

Threeways Care Limited

Threeways

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

Threeways 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. Threeways does not provide nursing care.

Threeways accommodates up to six people with a learning disability and/or autism. At the time of inspection there were four people using the service. These four people were using the service at our previous inspection on 28 March 2017. At that inspection we rated the service 'good' overall and for four of the key questions. However, we found them in breach of regulation relating to safe care and treatment and rated the key question 'safe' requires improvement.

At this inspection we found the evidence continued to support the rating of good overall and the rating had improved to 'good' for each of the key questions and had met the previous breach of regulation. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People received personalised care that met their individual needs. Most of the people using the service required one to one support from staff and this enabled a safe, responsive service which was tailored to the individual. People's care records were regularly reviewed and updated in line with any changes in their care. People had busy active lives. Each person had a tailored activity programme and staff ensured people were engaged in meaningful activities.

People continued to receive support with their health needs. Each person had a health action plan (HAP) which outlined their healthcare needs and how they were supported to have these needs met.

Risk management plans were incorporated into the individual care plans for people, clearly instructing staff how the person was to be supported to remain safe. People had positive behaviour support plans in place which instructed staff about how to support a person and reduce any triggers to people's anxieties. Staffing numbers took account of the activities people had planned and enabled staff to be allocated to support people when out in the community.

Staff were knowledgeable about the MCA and adhered to the principles in the Act. As much as possible staff involved people in their care and respected their decisions in regards to daily activities and preferred routines. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff had built caring, kind and compassionate relationships with people and the service had a calm and welcoming atmosphere. We observed staff speaking to people in a friendly manner and from the interactions it was clear staff knew people well. People's relatives and those important to them were

welcome to visit their family member at the service and there were no restrictions to visiting times.

Each person had a communication profile outlining how they communicated. Staff spoke gently and maintained good eye contact and appropriate use of touch to help communicate with people. Staff were respectful of people's individual differences. Staff supported people's privacy and dignity.

Staff continued to support people to have a balanced nutritious diet. People were involved in decisions about what meals were offered each day and were able to choose what they wanted to eat from the food supplies in the kitchen. At the time of inspection people did not have any food allergies or specific dietary requirements, however, staff told us they could cater for this should people need it.

Safe medicines management processes remained in place. We saw medicine administration records were completed correctly and upon checking medicine stocks levels we saw these were as expected indicating people received their medicines as prescribed.

People were supported by staff that had the knowledge and skills to undertake their duties. Staff told us they were required to undertake annual refresher training to ensure their knowledge was up to date with best practice guidance, and records confirmed this had been completed.

Staff continued to receive training in safeguarding vulnerable adults and the staff we spoke with were aware of the safeguarding adults' procedures including how to report concerns to the local authority safeguarding team. Staff were aware of people's vulnerabilities in the community and protected them from discrimination.

A clean, hygienic environment was provided. A cleaning schedule was maintained and infection control audits were undertaken to ensure best practice guidance was followed.

The complaints process remained in place which would ensure any complaints made were investigated and responded to. There had been no complaints received since our last inspection.

The registered manager had processes in place to review and monitor the quality of service delivery. This included a number of checks and audits. There were processes in place to obtain feedback from people, relatives, visitors and professionals. Staff felt well supported by the registered manager and director. They said there was a commitment within the team to continuously improve and ensure people received high quality care.

The registered manager was aware of and adhered to the requirements of their CQC registration. The registered manager had adhered to the requirements to display the rating from their previous inspection and we saw this was clearly displayed on the noticeboard in the communal lounge.

Further information is in the detailed findings below.

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 had improved to Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Threeways

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.

This inspection took place on 23 July 2018 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in 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.

During the inspection we met the four people living there and had brief interactions with them. Due to limitations with their verbal communication we were unable to speak to these people in detail and therefore we observed interactions between themselves and staff in order to assess their views about the service. We spoke with four staff. We reviewed two people's care records, three staff records, medicines management processes and records relating to the management of the home. After the inspection we spoke with one relative.

Is the service safe?

Our findings

At our previous inspection on 28 March 2017 we found that staff were not always sufficiently deployed to keep people safe. This was particularly in relation to the support people required when out in the community.

