

Mr & Mrs M Stevens

Zion House

Inspection report

Higher Trevellas
St Agnes
Cornwall
TR5 0XS

Tel: 01872552650

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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

We inspected Zion House on 11 July 2017. This was an announced inspection. We told the provider 24 hours before our inspection visit that we would be coming. This was because we wanted to make sure people would be at home to speak with us.

The service was last inspected in July 2015. During that inspection visit we found the service was meeting the regulations.

Zion House provides care and accommodation for up to eight people who have a learning disability. When we visited the service seven people were living there.

The service is situated in a rural position but with transport available to attend community facilities and events. People at the service live together in a purpose built extension to the main house. It is divided into three separate units but all interconnecting. This gives people the opportunity to live communally but have their own space available to them.

The service had a registered manager in place. 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 were treated with kindness, compassion and respect. The staff at the service took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking with staff on duty. Comments included; "I love it here. It's my home" and "I like all the staff here; they're all lovely and they look after me."

Staff were competent in how they were providing support to people. They were very familiar with what support and care people needed. Staff supported people to make meaningful decisions about their lives and respected people's decisions and wishes. People were supported to lead full and varied lives and staff supported them to engage in a wide variety of activities. Relatives told us, "[Relative] is very happy there and they do their best to make her happy. I would give it five stars if it was a hotel. I wouldn't want [person's name] to live anywhere else."

The service was not fully meeting the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards regarding making applications to the supervisory body for the use of certain restrictions in place for people. Following discussions with the provider immediate action was taken to rectify this. We have made a recommendation in the report regarding this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. People had been included in planning menus and their feedback about the meals in the home had been listened to and acted on. One person told us they enjoyed being involved in meal preparation and chose what they fancied each week for their meals. People dined together in each shared unit. It made dining a social experience by eating together and sharing conversation between themselves and staff. Comments included; "I have what I want. Tonight I'm having a baked potato and a chicken bake."

Some people told us they were involved in their care planning and reviews. Relatives told us they were also involved in the care planning and review process. People had individual support plans, detailing the support they needed and how they wanted this to be provided. A professional who was familiar and had worked with the service told us, "In my experience the service are very supportive to the individual person's needs. The work and engage very well with other professionals to offer flexibility in meeting people's needs as they change over time."

Zion House was well-led and people's relatives told us they were kept informed about any changes in the service. They told us they felt their comments were listened to and acted upon. The service had an open and positive culture with a clear focus on enabling and supporting people to become more independent.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well led.

Zion House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 July 2017 and was announced. The inspection was carried out by one inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with five of the seven people who lived at the service in order to find out their experience of the care and support they received. We spoke with the registered manager, deputy manager and four care staff.

We looked around the premises and observed how staff interacted with people during the inspection visit.

We also looked at two people's care records, staff training records, recruitment records and other records associated with the management of the service including quality audits.

Prior to and following the inspection visit we spoke with two external professionals familiar with the service and two relatives.

Is the service safe?

Our findings

Relatives told us they were very happy with the care and support the service provided. They said, "The staff are all very caring. Really it's a home from home. [Person] is in a very good place and as long as [person] is happy then we are happy." People using the service told us they liked living there. Comments included, "I love it here. It's my home" and "I like all the staff here; they're all lovely and they look after me."

People were relaxed and at ease in each other's company. The service was divided into three small units. Each unit had individual living and dining space, as well as individual bedrooms. People usually spent time in their own area of the service, however there were no restrictions for people to move around and share other spaces. People told us they felt safe and received the level of support they needed. They said they had everything they needed for them to be well supported. For example one person had specialist equipment to support them with their mobility.

Staff were aware of the service's safeguarding and whistle blowing policy and said they felt able to use it. Staff were confident they knew how to recognise signs of abuse. They told us they would report any suspected abuse and felt assured they would be taken seriously by the registered manager. Information for people and staff was available with the appropriate contact details and telephone numbers should staff or people witness or suspect abuse. The processes in place ensured safeguarding concerns would be recognised, addressed and actions taken to improve the future safety and care of people living at Zion House.

The registered manager and staff supported people to take day to day risks while keeping them safe. We saw care plans contained risk assessments which were specific to the needs of the individual. For example we saw assessments had been completed regarding one person's safety in the community due to their sight loss. This was specific to road safety and the need for supervision to keep the person safe. Risk assessments were regularly reviewed and offered clear guidance for care staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

Staff felt there were sufficient trained staff on duty to meet the needs of people who lived at the service. Staffing levels were based upon people's care and support needs. For example, more staff were on duty during the evening and weekends, because people living at the service were all there. During the daytime people were out at local centres or on work programmes. Staff told us they were flexible in how they worked so that they could support people carrying out activities in the community.

