

Three C's Support

Three C's Support - 71-73

Dunton Road

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

About the service

Three C's Support - 71-73 Dunton Road is a care home providing personal care for up to seven people with mental health needs.

People's experience of using this service

People had risks related to their health and wellbeing assessed with a management plan put in place. However we found some risk assessments were not always updated in line with the service's requirements. Staff understood the types of abuse and how to report an allegation of abuse appropriately.

People had an assessment of their needs before living at the service. They contributed their views about how they wanted their care delivered. People had their medicines as required and medicine management records were accurately completed. 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 commented that staff were kind, caring and approachable. Arrangements were in place so people received the care and support at the end of life.

Meals were provided that met people's nutritional needs and preferences.

There was a complaints system in place if people were unhappy about an aspect of their care.

Rating at last inspection

The last rating for this service was good (Report published: 20 January 2017). The service remains rated good. We have made a recommendation about taking action to ensure people's care records are updated and reviewed according to the provider's requirements.

Why we inspected

This was a planned scheduled inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Three C's Support - 71-73 Dunton Road

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 consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses a residential care service.

Service and service type

Three C's Support - 71-73 Dunton Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this 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

This inspection visit was unannounced. The inspection activity started and ended on 28 June 2019. We visited the location on 28 June 2019 to see the people using the service, staff, the registered manager and to review care records, policies and procedures. The registered manager was not available during the inspection.

What we did

Before the inspection, we looked at information we held about the service including notifications sent to us.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We spoke with the project leader and two care workers. We looked at three care records and medicine administration records for all people living at the service and other documents relating to the management of the service. General observation of the service and the interactions between people and staff were completed. After the inspection we received staff records for two members of staff.

After the inspection

We received feedback from a health and social care professionals we contacted.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People confirmed that they felt safe living at the service. Comments included "Yes, I'm safe. I've been living here for many years" and "I feel safe."
- Risks to people had been identified. Examples of risks found were associated with nutrition, mental health management and road safety.
- Management plans were developed so staff had clear guidance that helped them to help people manage those risks.
- Risk assessment and management plans were scheduled to be reviewed every three months or when people's needs changed. However we found two risk assessments and one personal emergency evacuation plan were not reviewed by the recorded due date. We showed the project leader this information and they confirmed staff were in the process of reviewing people's care records.

We recommend the provider seek advice and guidance from a reputable source, about updating people's to care records to ensure they contain updated information about their care, treatment and support.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to protect people from the risk of harm and abuse.
- The provider had a safeguarding policy and staff had completed training in safeguarding which helped them to develop their knowledge in this area.
- There were systems in place to manage all allegations of abuse in a safe way. Any reports of abuse were investigated by the registered manager and the local safeguarding team.

Using medicines safely

- People were supported to have their prescribed medicines, they said "Staff helping me with medications" and "The medication is given to me." People's medicine administration records were completed accurately.
- The provider's medicines policy ensured people's ability to self-administer their medicines was assessed. If people were unable to do this they provided consent for staff to support them to take their medicines.
- Assessments of competency was completed with staff to ensure they were safe in the administration of medicines.

Staffing and recruitment

- There were sufficient members of staff on duty. The staff rota showed that there were enough staff planned to support people. For example, when people wanted to go to an appointment or required one to one support for activities, additional staff were available. People said "It's enough [staff available to support

people], it's good" and "Yes enough staff night and day."

- The provider's recruitment process was followed to ensure skilled and experienced staff were employed.
- Staff completed pre-employment checks before they came to work at the service. Checks included previous references, right to work in the UK, proof of identity and 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.

Preventing and controlling infection

- Staff followed the provider's infection control policy to protect people from the risk of infection.
- Staff had access to personal protective equipment such as gloves and aprons to help reduce the risk of infection.

Learning lessons when things go wrong

- The registered manager monitored and reviewed all incidents that happened at the service.
- Each incident was reviewed to identify any patterns. Any concerns found were shared with the staff team and used them as a learning opportunity.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that 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

- Each person had an assessment that identified current care and support needs. During an assessment meeting people were supported to make choices about how they received their care.
- People's care records had personalised information and assessments that was used to develop care and support plans.
- Staff understood people's individual support needs and care records contained detailed guidance for staff to follow individual needs.

Staff support: induction, training, skills and experience

- Staff completed an induction, training, supervision and had an appraisal that helped them in their jobs.
- Staff were routinely trained in safeguarding adults, basic first aid, medicines management and infection control. Staff said that the training was useful to them in their roles and improved their knowledge.
- There was a matrix in place to confirm training had taken place and the provider was aware when it was due to be refreshed. Staff comments included "There is lots of training which is helpful" and "I have completed all my mandatory training and I have completed some updated training like safeguarding adults."
- Staff had regular supervision and an annual appraisal. Staff were able to reflect on their daily practice and with the support from their manager reviewed their performance over the past year.

