Care Worldwide (London) Limited

Zinia House

Inspection report

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London
NW9 6PD

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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

This comprehensive inspection took place on 21 and 27 June 2017 and was unannounced. Zinia House, also known as Lynton House, is a care home for up to five adults with a learning disability who may also have mental health conditions.

There was a registered manager in post at the service. A registered manager is a person who has registered with the 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.

At our previous inspection of this service, in June 2016, breaches of legal requirements were found. This was in respect of safe care and good governance. At this inspection, we found these matters had been addressed. There were enough staff working at the service, and staff were no longer working long hours without sufficient breaks. People were supported by a consistent and stable staff team who had a calm approach.

There was now better management of restraint due to a review how the whole process worked in the service. This resulted in further staff training, clearer individualised guidance and better records. There was a safe approach towards people's behaviours that challenged the service, with sufficient emphasis on encouraging and valuing positive behaviours.

There was now sufficient auditing of key aspects of the service to demonstrate that the provider was kept duly informed of how well the service was being managed and any emerging risks. This included better reviews of incidents, and more accurate record-keeping.

The service supported people well with physical and mental health needs. People accessed healthcare services with staff help where needed, and advice from this was followed. There was good feedback from community healthcare professionals about how the service helped people.

The service valued people and looked to emphasise their individual strengths. People's communication abilities were understood and responded to. People were listened to but were respectfully challenged where their choices may not have been in their best interests.

People told us they liked the service. Most people were supported to go out daily, to a variety of community activities. They were treated respectfully and were involved in many decisions about their care. They were encouraged to eat a balanced diet through home-cooked meals that they sometimes helped to prepare.

The service was responsive to people's needs and was influenced by people's views and choices. People received personalised care and support based around individualised care plans.

Medicines were safely managed, infection control processes were sufficiently robust, and safety risks were kept under review and minimised. Staff were trained and supported to undertake their care and support roles effectively.

The registered manager had been in that role for many years and showed extensive knowledge of all aspects of the service. Their approach helped the service to promote a positive, person-centred and empowering culture.

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 was safe. There was now better management of restraint due to a review how the whole process worked in the service. This resulted in further staff training, clearer individualised guidance and better records. There was a safe approach towards people's behaviours that challenged the service, with sufficient emphasis on encouraging and valuing positive behaviours.

There were enough staff working at the service. Medicines were safely managed, infection control processes were sufficiently robust, and safety risks were kept under review and minimised.

Is the service effective?

Good

The service was effective. Good attention was paid to people's health needs. People accessed healthcare services with staff help where needed, and advice from this was followed. People were encouraged to eat a balanced diet through home-cooked meals they sometimes helped to prepare.

Consent to care was sought in line with the provisions of the Mental Capacity Act 2005. Staff were trained and supported to undertake their care and support roles effectively.

Is the service caring?

Good

The service was caring. People were treated respectfully and were involved in many decisions about their care. They were supported by a consistent and stable staff team who had a calm approach.

The service valued people and looked to emphasise their individual strengths. People's communication abilities were understood and responded to.

Is the service responsive?

Good

The service was responsive to people's needs. The service was influenced by people's views and choices. People were listened to but were respectfully challenged where their choices may not have been in their best interests.

People received personalised care and support based around individualised care plans. Most people were supported to go out daily, to a variety of community activities.

Is the service well-led?

Good

The service was well-led. The registered manager had been in that role for many years and showed extensive knowledge of all aspects of the service. Their approach helped the service to promote a positive, person-centred and empowering culture.

There was sufficient auditing of key aspects of the service to demonstrate the provider was kept duly informed of how well the service was being managed and any emerging risks.

Zinia 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 21 and 27 June 2017 and was unannounced. It was conducted by one adult social care 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.

Before the inspection, we checked for any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and provider.

There were five people receiving a service in the home, and seven staff employed at the time of our inspection. During the inspection, we spoke with four people, three care staff, and the registered manager. The inspection process also took on board three community healthcare professionals' comments about the service.