Staff told us they had time to spend with the people living at the service. They were able to spend time chatting with people about their day as well as attending to people's personal care needs. The support was unrushed and relaxed.

Arrangements for the safe administration of people's medicines were in place. There were appropriate storage facilities available for all medicines being used in the service. Medicines Administration Records (MAR) were completed appropriately. The number of medicines in stock tallied against the number recorded

on the MAR. Staff had received the appropriate training to safely administer medicines to people. In discussion with staff we found them to be knowledgeable about the medicine that needed to be administered. There was clear guidance for staff when administering 'as required' medicines (PRN), about how to administer these medicines, and who to inform that they had been given. This guidance was well understood by staff and helped ensure a consistent approach in the use of PRN medicines.

There was a thorough recruitment process to help ensure new employees had the appropriate skills and knowledge required to meet people's needs. We looked at the most recent recruitment files and found they contained all the relevant recruitment checks to show people were suitable and safe to work in a care environment.

Health and safety risk assessments had been completed for the environment. Fire safety records and maintenance certificates for the premises and equipment were in place.

Is the service effective?

Our findings

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff talked about people knowledgeably. This demonstrated a depth of understanding about people's specific support needs and backgrounds. Staff rotated working in each of the units in order to have current knowledge of people's needs and any changes which might affect the level of care and support people needed.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The induction was in line with the Care Certificate. This training is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. The service provided a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. We found the provider had not followed the requirements of the Mental Capacity Act (2005) regarding recording capacity assessments and best interest processes. In addition, not all staff had a sufficiently proficient understanding of the Mental Capacity Act 2005 (MCA).

The Deprivation of Liberty Safeguards provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. There were no current DoLS authorisations in place for people using the service at the time of the inspection visit. However, auditory monitors were being used overnight for two people whose health needs required the use of monitors to keep them safe. We spoke with the provider about ensuring appropriate authorisation was in place for people who were subject to restrictive practices at Zion House. The provider immediately took advice from the DoLS team and assured us their advice would be followed. The provider arranged for an external training consultant to provide refresher training to the entire staff group on the Mental Capacity Act.

It is recommended the provider consider the effectiveness of current processes for recording mental capacity assessments and best interest decisions and refresh staff training regarding the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards.

In practice, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People had access to good quality food and there was plenty of choice. Each unit had its own kitchen and supply of food. There were variations in each unit because people had made different choices. Fresh fruit was readily available with fruit bowls on kitchen tables. People's preferences in respect of food were recorded in care plans and staff knew these well. People, told us they liked the variety of meals prepared for them. One person said, "I have what I want. Tonight I'm having a baked potato and a chicken bake." Another

person told us they also had a choice of snacks and drinks. People told us that staff cooked the main meals but they were able to prepare their own snacks and drinks, with support as necessary.

Staff had access to the registered manager on a day to day basis. Staff told us they felt well supported by the registered manager and regularly discussed how they provided support to help ensure they met people's needs. There was a formal programme of supervision which provided staff with an opportunity to review their work practice, professional development plans and any concerns regarding working practices. Staff told us supervisions were useful for their personal development as well as helping ensure they were up to date with current working practices. This showed staff had the training and support they required to help ensure they were able to meet people's needs.

People had ready access to a range of health support services. Each person had a health plan in place which covered the person's physical health and mental welfare. The health plans were detailed and identified if a person needed support in a particular area. People's care records contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Records showed individual appointment and visit records which included reasons for visits and actions to be taken. Staff told us this was a very useful tool for them. The registered manager and staff told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. A professional who was familiar and had worked with the service told us, "In my experience the service are very supportive to the individual person's needs. They work and engage very well with other professionals to offer flexibility in meeting people's needs as they change over time." This meant the person received consistent care from all the health and social care professionals involved in their care.

Is the service caring?

Our findings

We spent some time in communal areas observing interactions between staff and people who lived at the service. Staff were respectful and spoke to people with consideration. They were unrushed and caring in their attitude towards people. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter. People told us they felt very happy and wouldn't receive better care anywhere else. One person told us they 'loved' living at Zion House and expressed how fond they were of the provider. Another person said, "I like all the staff here; they're all lovely and they look after me. A relative told us, "[Relative] is very happy there and they do their best to make [person] happy. I would give it five stars if it was a hotel. I wouldn't want [person's name] to live anywhere else."

We observed the routines within the home were relaxed and arranged around people's individual and collective needs. We saw people were provided with choice about where they spent their time, either on their own or in the lounge and dining areas. The service had a relaxed atmosphere. For example, we sat with people in their kitchen at tea time while an evening meal was being prepared. People were relaxed and laughed and joked about their day together. All were being supported by sensitive and caring staff who they clearly had close relationships with. Throughout the inspection visit we saw people had freedom of movement around the service and were able to make decisions for themselves.

