

Zero Three Care Homes LLP

Fiorano

Inspection report

Walden Road
Thaxted
Essex
CM6 2RE

Tel: 01371831856

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 3 February 2016 and was unannounced.

Fiorano is an 8 bed service for people with a learning disability and supports people to live within their community. On the day of our inspection there were four people using the service. There was a second similar service located on the same site managed by the same provider.

There was no registered manager in post at the time of the inspection but the newly appointed manager was present at this inspection. 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 told us that they liked living at the service. The building was purpose built with a flat for one person created on the first floor. Some of the internal original doors had been replaced with metal doors with spy holes that were locked and unlocked by staff. This did not meet the needs of the majority of people who used the service. There were systems in place to reduce the risks to people and there were clear plans in place for emergencies. However, recent events within the local community had occurred due to the deployment of inexperienced staff who had not been following the care plans in order to reduce risks relating to people. Members of the public had been concerned for their safety. Staffing levels were said to be now more flexible and were adjusted to take account of the needs of the individuals who used the service and their access to day time activities and the wider community.

Medicines were safely managed. Staff understood people's health needs well people were supported to access health professionals. Relatives were involved when appropriate. Staff were trained in a range of areas including medication, safeguarding and first aid. New staff had not been trained in Studio III [techniques to support people who may be anxious and challenge] before they were placed on shift.

Individuality was respected by staff. Choices were promoted and people were involved with planning their aspirations and future. People's privacy was not promoted as actively as it was needed to be and people's dignity was compromised on occasion. People were encouraged to be independent and to exercise choice in how they were supported. People had good access to transport and community facilities. Complaints were investigated and responded to.

The manager was accessible for staff and they were motivated and most felt well supported. Staff understood the aims and objectives of the service and worked towards and in line with these. They were clear about what was expected of them and there were systems in place to review the care provided. These could further be enhanced by developing a range of ways to consult people who have an interest in the service and people who live here.

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 not consistently safe.

People's likelihood of harm was not sufficiently reduced. Risks to people's individual health, and safety had been assessed but appropriate actions to reduce these risks were not always in place. Environmental risks could further be reduced to avoid harm.

People were protected as staff had been provided with training on safeguarding concerns and were clear about the process to follow.

Staffing was not sufficiently flexible to meet people's needs consistently. Checks were undertaken on staff to reduce the risk of the provider recruiting staff who were unsuitable for the role.

There were systems in place to ensure that people received their medication as prescribed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff received an induction and training but were not provided with these skills and knowledge in a timely fashion to fulfil their role. Staff felt supported.

There were systems in place to support people to maintain their health and people had balanced nutritious food provided.

Staff had an understanding of promoting choice and gaining consent and their responsibilities under the Mental Capacity Act.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

People's privacy and dignity was not maintained at all times.

People were supported by staff who knew them well, understood their individual needs and were kind.

Requires Improvement ●

People were listened to and enabled to exercise preferences about how they were supported.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and care and support plans outlined their preferences and how they should be supported.

People were supported to access the community and follow their interests.

Appropriate systems were in place to manage complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There was not a registered manager in post. Management were open, took responsibility about recent incidents and reflected on them.

Staff were clear about their roles and responsibilities and most felt well supported.

There were systems in place to review the service and the quality of care.

Fiorano

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 3 February 2016 and was unannounced.

The inspection team consisted of two inspectors, one of whom was experienced in working with people with a learning disability.

We reviewed information we held about the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law.

We met everyone who used the service and observed support being given. We interviewed three staff and spoke to the manager and the owner's representative.

We reviewed three support plans, daily records, recruitment and training records and records relating to the quality and safety monitoring of the service.

Is the service safe?

Our findings

Risks were not always well managed to ensure people were protected and their freedom supported and respected. One person, who needed staff support to access the local community safely, had a history of leaving premises unaccompanied. The staff and manager were aware of this. Although this risk had been assessed there were not enough skilled staff to ensure that this person had regular planned access to the community. The first incident of a person leaving the premises unplanned took place when one new member of staff was supporting the person. Private property was entered and members of public were harmed. The manager incorrectly concluded that the first incident was a one off. They have now increased staffing for supervision whilst in the garden and size of the fence has been increased. Following the first incident the service took action to ensure that only the most experienced staff supported this person to access the community. We observed this to be the case on the day of our visit. In total there have been two similar incidents recorded at the time of our visit.