At this inspection we found there were sufficient staff on duty to meet people's needs. This was confirmed through our observations and speaking with staff. The staffing rota showed staffing numbers were as planned and staff were clear about who they were allocated to support on each shift and what duties they were required to undertake. Staff said they worked well as a team to ensure people's needs were met whilst also undertaking duties to ensure the safe running of the service. Staffing numbers took account of the activities people had planned and enabled staff to be allocated to support people when out in the community.

The staff team was stable, with low staff turnover. There were no vacancies and there had not been any new staff recruited since our last inspection. Therefore we did not review recruitment processes in detail. Nevertheless, the management team confirmed the same safe recruitment practices were in place as at our previous inspection to ensure people were supported by suitable staff who had relevant skills, knowledge, experience and values. We will check recruitment practices in detail at our next comprehensive inspection.

Staff continued to receive training in safeguarding vulnerable adults and the staff we spoke with were aware of the safeguarding adults' procedures including how to report concerns to the local authority safeguarding team. Staff told us they felt comfortable escalating any concerns if this was required. Staff also told us they were able to have open discussions with their colleagues and had regular discussions to ensure any concerns were identified and addressed prior to them escalating into a safeguarding concern. Staff were aware of people's vulnerabilities in the community and protected them from discrimination. Since our last inspection no safeguarding concerns had arisen.

Risk management plans continued to be in place for each person. These risk management plans identified any risks to the person including from the environment, their personal care, whilst in the community and in regards to their individual behaviour. The risk management plans were incorporated into the individual care plans for people, clearly instructing staff how the person was to be supported to remain safe. This included identified risky behaviour towards themselves and others.

People had positive behaviour support plans in place which instructed staff about how to support a person and reduce any triggers to people's anxieties or frustrations that may be expressed through challenging behaviour if they were left to escalate. Staff had received breakaway training to equip them with the skills to deescalate particular situations and also were knowledgeable about people's individual needs and interests so they could distract, calm and reassure people and maintain their safety. Staff maintained behaviour charts to identify the different behaviours people displayed and to try and identify any new triggers or patterns. From reviewing two people's charts we saw the frequency of aggressive or self-harming behaviour had reduced.

Safe medicines management processes remained in place. Staff received annual refresher medicines management training and the management team checked staff's competency annually. Medicines were stored securely and at the correct temperature. Staff confirmed there were appropriate procedures in place for the ordering, receipt and disposal of medicines. We saw medicine administration records were completed correctly and upon checking medicine stocks levels we saw these were as expected indicating people received their medicines as prescribed. Protocols were in place instructing staff about when to provide people with their 'when required' medicines, including pain relief and at what dose. People were supported by staff to attend appointments with their psychiatrist and GP to have regular medicines reviews.

A clean, hygienic environment was provided. All staff were responsible for maintaining the cleanliness of the service. Staff had received training in infection control and were aware of appropriate procedures to follow. We observed staff wearing appropriate personal protective equipment (PPE), including during food preparation to protect against the spread of infection. A cleaning schedule was maintained and infection control audits were undertaken to ensure best practice guidance was followed.

Is the service effective?

Our findings

People were supported by staff that had the knowledge and skills to undertake their duties. Staff told us they were required to undertake annual refresher training to ensure their knowledge was up to date with best practice guidance, and records confirmed this had been completed. Training courses included: Mental Capacity Act (MCA) 2005, food hygiene, first aid, fire safety, moving and handling, safeguarding adults, medicine administration, infection control, positive behaviour support and breakaway training, as well as training specific to people's needs including autism awareness. The staff team held monthly teaching sessions in which they discussed a topic as a team, learning from each other and sharing ideas about how to improve practice. We saw current topics included continence promotion, Makaton (a signing communication method to support verbal communication), autism awareness, oral hygiene and the provision of meaningful activities.

Staff also received monthly supervision and an annual appraisal. These processes gave staff the opportunity to discuss their performance and how they supported people. From reviewing records we saw staff were also set objectives each month to continue to develop their training and knowledge.

Staff were knowledgeable about the MCA and adhered to the principles in the Act. As much as possible staff involved people in their care and respected their decisions in regards to daily activities and preferred routines. However, most of the people using the service were assessed as not having the capacity to make complex decisions about their care and welfare. Best interests' decisions were made on people's behalf where people did not have the capacity to consent in liaison with relevant health and social professionals, their relatives and if required independence mental capacity advocates (IMCA). People also did not have the capacity to manage their finances and records confirmed the local authority were the legal appointees who managed people's finances on their behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us they had applied to the local authority for legal authorisation to deprive people of their liberty as they felt this was required to keep people safe. At the time of our inspection they were waiting for people to be assessed and said they would keep us updated as to the outcome of these assessments as required by their CQC registration requirements.

