

# Zero Three Care Homes LLP

# Villeneuve House

## 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

We inspected Villeneuve House on the 19 November 2018.

Villeneuve House is a residential care home for up to six people with learning disabilities. At the time of our inspection six people were using the service. The service was provided in a converted house in a residential area with easy access to the local community and had a large garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and 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.

The service had a registered manager. 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good

understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

## 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 remains 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.

# Villeneuve 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 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 the 19 November 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with three people living at the service we also rang and spoke with two relatives. We spoke with the registered manager, area manager, positive behavioural support advisor and one care worker. We reviewed a range of records held in relation to people's care and the running of the service.

## Is the service safe?

### Our findings

People felt safe living at the service. One person said, "I feel safe, I like it here." A relative told us, "[person name] is very happy, when they come home they are always happy to go back."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. The registered manager told us that people were empowered to report concerns and could ring and speak to directors or managers at head office if they wished. Where concerns had been raised the registered manager took the appropriate steps to involve relevant authorities such as adult care services and the police to have these investigated. There were systems in place to support people with their finances and protect them from financial abuse.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments were aimed at enabling people to maintain their independence rather than being restrictive. The registered manager told us how they aimed at supporting people to achieve their goals no matter what they were safely. Positive support plans were in place to help people and staff manage negative behaviours safely. The service had emergency plans in place and this included guidance to staff on fire evacuation procedures. One person told us, "This is the fire alarm when it goes off we have fire drills and meet out the back or front."

There was a highly experienced staff team who provided consistent care for people. The registered manager told us that they did not have any issues with staffing or recruitment. When they do recruit new staff, people living at the service have an input in the interview process of new staff. There were the appropriate recruitment checks in place. Staff told us that they had enough staff to support people's needs including their planned trips into the community.

People were cared for in a safe environment. The provider had a maintenance team to attend to any issues as they arose and an on-going refurbishment plan. The registered manager completed regular health and safety audits and raised issues when required. Staff were trained in infection control to stop the spread of infections and used appropriate personal protection equipment.

The registered manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.

Medicines were managed and administered safely. Only trained and competent staff administered people's medicines. The registered manager ensured staff training was kept up to date and observed medication practices. Regular audits were completed to ensure people were receiving their medication appropriately.

## Is the service effective?

### Our findings

People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care. Staff told us they had been supported to achieve national recognised training certificates. The registered manager was very keen for staff to receive all the training support they needed to equip them with the skills they needed to support people. A relative told us, "The manager arranged for a training day on Autism and invited us a long so that staff could learn the five specific points of autism that affects [person name]."

The registered manager told us that the provider invested in face to face training days for staff and believed in developing staff skills and their career progression within the company. New staff had a full induction which included completing the care certificate. Staff told us that they had regular staff meetings and supervision with the registered manager to discuss all their training needs and to reflect on their practice. Staff also received an annual appraisal.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. The registered manager told us that people were supported to have access to advocates if required to help them with important decisions about their care. In addition, they had supported one person to challenge their DoLS as they had expressed a wish to move from the service. This told us people's rights were being protected.

People were supported to have enough to eat and drink. The registered manager told us that they had recently reviewed all their menus with the input of a dietitian to try and promote healthy eating. People had a choice about the food they could eat and were supported to make their own food and follow recipes. One person told us, "I like roast dinners and shepherd's pie."

People were supported to access healthcare as required and the service had good links with other healthcare professionals, such as GPs, dentist and the learning disability team. The registered manager told us people were supported to attend health appointments and family members were involved if appropriate. Each person had a health passport to take to hospital appointments and people were supported to have annual health reviews. A relative told us, "I am really impressed that staff come along to the hospital appointments."

The environment was appropriately designed and adapted to support people. The service was spacious, people had their own rooms and some had ensuite facilities. We saw that rooms had been individually decorated and personalised the way people wanted them. There was a conservatory which led out onto a

large garden area.



## Is the service caring?

### Our findings

Staff continued to provide a very caring environment. We saw that people had good relationships with staff and were animated in their company. One person told us, "I like the staff."

There was a relaxed atmosphere at the service and we saw that people were freely interacting with staff. People were excited to talk with staff and tell them about their day and the activities they had been doing. Staff knew people well including their preferences for care and their personal histories. We saw care records contained all the information staff would need, to know people, what is important to them and their likes and dislikes. Staff supported people to identify goals they wanted to achieve and worked with them to reach these goals. For example, one person had wanted to learn to drive and staff supported them to obtain their provisional licence and complete the theory test. They are now looking at ways to support the person with driving lessons.