The internal environment had changed since the initial registration inspection. We found a building in lockdown, metal doors had been installed between rooms and spyholes were on these doors. Staff had keys rattling and doors were opened and closed by staff. We were informed that these adaptations had been made to make it safe for people. However these related to a small minority of people and not the majority of people who lived at the service. We were informed that no mirrors could be on the premises as they get broken and don't work with people living with autism. These were not the least restrictive options and cannot apply to everyone, but needed to be assessed on a case by case basis. The overall impression was that the building was not very homely, but clinical. The fire risk assessment had not been updated since environmental changes had been made. We found a number of wooden fire doors did not have the required intumescent strips, which expand to prevent smoke escaping.. Records showed that checks of fire fighting equipment had been taking place. The last fire drill was in September 2015. Damage to the electrics were noted in two places, we could see wiring exposed through the wall. The manager told us that these were not live and they were waiting on repair. The timeliness of these repairs was in question. We were informed that another maintenance person had just been recruited to address these matters. On a tour of the building we noted that a knife drawer was open and there was no system to check if knives had been removed. This access to potential risk items had not been assessed.

This was a breach of the Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3).

Staffing was adequate but there were staff vacancies and risks as there was a very new staff team. Experienced staff could not always be deployed in sufficient numbers to access activities desired by people. One staff member said, "Some of the more experienced staff are starting to run shifts. We still have vacancies". Another said, "We ring round when we are short staffed, people help out and do overtime, however if we are short too often it can be an issue for [named person]". We spoke to two sets of parents about staffing and they both believed matters had very recently improved. One parent was clear that matters had come to a head because, "I believe they were complacent. These events that happened as a culmination of staff not taking [a particular service user] out".

The service currently employed 13 staff and did not use agency to cover shortfalls, these were covered by existing staff. The service operated with five staff during the day and two waking night. Shifts were long days from 8am to 8.30 pm. We examined recruitment records and found these to be adequate. People completed an application form and we saw that a formal interview took place as records of this were kept. References were taken up with last employer and were in place before staff started work. Some staff started work before a full Disclosure and Barring Service (DBS) was in place. This check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. A basic DBS first check was in place and the manager confirmed that these staff did not work unsupervised until a full DBS was in place.

There were systems in place to protect people from abuse and potential harm. Staff were clear about whistle blowing procedures. One member of staff told us that they had, "Never heard anyone speaking to a young person the wrong way". We had been notified about events that had required the police to attend. We were told of actions that had been taken to make the premises and people safer. Relatives of people at the service had been kept fully informed as had staff. Staff told us that they had undertaken training in safeguarding procedures and were clear about what constituted abuse and understood the need to report concerns. Staff knew who to contact and the role of the local authority, they told us that they were encouraged to raise concerns and expressed confidence that they felt they would be addressed. The safeguarding procedure was available to staff in the office. We saw that body maps were completed in each person's care record to record any injuries along with an explanation. There were clear arrangements in place for the management and oversight of people's money. Money was booked in and receipts obtained for expenses. A log was maintained of all purchases made.

There were clear arrangements in place for the management of medicines. One relative said that they believed this was managed well. Staff who handled medicines told us that they had been provided with training before administering medication and that their competency was checked to make sure they administered medicine safely. Medication was securely stored in a locked cupboard and temperature checks were undertaken to ensure that it was stored within the recommended temperature levels. Staff had access to their own medicines policy and procedure, NICE guidelines [National Institute for Health and Clinical Excellence] and a British National Formulary to guide them. We examined the medicine administration records and looked at medicines stored. We found that these records matched the medicines in stock and therefore people had received their medicines as prescribed. Some people had a PRN [as required] medicines prescribed. There were clear protocols for staff to follow that informed them how to manage a given situation to, where possible, diffuse, distract and avoid administering a mood altering medicine. The protocol was clear about the amount to be administered in any 24 hour period. Staff told us that they were confident and competent following their training to administer medicines.

Is the service effective?

Our findings

People did not consistently receive their care and support from staff who had been appropriately trained and supported. Staff were provided with training but the service took on staff with no previous experience of care. They provided an induction but this was not always timely and staff did not always have the skills that they need to do the job before they were counted in the numbers on shift.

One staff member told us, "New staff can be wary and possibly scared. Some staff may feel threatened and stay back". We found evidence that two staff had started working as a team member without having received Studio III training. This tended to be provided weeks after the staff member took up their employment. Studio III was the training of choice of this provider to equip staff to manage behaviour that could lead to physical violence. Staff spoken with said, that they "get superficial bruising but the young people say sorry afterwards... it is part of the job" and that staff "need to expect it. The job isn't for everybody as you need to have your wits about you."

