

## Three C's Support

# Three C's Support

### 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 ●

# Summary of findings

## Overall summary

This inspection took place on 01 August 2016 and was announced. Three C's Support provides care and support to people living in supported living units and to people living alone or with family members.

The service had 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 and associated Regulations about how the service is run.

People using the service said they felt safe and that staff treated them well. Appropriate recruitment checks took place before staff started work. Safeguarding adults procedures were robust and staff understood how to safeguard the people they supported from abuse. Appropriate procedures were in place to support people where risks to their health and welfare had been identified. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People's medicines were managed appropriately and people received their medicines as prescribed by healthcare professionals.

Staff had completed training specific to the needs of people using the service and they received regular supervision and an annual appraisal of their work performance. The registered manager demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation. People were provided with sufficient amounts of nutritional food and drink to meet their needs and they had access to a GP and other healthcare professionals when needed them.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect. People and their relatives, where appropriate, had been involved in planning for their care needs. People's diverse needs and independence were supported and respected, and there was a range of activities for them to partake in if they wished to. There was a complaints procedure in place in a format that people could understand. People said they were confident their complaints would be fully investigated and action taken if necessary.

The provider recognised the importance of regularly monitoring the quality of the service provided to people. People were enabled to express their views and opinions about the service. Staff said they enjoyed working at the service and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

## 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.

People using the service said they felt safe and that staff treated them well.

Appropriate recruitment checks took place before staff started work.

Safeguarding adults procedures were robust and staff understood how to safeguard the people they supported from abuse.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

People's medicines were managed appropriately and people received their medicines as prescribed by healthcare professionals.

### Is the service effective?

Good ●

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

Staff were supported in their roles through regular supervision and an annual appraisal.

The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People's care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other healthcare professionals when they needed them.

### Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

People and their relatives, where appropriate, had been involved in planning for their care needs.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care records included detailed information and guidance for staff about how their needs should be met.

People's diverse needs and independence were supported and respected.

People told us there were plenty of activities to partake in if they wished.

People using the service and relatives said they knew about the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

### Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post. Staff said they enjoyed working at the service and they received good support from the registered manager.

People were enabled to express their views and opinions about the service.

The provider recognised the importance of regularly monitoring the quality of the service provided to people.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

# Three C's Support

## **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.

Before our inspection we reviewed the information we held about the service which included any enquiries and the 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. We used this information to help inform our inspection planning.

This inspection took place on 01 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team comprised of two inspectors. One inspector attended the office; they also visited five supported living units run by the provider and spoke with people using the service and staff. The other inspector made telephone calls to people who used the service and their relatives.

We looked at the care records of twelve people who used the service, staff training and recruitment records and records relating to the management of the service. We spoke with fourteen people using the service, the relatives of three people using the service, nine members of staff and the registered manager. We also contacted health and social care professionals and asked them for their views about the service.

# Is the service safe?

## Our findings

People told us they felt safe and that staff treated them well. One person said, "I feel safe living here. We all get along with each other and the staff make sure we're okay." Another person told us, "I feel safe with the staff. I don't have any problems with anyone here."

The service had policies and procedures for safeguarding adults from abuse. The registered manager told us they were the safeguarding lead for the service; they were aware of the action to take when making a safeguarding referral if required. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the registered manager. Training records confirmed that all staff had received training on safeguarding adults from abuse. Staff said they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. Staff told us they went through a thorough recruitment and selection process before they started working at the service. They attended an interview and full employment checks were carried out. We looked at the personnel files of eight members of staff and found completed application forms that included their full employment history and explanations for any breaks in employment. The files also included two employment references, health checks, a recent photograph and proof of identification, and evidence that criminal record checks had been carried out to ensure each applicant's suitability for the roles they had applied for. Where required, we also saw that checks had also been made on staff member's right to work in the United Kingdom.

There were enough staff on duty to meet people's needs. The registered manager told us that staffing levels were arranged according to the needs of people using the service. Additional staff cover was arranged when extra support was needed for people to attend social activities or healthcare appointments. One person using the service said, "There are always plenty of staff here to support us." Another person told us, "We have enough staff here. We are well looked after." One person living at home with family members told us that staff were very punctual." Another person said, "The staff usually come on time and they are very good in calling us if they are running late."