During our visit we looked at three care plans for people using the service along with other records about people's care and treatment including medicines records and care delivery records. We also looked at the personnel files of two staff members and records about the management of the service such as staffing rosters and complaint records. We then requested further specific information about the management of the service from the registered manager following our visits.

Good

Is the service safe?

Our findings

At our last inspection, we found sufficient actions were not always taken in response to incidents where some people's behaviour challenged the service. Restraint guidelines were not clear enough to ensure safe restraint took place. Additionally, some staff worked long hours at the service, putting them at risk of not always having the competence and skills to provide consistently safe care. This meant the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had addressed these safety concerns. There were extensive guidelines on supporting one person with behaviours of theirs that challenged the service. This included when trained staff may physically restrain them as a proportionate and necessary last resort relative to the risk of harm. There were now pictures demonstrating how the restraint should occur. Staff confirmed they had had the training and gave examples of how they followed these guidelines including understanding what could upset the person or cause them anxiety. There were records of occasional restraint that provided good detail of what led to the restraint, what other approaches were used, the length of time restraint occurred for, the support provided to the person and staff afterwards, and the extent to which the care plan was followed. Staff feedback showed an appropriate reluctance to use physical restraint unless necessary, and that the face-to-face training had been useful in covering the legalities and risks involved. Restraint procedures were therefore safer and kept under appropriate review.

People told us there were enough staff working. Rosters showed that there continued to be four staff working in the morning and three in the evening, along with one staff member sleeping at the service overnight. There were less occasions than at our last inspection of staff working consecutive long days, which helped assure us that attention had been paid to ensuring staff were not unduly tired towards the end of their shifts and so were able to provide a safe service at all times.

Medicines were safely managed. Records showed that staff were trained on medicines management, and the registered manager assessed individual staff members' competency to administer medicines correctly. Medicines were securely stored at the service and kept at appropriate temperatures. Medicine administration records (MAR) were up-to-date. Checks of stock against MAR and medicines stock-check records identified only one significant discrepancy, that the balance brought forward of one medicine was incorrectly totalled. These checks assured us that people received their medicines as prescribed.

People told us that staff always remembered to provide medicines support and that they were given as-needed medicines such as paracetamol when needed. We saw that individual medicines profiles had been set up. These included guidance on how each person preferred to take medicines, on the circumstances for as-needed medicines, and when as-needed medicines' stock expired, to help ensure new supplies were acquired in time. MAR showed that as-needed sedative medicines, for use when some people's behaviours challenged the service and talking interventions had not worked, were not frequently used. Our checks of these medicines showed they could all be accounted for except for one medicine. The registered manager explained these had been taken with the person for a day-trip. They agreed to ensure a record would be kept in future for circumstances requiring the removal and return of any medicines from the service.

The service had systems for protecting people from abuse. All staff had been trained on abuse prevention and actions. Staff could tell us examples of what constituted abuse and that they would report matters immediately to the registered manager or another relevant manager. They noted there was an on-call system available at all times. Recruitment processes checked on whether staff were barred from working in care. Contracts of employment included relevant safeguarding matters such as not accepting gifts from people using services and how to whistle-blow on inappropriate practices.

There were appropriate service investigation records for allegations of abuse that arose in the last year. Matters had been referred promptly to the local authority as per local safeguarding guidelines, safety precautions were put in place during investigations, and it was evident the service had worked in co-operation with relevant professionals.

Attention was paid to people's safety in the service. People said they felt safe. One person told us of occasionally having to leave the building due to the fire alarm, which they confirmed as a fire practice. Staff knew who was at risk of choking and what they had to do for the person's meals. Potentially dangerous household substances were locked away. There were records of regular safety checks for fire equipment and ensuring the first-aid kit was well-stocked. There were professional checks of the premises and equipment. This included for water systems in respect of Legionella risks, electrical appliances, gas systems and fire extinguishers. Various risk assessments relating to the service, such as for premises safety, fire safety and lone working, were kept under review. There were also individualised risk assessments within people's care files that were kept under review.

