

## Zero Three Care Homes LLP

# Rascasse

### Inspection report

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22 June 2018

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on the 6th and 22nd of June 2018 and was unannounced.

Rascasse is a 'care home' and is located in the village of Silver End in Essex. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Rascasse provides accommodation in a main house and adjoining annex. Rooms are all single use and the services registration has recently been increased to enable the service to support up to eight adults with learning disabilities. There were seven people living at the service on the day of our inspection. Individuals using this service have complex needs and require high levels of support to enable them to be safe and engage with others.

The service had an established 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 service had a comprehensive inspection in February 2016 and was rated good overall and requires improvement in Safe. We subsequently received concerns about how an incident was managed at the service and we undertook a focused inspection in March 2017 to look at safety at the service. We found that the service was not meeting the requirements of the legislation and required them to take steps to address the shortfalls we found. At this inspection we found that improvements had been made.

The registered manager and registered provider were clearer as to their responsibilities under the duty of candour which is a duty on providers to be open and transparent when safety incidents have occurred. There were systems in place to identify risks and mitigate the risk of harm however we have made a recommendation that the fire safety systems in the Annex are reviewed and auditing strengthened.

Medicines were safely stored and clear systems in place for the administration of people's medicines. We have however recommended that staff recording is strengthened to enable more effective auditing.

The provider operated a safe recruitment system to ensure that staff were suitable and safe to work with people.

There were sufficient numbers of staff available to support people. New staff received induction training to prepare them for their role. Staff received ongoing training and supervision to reflect on their practice and ensure that they had the skills and knowledge to meet people's complex needs.

People had sufficient amounts to eat and their nutritional needs were met. There were clear systems in place to support people to access health support when they needed to.

Staff had a good understanding of consent and there were best interest assessments in place in line with the legal requirements. The registered manager was aware of their responsibilities with regard to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DOLs).

People were supported by staff who knew them well and we observed that people had good relationships with staff. Staff were kind and respectful in their interactions.

Staff had access to comprehensive care plans and access to a range of professionals including a clinical psychologist to guide their practice. There were strategies in place to manage people's anxiety and behaviours which others may find challenging.

People were supported to have as full and meaningful live as possible.

There was a complaints procedure in place to address concerns and the management of the service had a number of ways of gathering people's views including the use of satisfaction surveys.

There was a clear management structure and relatives told us that they had good relationships with the service. There were systems in place to provide governance and drive improvement.

## 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.

Risks to people were assessed and while there was evidence of excellent practice management plans were not always consistently implemented.

Staff knew people well and were effectively deployed.

Recruitment procedures were in place and offered protection to people

People's medicines were managed effectively but staff were not always working in a consistent way.

Safeguarding procedures were in place and staff clear about the actions they needed to take if they had concerns.

Incidents were reviewed and learning identified

The service was clean

**Requires Improvement** ●

### Is the service effective?

The service remains Good.

**Good** ●

### Is the service caring?

The service remains Good.

**Good** ●

### Is the service responsive?

The service remains Good.

**Good** ●

### Is the service well-led?

The service remains Good.

**Good** ●

# Rascasse

## **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 06 and 22 June 2018 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed the information we held about the service. We also looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

Not everyone at the service was able to communicate with us verbally. Therefore, we spent time observing the care provided by staff to help us understand the experiences of people, who were unable to tell us directly. We spoke with three care staff, the deputy manager, registered manager and area manager. We spoke with two relatives about their views on the quality of care at the service.

We looked at two people's care records, people's medicines, staffing rotas, three staff files, training records and information on how the safety and quality of the service was being monitored.

# Is the service safe?

## Our findings

At the last inspection we found that risks were not consistently well managed, in that the provider had not taken all possible and necessary steps to mitigate risk and keep people safe from harm as could responsibly be expected. At this inspection we found that some improvements had been made and they were no longer in breach of the regulations. However, we found a door propped open with a wedge during the inspection. This is contrary to the fire safety procedures and had been raised previously as it placed the individual using this area at risk in the event of a fire. The registered manager immediately addressed this by removing the wedge and fitting an automatic door closer.

We recommend that the service seek advice and guidance from a reputable on fire safety and fire safety auditing processes are strengthened to ensure that issues are promptly identified.

We saw equipment in place such as radiator covers and window restrictors to keep people safe. Certificates were in place to evidence that checks had been undertaken on areas such as electrical items and fire safety equipment.

We saw that risks to individuals had been assessed and actions taken to reduce these risks. Risks associated with travelling in the car, accessing the kitchen and distressed behaviours had been identified and actions identified for staff to follow to reduce the likelihood of injury. This included the numbers of staff needed to support for different activities and mechanisms to call for assistance.

At the last inspection we found that the management of the service did not fully understand their responsibilities under the duty of candour. The duty of candour is a duty on providers to be open and transparent when safety incidents have occurred. We found that the investigation undertaken after a safety incident had not been as thorough or transparent as it needed to be. At this inspection we found that improvements had been and the management of the service was clearer as to their responsibilities to be open and identify learning which would reduce the likelihood of an incident reoccurring. Incidents including physical interventions were recorded and there was evidence of review and reflection on what had happened to identify if improvements could be made.