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

- People had enough to eat and drink to meet their nutrition and hydration needs. People said "Nice food, chicken, cauliflower it's gorgeous, especially the apple pie" and "I can have something to eat at any time."
- People and staff often went out into their local community to have a meal out.
- We observed that people were able to make meals, snacks and drinks for themselves with staff support as required.

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

- People were supported by health care professionals when this was required. A health care professional said the staff take action if people's needs change and seek professional guidance when needed.
- Staff followed the professionals guidance to help them maintain their health and wellbeing.
- People's care records detailed the health care services they received. This included the detailed support

received from mental health teams, optician, clinical psychologists and GP.

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.

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. Where people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People were supported to sign their care records to demonstrate their agreement to the support received.
- Mental Capacity assessments took place with people, if they were unable to make decisions independently.
- Staff arranged best interests meetings for people where they were unable to make particular decisions for themselves.
- Staff referred people to the local authority for DoLS assessment so they received appropriate care.

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

- The service has been adapted from two semi detached houses. Each person had a bedroom for their own use.
- The design of the service met the needs of the people living there. The service had an accessible ramp leading to the main door which people using a wheelchair or had mobility problems were able to access.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that 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

- People told us that staff respectful to them. Our observations of interactions between people and staff confirmed this.
- Staff gave sufficient time to people when they needed support or a chat. Staff talked to us about people they supported that showed they knew people well and understood their individual needs.
- People had lived at the service for a number of years and had developed relationships with staff. People said "They are so kind, and care about me" and "They are caring."

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

- People were encouraged to make decisions about everyday life activities in the home as able. For example, people chose to support staff with preparing the main meal and organised the menu with other people living at the service.
- People and relatives were encouraged to be involved in the reviews of their care and support plans. People signed these records in agreement to the care plan outcome.

Respecting and promoting people's privacy, dignity and independence

- People using the service said that staff were respectful of their privacy and dignity. One person said "Yes, they give me privacy."
- People were encouraged to celebrate their cultural and religious needs. For example, records showed that staff supported people to attend the mosque. When people were unwell and unable to go out, they arranged for the Imam to visit people in the service to pray with them. Other people had meals provided for them which was a part of their cultural heritage.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people's needs were met through good organisation and delivery.

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

- Assessments, care and support plans were personalised and contained details of people's likes and dislikes.
- People were supported by staff who knew them well. There was a key working system in place at the service. These meetings were recorded and staff encouraged people to speak about things that were important to them. This helped staff deliver care and support in line with people's preferences.
- People were supported by staff which was flexible. Staff worked varied day shifts which meant people who needed one to one support by staff, could go out for the day and attend appointments.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People attended activities that interested them and met their needs. There was a visiting aromatherapist who provide massage with essential oils. The provider had some in house of activities and events that people could take part in. People also went out in their local community and took part in community groups and activities they enjoyed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had information displayed and given to people in an accessible format using signs and symbols people understood.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. This was provided to people so they could complain about an aspect of their care if they were unhappy. People commented "Nothing to complain about" and "I know how to make a complaint but I've never done one."
- Complaints that were receive was managed appropriately and in line with the complaints policy. The complainant was provided with and outcome following an investigation into their complaint with any actions taken.

End of life care and support

- At the time of the inspection no one using the service required end of life care.
- Records showed staff discussed end of life support with people and their relatives. People had discussed

and staff recorded the support they wanted at the end of life including whether they wanted to die at their home and the relatives that should be contacted at that time. There was a record of people's decisions regarding funeral arrangements in place.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People were comfortable with the registered manager and staff. One person said, "All the staff are really good here."
- The registered manager arranged for checks being completed on the service. This included a review of records related to safeguarding, medicines management and accidents and incidents that occurred. Any areas of concern were discussed with the staff team.
- The registered manager and staff 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 and were respected by the project leader who provided daily support and the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager notifications to the Care Quality Commission (CQC). This provided CQC with details of concerns, so we could take action promptly.
- Records showed that staff and the registered manager kept relatives up to date with any changes or incidents that occurred with their family members.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a clear vision and ethos of care delivery and people's needs were at the centre of the service.
- Staff were supporting people in a person centred way. People told us and the information kept in people's care records confirmed this.

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

- People and their relatives had the opportunity to give feedback on the service. The surveys completed by people showed they were happy living at the service and with the care and support received.
- The registered manager held regular meetings with people which encouraged people to give their views. For example, people discussed and agreed where they wanted to go for the summer trip out.

Working in partnership with others

- The project leader and staff told us the service had good working relationships with health and social care services which helped people receive the care and support they needed.
- Staff attended mental health reviews with people and acted as their advocate to help people voice their opinions.
- When people had appointments the professional would record their intervention with the person in their appointments book. Staff used the information to ensure people's care support was updated to reflect any changes suggested.