We looked at staff induction records. They provided an in-house induction which included reading through care plans, policies and procedures and shadowing other staff. There was a checklist which included, fire procedures, confidentiality, reactive strategies. For two staff some parts of the induction had been signed off but not all- such as DVDs and specifically the aspects on the management of challenging behaviours. These staff had started work some three months previously. The most recent member of staff had started the care certificate which provides a framework for competency testing. The manager told us to address this they were going to change the training on induction from three to five days.

This was a breach of the Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3).

Other training given to staff that they confirmed was up to date included; moving and handling, food hygiene, fire safety and health and safety. Staff told us that they were well supported and they received regular supervision from a senior member of staff. One member of staff told us it was a good team, who "watches out for each other," Staff said there were regular team meetings taking place with minutes kept for those not present.

We could see from interactions with staff that people's choices were respected and gentle guidance was offered. Staff explained that people were offered choices and were involved with running their own home to the best of their capabilities. Some people were able to help and make decisions about the weekly shopping and cleaning of the house. Staff had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 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. Staff were aware of the importance of consent and people's rights to make decisions independently. We saw that care plans and daily records referred to people's capacity to make decisions. For example on areas such as medication and money management.

We observed staff asking people for consent and offering choices as part of providing support. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications for DoLS had been made and the service was awaiting an outcome from the local authority on the matter. We contacted one of the placing authorities and they said they were satisfied with the level of supervision and restrictions in place for the person they had placed at the service.

People were involved in deciding what they ate and drank. Menus were decided upon for the week based upon people's preferences and varied choices were offered. Local shops were used to purchase food. The kitchen contained sufficient and varied food to meet people's needs. One specific diet was catered for. A record of what was then eaten was kept as this sometimes varied from the set menu as people changed their minds on the day. People, where able, were encouraged and supported to be involved in meal preparation and tidying up afterwards.

People were supported with their healthcare needs. People were registered with and used healthcare professionals as needed, such as GP, optician, dentist and chiropodist. Changes in people's health, weight and well-being were monitored and recorded and therefore informed any health or social care practitioner of people's current health in their assessments of people. Access to mental health practitioners was facilitated.

Is the service caring?

Our findings

Staff were not consistently aware of privacy and dignity. We had been at this small service for some time and everyone was aware of our presence. However we were being shown around the ground floor and staff were going in and out of a bathroom with a naked person in the bath. This did not ensure the privacy and dignity of this individual. Daily recordings of care and support were personalised and detailed. They showed that people were supported daily with appropriate personal care. We observed staff supporting people's independence such as getting ready for the day, going out and getting a drink. People were well dressed and had smart comfortable clothes that were personal to them.

We saw that all the staff were kind. We were able to observe genuine warmth between staff and people living at the service. People appeared to be happy. People gave permission to see their private rooms, some reflected their personalities, likes and interests. We saw that one young person had a dart board in their room and another had cars and a section of other items that were meaningful to them.

The member of staff on duty told us that they, "Loved working at the service and people have a fantastic life". They went on to say, "Care is focused on the individual and they are superbly cared for". We observed people to be at ease and comfortable when staff were present. One relative said, "The care is not overlooked. [my relative] is happy and well looked after".

Staff were knowledgeable about the people who used the service, they were able to tell us about individuals and what they enjoyed. The staff member on duty knew how people communicated, how this communication may become anxious and how to avoid this. One person showed us a communication board which they used and this set out the rules of the houses and expectations about living there. Staff knew people's likes and dislikes. People were involved in their own reviews. We were told that some chose not to attend the formal meetings. Staff were clear that relatives were involved and regularly consulted them. Families received weekly updates with pictures of their individual doing activities. These were in different formats for each person and focussed on what was important to them and their family. One included what they had eaten and another what activities had been undertaken that week. There were regular Key worker meetings that reflected upon the individual and how to improve their experience of the service on offer. There was a focus to look at ways to increase independence i.e. with household tasks.

Is the service responsive?

Our findings

People were supported to follow their own interests and hobbies and we were told about places they had visited and activities they had participated in. Staff supported people to access a wide variety of community based activities. Transport was provided. Each person had a pictorial activity roster in place. There were different activities morning and afternoon and people were provided with meaningful ways to spend their time.