There were sufficient numbers of staff on duty on the day of the inspection. There were some staffing vacancies but the registered manager told us that these posts were being recruited to and some appointments had already been made. There was a core of staff who knew people well and we observed that staff were confident and knowledgeable about people's needs. Staff told us that there was sufficient staff available and they were able to provide a personalised service. There was an on call system in place for staff to seek guidance and advice out of office hours

Recruitment records showed that staff had followed an application process, been interviewed and had their suitability to work with this client group checked with the Disclosure and Barring Service. We saw that references had been obtained from individuals last employer and that people did not start work until all the checks were complete.

People's medicines were managed safely but there were issues around consistency of practice. We observed medication being administered during our visit and saw that this was undertaken appropriately. Medication administration charts were in place and reflected what people were prescribed and what medicines were administered. Staff however were not consistently recording carried forward medicine which meant that when we checked the medicine for one individual this did not tally. The deputy manager was able to provide us with an explanation but record keeping should be more robust.

We have made a recommendation that the auditing system for medicines is reviewed to ensure that people receive their medicines as prescribed and errors promptly identified.

There were clear arrangements in place for the use of, as and when required medicines (PRN). PRN protocols set out how the individual may show signs of, for example pain or distress. Records were available to evidence that the supplying pharmacy had undertaken a visit and checked medication systems.

Staff had a good understanding of safeguarding issues, and the steps that they should take if a concern was identified. Staff told us that they had undertaken training in safeguarding and expressed confidence in the management of the service to take any concerns seriously.

The service was clean but there was an odour in one of the bathrooms but we were assured by the registered manager that this was because it had not yet been cleaned. A sink had been fitted in the laundry to enable staff to wash their hands and we saw that continence aids were appropriately disposed of. Staff had undertaken training in infection control and food hygiene. Food was safely stored and staff clear as to their responsibilities.

## Is the service effective?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

There had been no new admissions to the service since we last inspected but the registered manager told us that before any new admission, people's needs would be assessed to ensure that they would be compatible with the aims of the service and those already living there.

People received effective support from staff who were skilled and trained in their job role. Staff received an induction prior to beginning work and then spent time shadowing and working alongside experienced staff. A new member of staff told us they had received support with completion of the Care Certificate and "had been eased into the role." The Care Certificate is a national recognised tool to support staff new to care.

From training records we saw the majority of staff were up to date with the provider's mandatory training and had completed additional courses in relation to people's specific needs. This included learning disabilities and epilepsy, and supporting people who displayed challenging behaviour. Competency checks were undertaken to check on staff understanding of what they had learnt. Staff received regular supervision which gave them the opportunity to reflect on their performance and identify any further learning.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the staff in the service were guided by the principles of the MCA. We saw that mental capacity assessments had been completed appropriately and best interest decisions made with the involvement of relevant others.

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The provider had applied for appropriate authorisation where required. The registered manager agreed that they would seek advice on the details of one of the restrictions to ensure that it was being implemented in line with the agreement.

People were supported to access healthy and nutritious meals. There were ample supplies of food which included fresh fruit and vegetables. A choice of meals was available and the meals served looked nutritious and appetising. People were supported to be involved in decisions relating to the meals on offer and care plans referred to ways that staff could support individuals to make healthy food choices.

Staff supported people to maintain good health. Allergies were identified and people diagnosed with epilepsy had a support plan to help guide staff in how to respond to incidents and keep individuals safe.



Relatives told us that people were supported to attend appointments such as with the dentist and they were kept informed of the outcome

The service was well maintained and decorated. There was a range of spaces for people to use as and when they wished. People had access to a large garden with play equipment and relaxation areas, which was being well used on the day of our visit.

The service enabled people to use a variety of technology to communicate and maintain relationships with friends and family.

## Is the service caring?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

The feedback from relatives was positive about the caring attitude of staff. One relative told us, "Staff had done an incredible job, it's a very good team, very patient caring and committed." "Staff have lots of love for the boys, it's a tough job and it demands patience and dedication." Another relative told us that their family member was always happy to return to the service after visits to them at home. They told us that they were encouraged to speak to their relative regularly and made to feel welcome when they visited.

People were supported by familiar staff who understood their needs and got along with them. Staff knew people and how to communicate with them effectively. One member of staff told us, "Individuals all have their own signs and way of communicating." Information was also provided in care plans, for example for one person it stated, that the individual 'uses object of reference and taking staff by the hand' to let staff know what they want. Where it was identified that individuals would benefit from additional support this was accessed, for example we saw that one person had recently had an assessment by a speech and language therapist and as a result a new Picture Communication System (PECS) folder had been developed to assist with communication. The PECS system allows people with little or no verbal communication to communicate using pictures. A member of staff told us that they had worked with the speech and language team accompanying the individual to appointments but it was now planned that the wider team would be involved to enable consistency in communication across the staff team.