Staff continued to support people to have a balanced nutritious diet. People were involved in decisions about what meals were offered each day and were able to choose what they wanted to eat from the food supplies in the kitchen. Staff cooked for people, however, people were encourage to participate in food preparation and baking sessions where able. People were able to help themselves, with staff support, to drinks and snacks throughout the day. People were also supported to eat out at local restaurants or pubs if this was what they wished. At the time of inspection people did not have any food allergies or specific dietary requirements, however, staff told us they could cater for this should people need it.

People continued to receive support with their health needs. Staff and records confirmed that people had access to healthcare services including, the GP, dentist, optician and chiropodist. None of the people using the service currently needed ongoing support from specialist healthcare professionals, however, staff told us they would support people to access these services should the need arise. One person was having some investigative procedures undertaken and staff supported them to access healthcare appointments when required. Each person had a health action plan (HAP) which outlined their healthcare needs and how they were supported to have these needs met.

Threeways provides a large family home. Each person had their own en-suite bedroom which also had sufficient space for a sofa so if they wished to have space away from the rest of the group they had the space to do so. There was a large communal lounge and a large garden which people had access to. The majority of bedrooms were on the ground floor and the service could be made accessible should people require support with their mobility. The people using the service at the time of our inspection did not require this level of support, nevertheless we saw there were some handrails in key places, for example, going up the stairs to one person's room to aid with mobility.

Is the service caring?

Our findings

A relative told us, "[The person] is very happy there. He gets good support and help. Can't fault them [the staff]. It's brilliant. He's well looked after."

Staff had built caring, kind and compassionate relationships with people and the service had a calm and welcoming atmosphere. We observed staff speaking to people in a friendly manner and from the interactions it was clear staff knew people well. They spoke to people about those that were important to them, including discussions about family members, and key interests or hobbies. People's relatives and those important to them were welcome to visit their family member at the service and there were no restrictions to visiting times. We also heard that some people were supported to have social leave at their family home to maintain these relationships.

Each person had a document in their care records called 'about me'. These documents provided detailed information about each person – what they liked and what they enjoyed. They also outlined in detail people's daily routine and staff told us people's routines were important to them, so it was important to stick to the people's preferences and the choices they had made. Staff enjoyed the repetitive nature of their routines. Staff were aware of how disruptions to a person's routine may affect them and raise their anxiety levels and prepared people as much as possible in advance of these disruptions. We observed staff spending time going through with people the plans for the day so they knew what to expect.

Staff spoke softly and maintained good eye contact and appropriate use of touch to help communicate with people. People using the service were unable to have in-depth verbal communication and each person had a communication profile outlining how they communicated. Staff felt people were able to understand what was said if given the time to process the information but they also used Matakon and pictorials to further support communication. People used a variety of methods to communicate their needs including using key words, pictures and objects of reference.

Staff were respectful of people's individual differences. They had gathered information about their culture and religion. Those who wanted to were supported to practice their faith and the service had built good links with the local church. Staff told us at the time of the inspection none of the people using the service were in a relationship but they would support them to explore their sexuality if this was something that arose.

Staff supported people's privacy and dignity. One person preferred to spend time in the privacy of their own room, rather than joining the other people using the service in the communal areas. This decision was respected by staff and staff ensured they spent time with the person so they did not feel socially isolated. Each person had an en-suite bathroom and staff ensured doors to bedrooms were closed whilst they were supported with their personal care.

Information was included in people's care records about their independence levels regarding managing their personal care and this was taken on board when providing support so a person's privacy and dignity

could be promoted. Staff told us none of the people using the service showed through their behaviour a preference as to the gender of staff supporting them with their personal care and we saw this was documented in their care plan. However, if they did have a preference then there was sufficient gender mix within the staff team to accommodate this.

Is the service responsive?

Our findings

People received personalised care that met their needs. Staff knew the people they were supporting and treated people as individuals, providing them with the individualised support they required. Most of the people using the service required one to one support from staff and this enabled a safe, responsive service which was tailored to the individual. All of the people at the service had lived there for a number of years and there was low staff turnover meaning consistency in care provision.