Thorough assessments were undertaken when people first started to use the service and these identified people's needs and preferences. Information was also obtained from social workers, previous placements and families to ensure the service had a comprehensive picture of people. There were plans of care in place that appropriately contained risk assessments and information to guide staff about how people should be supported. The plans focused on the positives and what people could do and addressed areas such as communication, personal care, the provision of meals, medication and mobility. Plans also focused on support and encouraging independence and enabling people to develop where possible. Care plans were all regularly reviewed and were up to date.

Daily records were completed by staff and contained information about what people had been supported with, what they done and what they had eaten. There was also a communication book and handovers between shifts which enabled staff to have the information they needed to respond to individuals' changing needs and information about the daily running of the service.

People using this service were unlikely to be able to raise concerns or complaints for themselves and therefore needed to rely on their own keyworkers to identify this for them or relatives to come forward on their behalf. One parent confirmed that they had brought matters to the attention of managers and their concerns had been addressed in one specific example they gave. They told us that managers were keen to listen, but could be slow to act on occasion. Another relative also confirmed that the managers would listen and with the concern they had, "Held their hands up and were open and honest about it". Both sets of parents believed the service as a whole had "Turned a corner". There was a formal complaints procedure in place. It set out the rights of people at the service. A number of complaints had been received recently and we saw that these had all been responded to and that the service was communicating with different people to try to ensure a satisfactory resolution to people's concerns.

Is the service well-led?

Our findings

Relatives told us that they liked this service. They believed that the managers and staff were genuinely on the side of people using the service. They believed that the service offered a good quality of life for their relative and matters had very recently improved for the better. Staff were positive about their work here and knew and practiced the ethos and values that the service strived for around individuality and promotion of independence. A member of staff told us, "We provide a safe environment that is comfortable; we are involved with the community and give people choice".

The manager was applying to be registered with CQC. This provider has a number of similar homes in the area, with another one on the same site. Staff told us, that both the manager and directors within the company were approachable and available to them to discuss matters. One member of staff explained that one director visited monthly and completed a regular report, "She speaks to us and observes, she is approachable". Another staff member said, "If we ask and put forward a good argument then things get done – it's just been decorated". We found that both the manager and the provider were open and approachable. We found that both the manager and director present that day were open about some of the shortfalls and they provided clear evidence of reflective practice and a genuine desire to learn from mistakes. We had some concerns about risks management. Our conclusion being that the manager was aware of risks, but due to a pressure on staff numbers and experience risks were not adequately managed that led to the incidents we were notified about.

They were keen to keep up to date with developments and therefore had employed a clinical psychologist who was well qualified and up to date with current thinking and practice. A staff member said a "Clinical psychologist who is one of the partners is helpful to talk to and tries to sort things out. They are approachable".

Staff morale was mainly good and they told us that issues were openly discussed as it was important to review what they were doing. They were clear about who they would go to for support if needed. However after the inspection we were contacted by one staff member who was concerned about support available to staff.

The manager told us that there were clear arrangements in place in the event of an emergency that included utilising the service next door and the on call managers system in place. There were regular staff meetings as well as yearly appraisals. The manager and provider at the service knew the quality of their staff as they personally completed observations of staff practice or saw observations completed by others who were competent to do so.

There was not a range of systems in place to ascertain people's views about their experience and identify areas of improvement. A relative believed that due to the disability and vulnerability of the people at the service a parental forum would be beneficial. The manager said as the service was relatively new they had yet to seek people's views, but they planned to send out an annual questionnaire to stakeholders including parents.

The manager provided us with details of the audits that they undertook to check on the quality of the service. This included medication and health and safety audits. The manager completed a number of systems to ensure the smooth running of the service. All these systems were audited by a monthly visit from the provider. We saw the last completed report and saw this checked health and safety issues within the home e.g. Landlords gas Safety certificate.; that care plans were reviewed and updated accordingly; service users' finances; medication; complaints, staffing matters; accidents/incidents; vehicle management. This report failed to make recommendations in relation to the environmental matters we identified in our inspection. When the report was completed an action plan was given to the manager to complete. This was routinely checked to ensure issues had been resolved. The manager kept us updated with regards statutory notifications and was aware of their responsibilities in this area. In addition social workers and relatives were kept informed as appropriate. Records were well kept, up to date, secure and kept confidential.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected as known risks were not sufficiently mitigated as staff lacked competence skill and experience and premises were not used for their intended purpose. Regulation 12 (b) (c) (d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was insufficient suitably qualified, competent, skilled an experienced persons deployed to meet the specific needs of people at the service.