Staff supported people's emotional needs. The registered manager told us that a number of people had suffered a bereavement of family members over the last year. They had supported people building social stories to help them attend funerals and remember their loved ones. One person had been supported to plant a rosebush in the garden. The registered manager told us they had supported people with access to counselling from staff who work for the provider as well as external bereavement counselling. They had also provided more support hours for one person as this was identified as a possible need.

People and their relatives were involved in the planning of their care and support needs. People had a keyworker who worked closely with them to keep all their care needs relevant to them and up to date. People met with their key worker to discuss their goals and aspirations and were supported with social stories and plans as to how they would reach their goals. A relative told us, "There is good communication with staff and we meet to discuss and review the support plans."

People were supported and encouraged to maintain relationships with their friends and family whilst staying at the service. Relatives could visit at any time if they wished to see people, and staff also arranged to take people to visit their relatives. One relative told us, "I am very happy with the service, and the staff will bring [person name] home to see us and collect them when they are due to go back." People were treated with dignity and respect and their diverse needs were also supported. We saw that people's privacy was respected and staff were aware when people needed time on their own.

## Is the service responsive?

### Our findings

People continued to receive care that was individual and personalised to their needs. We saw from care records that people had person centred care plans in place which were very inclusive of people's views and wishes. This enabled staff to support them in the way they wished to be supported to live full and active lives. Support plans were regularly reviewed so that staff had the most up to date information to support people. Before people came to live at the service the area manager told us that transition plans were put into place to give people an opportunity to get to know staff and for staff to develop an understanding of how they wished to be supported.

The service remained responsive to people's needs and came up with innovative ways to support people's independence. For example, one person had specific bathroom equipment installed which helped them manage their personal care needs independently. The registered manager was very good at involving other health care professionals such as occupational therapist and speech and language therapist to assess and support people's needs.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw that the staff were very good at ensuring people were able to communicate in whatever form they found comfortable. We saw in people's care plans it was recorded what methods of communication supported their needs best. People were assessed by speech and language therapist and occupational therapist for example to assist their sensory needs. Some people used picture stories to help them plan and communicate their activities, however most people were able to communicate verbally.

People enjoyed varied pastimes and engaged in meaningful activities. People were supported to access activities that they enjoyed such as, attending day centres, swimming, skateboarding and activities in the local community. People were supported to be active in the community and some people were involved with dog walking. One person attended the providers head office where they were involved in writing newsletters for people. As well as social activities people were supported to attend training courses and to gain employment if they wished. Staff also supported people to develop their daily living skills to help their independence.

The registered manager responded to complaints appropriately. We saw that complaints were investigated and actions taken where necessary. People were encouraged to express themselves if they had complaints and if they wished they were able to contact the provider to raise complaints.

There was nobody receiving end of life care at the service, however the registered manager knew how to access support with this if required.

## Is the service well-led?

### Our findings

The service had a registered manager. 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 understood their responsibilities and they were supported by an experienced team and the providers representatives. There was a clear vision and culture that was shared by the registered manager and staff. People were supported to achieve their goals no matter what they were or how unattainable they seemed. Staff told us, "We want to improve the quality of people's lives. For them to be independent and have a good social life."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt very supported by the registered manager and said they felt they had a good team. One member of staff said, "It has been a good experience working here all the staff are really supportive and we work well together." Staff had regular handover meetings each shift to discuss people's care. Staff were always able to contact a senior member of staff if they had any concerns as the provider had an on-call system for their services. This demonstrated that people were being cared for by staff that were well supported in performing their role.

The registered manager told us that they felt supported by the provider, and had regular management meetings to discuss policies, the running of the services and to gain support from other managers in the company. Staff were recognised with employee 'Hero' awards. Two staff had been recognised for their on-going support of a person which had helped them gain confidence to start doing activities in the community.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service on a daily basis through their interactions with people. People were also encouraged to express their views and opinions at keyworker meetings and resident meetings. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The service had been developed as a small family home in the middle of the community. The registered manager told us the home was inclusive in the local community and that they had built good relationships within the community.

There were effective arrangements in place for monitoring the quality of the service and the registered manager carried out a number of audits to give them a good oversight of the service.

The registered manager understood their registration requirements including notifying us of significant events that happened at the service. They were also aware of their duties under the new general data

protection regulations. We found peoples information was kept secure and confidentiality was maintained. The latest CQC inspection report rating was on display at the service and on their website. The display of the rating is a legal requirement, to inform people or those seeking information about the service and visitors of our judgments.