Action was taken to assess any risks to people using the service. We saw that people's care records included risk assessments in areas including, for example, moving and handling, using public transport, getting lost and bathing and showering. Risk assessments included information for staff about the actions to be taken to minimise the likelihood of the identified risks from occurring. People's care files also included guidance for staff where people needed particular support. For example, we saw guidance in place for staff regarding the circumstances where they should administer "as required" medicines, or call an ambulance if a person presented a specific medical condition. Staff we spoke with were able to describe accurately the information as set out in people's support plans and risk assessments. This showed they were aware of people's individual risks and knew what to do to keep them safe.

People were receiving their medicines as prescribed by healthcare professionals. We visited five supported living units and saw that medicines were stored securely in locked cabinets in each of these units. The majority of medicines were administered to people using monitored dosage systems supplied by local pharmacists. Each unit had medicines folders which included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, information about their health conditions and any allergies. We checked the balances of medicines stored in the cabinet at one unit against the MAR for two people using the service and found these records were up to date and accurate, indicating that people were receiving their medicines as prescribed by healthcare professionals. One person using the service told us, "The staff help me to take my medicines, they make sure I get it on time. It's good that they help me because I might forget to take it."

A manager at one unit showed us records confirming they carried out weekly medicines audits. They also showed us a book recording medicines received into the unit and medicines returned to a local pharmacist. A coordinator told us that most people who lived at home with relatives managed their own medicines or received support from family members to take their medicines. Where people needed assistance or prompting to take their medicines this was recorded in their support plans along with a list of the medicines they had been prescribed. The coordinator told us that staff checked that people had taken their medicines and recorded this in the person's support notes. The registered manager told us that all staff had received training on the administration of medicines. Training records confirmed this.

# Is the service effective?

## Our findings

People told us staff knew them well and knew what they needed help with. One person told us, "The staff are great, they have been helping me for a long time. They are very good at their jobs and they know what they are doing." A family member of a person using the service told us that they were satisfied with the consistency of the staff who supported their relative. This was an important issue for them because their relative did not like change."

Staff had the knowledge and skills required to meet the needs of people who used the service. The registered manager showed us a training matrix which confirmed that staff had completed training that the provider considered mandatory. This training included health and safety, food safety, first aid, fire safety, safeguarding adults, infection control, moving and handling, and the administration of medicines. Staff had received briefings on the Mental Capacity Act 2005 (MCA). They had also completed training relevant to the needs of people using the service, for example, skills teaching, autism, dementia, diabetes, epilepsy and Makaton sign language.

Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. We saw completed induction records in all of the staff personnel files we looked at. The registered manager told us that all new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. One member of staff told us, "I had a good induction when I started work. I shadowed experienced staff so I would know what I was to do and I got plenty of training after that." Another member of staff said, "The organisation provides staff with good training and supports staff to develop and progress in their careers." A third member of staff told us, "I get lots of training and refresher training every year that keeps me up to date."

Staff told us they would not be expected to support people with specific care needs unless they had received the appropriate training. One member of staff who supported people living alone or with family members said, "We are matched to each client according to our skills and expertise; sometimes we receive more training, for example on autism or supporting people with specific medical conditions." All of the staff we spoke with said they received regular supervision, an annual appraisal and they were well supported by the registered manager. Records confirmed that staff were receiving regular supervision and an annual appraisal of their work performance.

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 when this is in their best interests and legally authorised under the MCA.

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. The registered manager demonstrated a good understanding of the MCA. They said that most people using the service had the capacity to make decisions about their own care and treatment. If they had any concerns regarding any person's ability to make decisions they would work with them, their relatives, if appropriate, and any relevant healthcare professionals to make sure mental capacity assessments were undertaken and that any decisions made for them was in their 'best interests' in line with the Mental Capacity Act 2005. Where concerns regarding a person's ability to make a specific decision had been identified, we saw that capacity assessments were completed and retained in their care files.

People were provided with sufficient amounts of nutritional food and drink to meet their needs. People's support plans included assessments detailing their dietary requirements, food likes and dislikes, food allergies and the support they required from staff at meal times. One person using the service told us, "I buy and cook my own food. The staff are always advising me to buy fresh fruit and vegetables and cook healthy meals. I like kebabs so I always ask for plenty of salad with them." Another person said, "We all take it in turns to cook at the unit. I cooked shepherd's pie on Thursday. I like the meals the other residents make too." A third person told us, "I am very independent and do my own cooking. I like making healthy food like chicken and salads."