People's care plans showed their personal styles of communication which had been identified and were respected. For example, some people responded verbally and others needed picture symbols as a visual tool to assist them. Where sight loss was an issue, staff told us they explained and described things like what the person was eating and how much remained.

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information. This helped staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. Staff completed daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a person's care and support.

Staff told they maintained people's privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering and gaining consent before providing care. They told us they felt it was important people were supported to retain their dignity and independence. When we moved around the service we observed staff knocked on people's doors and asked people if they would like to speak with us.

Feedback we received from professionals who were familiar with the running of the service was positive. Links with these professionals were good and we were told, "They work and engage very well with other professionals" and "I have found the management and staff to be both flexible and proactive at engaging with other professionals in order to meet the needs of people they support." They told us they were confident of the quality of care and support people received and had no concerns.

Is the service responsive?

Our findings

Focusing on the importance of supporting people to develop and maintain their independence was a clear aim of the service. It was important to the registered manager and staff team that people who lived there, were supported to be as independent as possible and lived their life as they chose. For example, one person's health needs had deteriorated with time and they struggled to remain as independent as they had once been. However, staff understood the value of continuing to encourage the person to retain as much independence as they were able to and supported this. We were told the person loved to bake and staff spent time patiently supporting the person to enjoy making pastries.

We saw photographs of holidays which had been enjoyed by people and heard about plans for future breaks. One person was a fan of Manchester United football club and the provider had arranged a weekend break for the person to be able to visit the ground and look around. This showed people had the opportunity to achieve their own personal objectives and expand their life experiences. Staff told us, "One of the reasons I love working at Zion House so much is how important it is to help people live fulfilling lives and do things they want to. People have a great quality of life here." Another member of staff told us, "We are out practically every day. Today I supported [person's name] to go to a hotel to use their swimming pool. We spent most of the time in the jacuzzi, it was great fun."

People were supported to maintain relationships with their friends and family members. For example some people had regular days they spent with their relatives. Others were supported to keep in touch in other ways, this included calling them and using assistive technology.

Care plans were structured and detailed the support people required. The care plans were person centred identifying what support people required and how they would like this to be provided. Where possible, relatives were fully involved in the care planning process and were kept informed of any changes to people's needs. Relatives told us, "We are always involved in reviews of [Person's name] care and we'll go along to meetings if we can." People were aware they had a care plan and told us staff often spoke with them about what they needed or may have wanted. During the inspection visit we witnessed staff asking people what they wanted to do and how they wished to spend the evening.

In addition to care plans each person living at the service had daily records which were used to record what they had been doing and any observations about their physical or emotional well being. These were completed regularly in the form of a daily diary and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. An easy read version was also available for people which used pictorial symbols alongside simple and limited text. People we spoke with including relatives told us they had never felt the need to raise a complaint but had the information if they felt they needed to.

Is the service well-led?

Our findings

People were comfortable and relaxed in the service. One person said, "(The manager and staff) are good". Relatives told us; "We couldn't be happier. I consider it to be well managed." External professionals were complimentary about how the service was run. One professional told us, "Really good. Person centred; the management always request that meetings be arranged in such a way as not to impact negatively on people's day time activities. This was important to them."

Staff told us they loved working at the service. Comments included, "I love working here. It's not like coming to work; it's a real home from home atmosphere." Another staff member "It is a very family orientated home and we are exceptionally lucky that we don't have a high rate of staff turn-over. All the staff working here have been here for quite a long time and this allows people time to build close and trusting relationships. There's a good rapport and if there's a problem it is sorted out straight away."

There was a clear focus on what the service aimed to do for people. The emphasis was on the importance of supporting people to develop and maintain their independence. This was reflected in the care planning documentation.

Staff told us that as well as formal staff meetings, day to day communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the registered manager respected and acted on their views.

The registered manager, who also lived alongside the service, was aware of what went on at the service on a day to day basis. The registered manager was always available and also spent time supporting people.

People and their relatives were consulted regularly both formally and informally. People talked together frequently to discuss any plans or changes. Decisions were made individually and as a group about holidays, outings, meals and any changes made to the environment. This showed people living at the service were provided with as much choice and control as possible about how the service was run for them. The views of people using the service were regularly surveyed. Relatives told us they were actively encouraged to approach the manager and staff with any concerns or ideas they might have.

The registered manager oversaw quality assurance systems to drive continuous improvement within the service. Some of the audits included medicines, accidents and incidents and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.