Staff were positive about their role and interactions were warm and caring. For example, we observed staff supporting one individual who had become anxious and was hitting out at those around them. Staff were alert to the risks but responded to the individual in a kind and patient way and gave them the time that they needed to calm down. Staff supported each other and worked as a team checking out with colleagues if they needed further assistance. A member of staff told us, "Staff support each other, you have got to have a break, it's like a little family here."

Appropriate assessments had been carried out with detailed guidance for staff as to the least restrictive option and de-escalation techniques, which upheld people's rights to having their dignity respected. People's privacy and dignity was maintained in supporting people with their personal care. Individuals looked cared for and their clothing was appropriate. Staff were discreet when assisting people with their personal care.

People had as much choice and control as possible and we observed people exercising choices, for example in what they ate, what time they got up and where they wanted to go.

People's rooms were individual and highly personalised with items such as posters and toys reflecting people's interests.

## Is the service responsive?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

Relatives told us that people received personalised care which was responsive to their needs. One relative told us about the progress their relative had made since moving into the service and how their behaviours were less anxious and, "was nothing like it was." They spoke of the gains that their relative had made, such as putting on their own seatbelt and that they now stop and wait for others, when out walking. They told us that their relative's, "Quality of life was so much better."

Relatives told us that they were involved in developing the care and support plans. We looked at these plans as part of the inspection and saw that people's needs were identified and staff provided with detailed and informative guidance in relation to people's personal care support, likes and dislikes. For example, one of the plans we looked at provided staff with information on the individual's morning routine and the order they liked things to happen. Specific guidance was provided such as, 'When the shower comes to an end, count down from 5 to 1.' Information was provided on situations which the individual finds difficult and what action staff should take if they start to show signs of anxiety.

We saw that care plans were regularly reviewed and where areas were identified clear actions were recorded. Relatives told us that they were kept up to date with their relative's progress and were involved in the regular reviews.

At the time of the inspection the service was not supporting anyone who was terminally unwell. The registered manager told us that they were collecting information and speaking with relatives about people's preferences and actions that they would take should people's health deteriorate.

The provider had a clinical psychologist who provided assistance and guidance to staff and relatives. Those we spoke to were very positive about their intervention and the advice given. A member of staff told us that it was planned the clinical psychologist would be spending a week with an individual to observe their interactions, look at their behaviours with a view to further fine tuning the care plan.

We saw that handovers took place at the beginning of each shift and staff told us that these were informative. A handover book was also maintained, along with daily records. Cascade meetings were held regularly and were attended by the staff, homes management and the clinical psychologist. These internal meetings provided an opportunity to review individual's progress and the effectiveness of different interventions.

During our inspection, we observed people being supported to access a variety of community activities, including walks in the local area, shopping and swimming. We saw from people's records and from discussion with staff that activities were personalised depending on people's interests and preferences. Staff told us that "People have full lives here" and "Everyday people do different things."

People, relatives and representatives expressed their views and experiences about the service through meetings, individual reviews of their care and in annual questionnaires. People's feedback was valued, respected and acted on.

No complaints had been received but systems to deal with complaints were seen. Policies and procedures were in place that guided people who used the service, relatives and staff about complaints. A relative told us, "Any little difficulties have always been dealt with in an open way and we see the complaints policy at every review."

## Is the service well-led?

### Our findings

At the last comprehensive inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

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.

Relatives and staff spoke highly about the management of the service and told us that they were approachable and helpful. A relative told us, "They are very professional and caring and we would not hesitate to recommend the service." A member of staff told us, "The managers are brilliant .....it's a good team we really support each other. I love it here."

We observed that staff were positive in their interactions with people living in the service and each other. They sought advice appropriately and they and people using the service had good access to the registered manager.

The registered manager was supported in the management of the service by a deputy manager and senior members of staff who led the shift daily. There was a clear plan for the day which was documented and ensured that key information was handed over. Staff were aware of lines of accountability and who to contact in an emergency.

We saw that the service liaised well with other organisations and professionals. Each person had a sheet which gave other organisations basic details that they would need to care for someone in an emergency.

The registered manager told us that they had opportunities to meet with other managers across the organisation and told us that they were well supported.

The provider and registered manager used various ways to monitor the quality of the service. This included the collation and analysis of information on people who used the service and on staff. For example, information was collected on people's behaviours to identify how improvements could be made. Data was collected on staff training which highlighted what staff had completed and when they were due to have an update.

People and their relatives had opportunities to feedback their views about the service and quality of the care they received. Where areas were identified there was an action plan which set out how they would be addressed.

The area manager completed quality and safety audits on a monthly basis. We looked at a number of these reports and saw that checks were completed on areas such as care plans, care delivery and health and

safety processes. Where shortfalls were identified an action, plan was developed and the area manager followed up on progress at the next visit.