People had access to a GP and other healthcare professionals when needed. GP and healthcare professional's visits were recorded in the care records we looked at. One person told us, "I can see the GP or the dentist if in need to. The staff will make appointments and come with me to help." Each person using the service had a health action plan which contained important information about their healthcare needs and conditions. These records were taken with people to healthcare appointments to inform the attending healthcare professional of their needs. Any advice received from healthcare professionals was recorded and passed onto the registered manager and all staff. People also had hospital passports which outlined their health and communication needs for professionals when they attended hospital.

## Is the service caring?

### Our findings

People and their relatives said staff were kind and caring. One person told us, "The staff are nice. They help me with my personal care, my meals and my medicines. I am very happy with all the support I get." Another person said, "The service is great, the staff are great, everything is great." A third person said, "I am very happy here, there are no problems with staff or the other residents, everybody is nice and it's a good place to stay." One relative told us, "The care worker my son has is great. As long as my son is happy I am happy." Another relative said, "It's a really good service and the carers are great."

People using the service and their relatives told us they had been consulted about their care and support needs. One person said, "I am pretty independent and don't need that much support but I do have a keyworker who I meet with once a month to talk to about what my needs are. I have a support plan too so they help me with what's in it. My future aim is to move in to my own place and my keyworker is helping me to do that." Another person told us, "I have a keyworker and we talk about lots of things that I need. I went on holiday to Wales with them this year." A relative told us the service had got better over the last two years. They said, "It's like joint working together with them to meet my son's needs."

People's privacy and dignity was respected. People told us personal care was provided to them discretely in their bedrooms. One person using the service told us, "I do need help with some personal care but the staff are very good, they make sure nobody else can see me when they help me." Another person said, "I can do my own personal care, the staff don't come into my room unless they ask me first." Staff told us they knocked on people's doors before entering their rooms and made sure information about them was kept confidential at all times.

People were provided with appropriate information about the service in the form of a 'Service User Guide'. The registered manager told us that Service User Guides were individually developed for each supported living unit and another guide was available for people living alone or with family members. These guides were completed using words and pictures and were available in other formats for example Compact Disk if required. The guides included information about the services provided by Three C's, such as support planning, meeting people's health, religious and cultural needs, activities, and details of how to make a complaint. A relative told us, "We have all the information about the service in our home and we know who contact if we need anything."

## Is the service responsive?

### Our findings

People using the service and their relatives told us the service met their care and support needs. One person told us, "The staff know me very well and they know what they need to do to support me." Another person said, "I have no complaints at all about the service. I am very happy with the support I get." A relative said, "My relative gets good support from the carers with personal care and going out. It's a really good service." A healthcare professional told us about working with a member of staff; they said, "The support worker I met was enthusiastic, appeared committed to their work and was encouraging to the person using the service. They had an open line of communication with me which was useful for us to work together. They tried to pursue healthy living goals with the person using the service and I observed them to be caring and respectful."

Assessments were undertaken to identify people's support needs when they started using the service. Upon receipt of referral information from a local authority, a coordinator told us they met with people using the service and their relatives, if appropriate, to carry out a needs assessments, develop support plans and carry out risk assessments. We saw that support plans and risk assessments included detailed information and guidance for staff on how people's needs should be met. They described people's daily living activities, personal preferences, their communication methods, mobility needs and the support they required with personal care. People's care records were regularly reviewed in order to keep up to date with their changing needs. The coordinator told us that staff accessed people's support plans and risk assessments by using computer tablets. A member of staff told us, "The tablets are really simple to use and the support plans are really easy to follow so I know what I need to do for people. If I have been off work for a week or so I am encouraged by my line manager to read people's care records again to make sure I am up to date with their needs."