People's care records were regularly reviewed and updated in line with any changes in their care. We saw individual care plans were developed for each identified area of support a person required. These plans provided detailed information to staff about how a person was to be supported and an identified goal the person wished to achieve in that area. Each person had an annual review with members from their social care team to review their progress and ensure they were receiving support that kept them safe and met their needs. We saw one person's review concluded, "[The person] has a good rapport with their carers."

People had busy active lives. Each person had a tailored activity programme and staff ensured people were engaged in meaningful activities. Staff supported people to develop their skills in terms of activities of daily living, including supporting to contribute to household tasks. This also helped develop the atmosphere within the home where everyone was able to contribute. Staff also supported people to have a healthy lifestyle. Staff spoke to us about ensuring people had time to enjoy activities at the service, as well as accessing activities in the community, enjoying sports and getting plenty of fresh air through walks around the local area and visiting parks. Staff identified through conversations with people what they may enjoy and were creative in finding an adapted safe way for people to engage. For example, people enjoyed skittles but there were concerns about some people throwing the equipment around and potentially accidentally hitting people. Therefore staff made skittles out of felt and bean bags so people could still enjoy the activity whilst remaining safe.

At the time of our inspection people did not have end of life care plans in place or advanced decisions outlining their wishes should end of life care be required. The people using the service were a variety of ages and had different health needs. We feedback to the management team about starting to develop end of life care plans so this information was available should it be required. They were open to this feedback and we will review the progress they have made at our next comprehensive inspection.

There had been no complaints received since our last inspection and therefore we did not look at this area of service delivery in much detail. Nevertheless, the complaints process remained in place which would ensure any complaints made were investigated and responded to. We also saw the complaints process was displayed in an easy read format with pictures on the noticeboard in the communal lounge. We will continue to review how complaints are handled at our next comprehensive inspection.

Is the service well-led?

Our findings

The registered manager remained 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.

The registered manager was aware of and adhered to the requirements of their CQC registration. This included knowledge about when a statutory notification is legally required to be submitted to the CQC about specific key events that occurred at the service. We had not received any notifications since our last inspection, however, from discussions with the staff and review of records there had not been any events that required notification. The registered manager had adhered to the requirements to display the rating from their previous inspection and we saw this was clearly displayed on the noticeboard in the communal lounge so people, their relatives and visitors were made aware of their rating.

The registered manager had processes in place to review and monitor the quality of service delivery. This included a number of checks and audits regarding medicines management, quality of care records, cleanliness and infection control, environmental health and safety, food safety and kitchen safety, the disposal of clinical waste and adherence to safeguarding adults' procedures. We also saw checks were in place to ensure they were adhering to public health alerts, including supporting people during a heatwave. There were also regular checks undertaken to ensure fire safety, ensure water temperatures were in a safe range, ensuring radiators were covered, windows on the first floor were restricted and that people's and the service's vehicles were in safe working order and well maintained.

There were processes in place to obtain feedback from people, relatives, visitors and professionals. Staff obtained frequent informal feedback from people about their enjoyment and satisfaction through the daily interactions and their behaviour. More formal feedback was obtained from relatives, visitors and professionals. The management team encouraged anyone visiting the service to provide feedback and they were always accessible if relatives or professionals wanted to provide feedback about the service. We viewed the feedback received which was complimentary about the service. Some of the comments received included; "I was very impressed [with the service]...Staff obviously took an interest in the service users", "We cannot speak highly enough regarding Threeways. [The person] is very happy there", "[The person] is very well cared for. All their personal needs are met...It's a very happy, caring place with very friendly staff" and "Staff and management are always kind and caring".

The registered manager told us they were members of the Surrey Care Association which enabled them to attend meetings with other care providers to share ideas and also to hear from social care leaders and professionals to learn about best practice and developments within the sector. Information from these meetings was feed back to the staff team and used to improve the service. The registered manager also had regular meetings with representatives from the commissioning team at the local authority to review the quality of service provision.

Staff felt well supported by the registered manager and director. A staff member told us, "It's lovely. There's support and encouragement. We get it in bucket loads. It's a lovely place to work." They also said, "[The managers] bend over backwards to help the staff." They felt the management team was also accessible and felt able to approach them if they had any concerns or worries. They said there was close team working and they felt able to have open and honest conversations with any member of team. They said there was a commitment within the team to continuously improve and ensure people received high quality care. One staff member told us, "We [the staff team] all have different things we excel at and we knit very well together."