, access to friends, the food, activities and education, medicines and equipment. We looked at two people's responses. Where concerns had been raised we checked these and found the concerns had been discussed with the relevant heath professional to see if there was another way of managing their care. There were monthly resident meetings where people also were able to discuss matters. Staff had a weekly meeting where they also discussed any worries or concerns that people had brought to them. This showed that people had opportunities to raise issues and they would be listened to and supported.

Staff, social care professionals and a relative we spoke with described the manager as approachable. Comments we received included: "[Manager's name] manages not to preach but be gently encouraging [to people]," "He is competent in all matters to do with people with learning disabilities and mental health" and staff said that they felt able to go to the manager to discuss any issue. Managers being approachable, supportive and knowledgeable help to ensure an open environment where concerns can be discussed freely.

There were measures throughout the service to ensure consistent staff performance and we found that there were routine in-house checks on the quality of the service provided which included fire safety, medicines and infection control checks. Shortfalls were acted upon so that the service remained safe. The manager also looked through incidences and accidents that had occurred on a regular basis to check whether there was any similarity to these events and to look at ways that the numbers of these could be reduced.

In October 2014 the provider had arranged for a quality consultant to undertake a quality assessment of the care provided. We found that this was an in-depth assessment and that the consultant had made some recommendations for improvement. We checked to see if recommendations had been acted upon and we found an action plan in place that was updated as each recommendation was met. The recommendations were graded to give timescale of importance ranging from immediate concern to good practice. This showed that the provider had an independent system to measure quality of the home and acted upon any recommendations made, ensuring the continued improvement of the service provided to people.