People's diverse needs and independence were supported and respected. Staff were knowledgeable about people's needs with regards to their disability, physical and mental health, race, religion, sexual orientation and gender, and supported people appropriately. Support records demonstrated that, where appropriate, staff supported and enabled people to practice their faith and to attend services that reflected their cultural or religious needs. People had access to specialist equipment enabling greater independence which met their physical, emotional and sensory needs where required. For example one person told us they used a water level indicator when they made tea or coffee, and received a talking newspaper on a Saturday morning. They also told us their key worker was supporting them to purchase a talking watch. People told us there were plenty of activities to attend if they wished. One person told us they regularly attended a night club, were part of a theatre group and enjoyed shopping trips out. Another person told us they supported a local football team and had been supported to watch their team by staff. A third person told us they had a gym membership and regularly attended the gym with staff. A fourth person told us, "I have a nice garden where I spend time when it's sunny and we have barbeques. I went on holiday to the Gran Canarias this year with some other residents and staff, it was great." A relative told us, "Staff support my son to do sports such as football and tennis in the summer months. He really loves that."

The provider had developed a complaints procedure using words and pictures. This was also available in

other formats for example Compact Disk if required. People using the service and their relatives said they knew about the complaints procedure and they would tell staff, the unit manager or the registered manager if they wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One person using the service said, "I made a complaint once to the registered manager and they sorted everything out so I was happy with that." Another person told us, "I have never complained but I know what to do if I need to." The registered manager maintained a record of complaints. This showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

# Is the service well-led?

## Our findings

People told us the service was well-led. One person using the service told us, "I can come to the office anytime I like to and I am always welcomed. The registered manager is here and I can talk to them if I need anything. It's all run how I like it." A manager from a local authority that commissions services from the provider told us the organisation offered a valuable and supportive care support service to people who lived at home and in supported settings.

The provider recognised the importance of regularly monitoring the quality of the service. The registered manager showed us records for June and July 2016 that demonstrated unit managers were carrying out regular monthly audits at all of the supported living units. These audits covered areas such as finance, medicines, support planning, health and safety, key working, staff and residents meetings and compliments and complaints. The records showed that where areas for improvement had been identified these were discussed with managers and staff at the units. For example an audit for one unit recorded supervision records should include the dates when the supervision took place and that all key workers had been asked to review their key working documentation.

We saw reports from quality monitoring visits carried out by the provider at supported living units. These were carried out once a year, or more frequently if there were concerns about the unit. The visits monitored the units compliance with the regulations associated with the Health and Social Care Act 2008. We saw action plans from visits carried out at three units confirming that areas requiring improvement had been addressed, for example, people using the services care records were updated. We also saw reports from spot checks and spot check audits carried out by managers on staff supporting people living alone or with family members. These covered areas such as time keeping, support planning and complaints. The spot check audit action plan recorded that areas requiring improvement had been addressed. For example, the manager spoke with a member of staff about lateness and a person using the services support plans had been discussed with their key worker.

People were enabled to express their views and opinions about the service through a Social Inclusion Task Force. A social inclusion manager told us the task force was a service user-led forum comprising of 25 members. The task force was consulted on issues relevant to people's needs, for example the design of an easy read safeguarding policy, planning trips and activities and questions for the service users surveys. They told us that the task force were consulted about the Three C's business plan and were involved in shaping what the organisation will do in the future. The provider had also set up a customer journey team. A social inclusion manager told us the team included people who used the service as well as members of the senior management team and other staff. The role of the team was to look at quality monitoring reports and complaints, and to visit the services and take part in speak easy events to get people's feedback. The registered manager told us that people using the service were supported to participate in the recruitment of staff. Feedback received from people about candidates formed part of the recruitment decision making process.

The provider also sought the views of people using the service, their relatives and staff through annual

satisfaction surveys. We saw a report and an action plan from the last customer survey. Actions required and addressed included reviewing an easy read leaflet, 'How to make a complaint'. A staff survey report included 'Highlights' such as 93% of staff felt working at Three C's was positive and 'Things to think about ' such as only 73% of staff development plans had been completed.

Staff felt they could express their views at team meetings. One member of staff said, "We have unit meetings every six weeks, I find them very helpful. We talk about people's needs and what the team needs to do to support them. We talk about complaints and incidents and accidents and what we could do differently to stop the same thing happening again." All of the staff we spoke with said they enjoyed working at the service. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. A member of staff said, "The registered manager's door is always open. They are there for me if I need them." Another member of staff told us, "I really enjoy working for this organisation. I get really good support from the registered manager. They carry staff along, they motivate people and make sure staff are well trained and know what they are doing. If I wasn't happy about something I would be encouraged to talk about it. I can talk with anyone within the organisation, right up to the chief executive, if I want to."