Infection control procedures were sufficiently robust. The service was clean and tidy from the start of our visit. People told us it was kept clean. We saw that staff had access to personal protective equipment by which to help control infection. The local Food Standards Agency checked the service in-between our visits and rated the service as four-star, meaning good overall standards of food hygiene were being maintained.

Recruitment processes helped to ensure appropriate staff worked at the service. Applicants had to fill in an application form and were interviewed by the registered manager to help clarify matters on the form and to check on their suitability. Recruitment files showed prompt checks of identity documents, eligibility to work, and criminal record (DBS) checks. Appropriate written references were acquired. However, these were not in place for one new staff member before they started working. The registered manager explained difficulties for that person and that verbal reference checks had occurred. They committed to ensuring written records were made of the process of acquiring verbal and written references.

Good

Is the service effective?

Our findings

Community healthcare professionals told us the service was supporting people well. One explained how the quality of life of someone using the service had improved. A recent multi-disciplinary review meeting record demonstrated the extensive progress someone had made since using the service.

One person told us that staff treated everyone fairly. We saw staff following care plans when people's behaviour was challenging such as through self-harm. Their approaches included trying to prevent harm, reminding people they had autonomy wherever possible, and remaining calm when unexpected challenges occurred. Approaches were positive wherever possible, and there was much reference to recognising and responding to people's "state of mind." This helped assure us that people received effective care relative to their needs.

People were supported to maintain good health and access healthcare services. A healthcare professional informed us of the service making appropriate contact with them. People told us of being able to see the GP when they felt they needed to, and confirmed support for other check-ups such as with opticians. One person told us of a recent appointment, and support to promptly acquire prescribed medicines arising from it. Medicines records confirmed that the medicines were promptly acquired.

People had individualised Hospital Passports in place, by which to document current and past health matters along with best ways of communicating with the person should they need hospital treatment. These were backed by up-to-date Health Action Plans and health appointment records. These showed that people were supported to attend routine appointments such as with opticians, which was important as many people using the service wore glasses. As-needed appointments such as with GPs due to skin care or hay fever issues were also made.

People spoke positively about the food provided, such as "The food's nice." Staff told us one of the strengths of the service was that home-cooked meals with fresh vegetables were provided on a daily basis. There was a good supply of food including vegetables in the kitchen. People told us of involvement with cooking, including having designated days for helping to shop and provide for the main meals.

Staff emphasised that people were encouraged to follow balanced diets although their preferences were accommodated. One staff member told us of how one person did not used to eat vegetables but had been persuaded over time and through the standard of meals provided that particularly matched their cultural identity. A vegetarian confirmed that they were never provided with meat-based meals. People's care plans included guidance on their food preferences and cultural or religious requirements.

People told us they got enough to drink and that they could get drinks anytime. Staff told us of ways in which they tried to support people to drink enough, for example, in providing home-made iced tea. We saw that one person had a water-bottle with them, and that hydrating snacks such as yoghurts were provided. People were reminded that they could make or get a drink at any time.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA. Records showed that any conditions on DoLS authorisations to deprive a person of their liberty had been met.

People's files included assessments of capacity to consent to specific decisions relating to their care, for example, in respect of taking medicines and handling finances. These followed the principles of the MCA. Where capacity was not established, there were records of following a best interests process under the MCA such as through obtaining family views on the matter. This was included within the assessment of capacity. The registered manager agreed to implement a separate 'Best Interests' form, to better guide and demonstrate that appropriate processes were followed.

Staff told us of recent face-to-face training on both emergency first aid and breakaway and restraint skills, the latter being a two-day course. There was online training for which knowledge tests had to be passed. We saw certificates and training records confirming this. The staff training matrix showed that most staff had completed standard training courses such as for safeguarding and the MCA, and a number of service-specific courses such as managing confrontational situations, dysphagia, and hydration and nutrition, within the last two years.

Records showed that new staff undertook an induction process on their first day. The registered manager told us they then completed online training and shadowed experienced staff members until agreed as capable for working alone within the care home. New staff were not asked to work in riskier situations until seen as capable. For example, in not supporting certain people alone in the community until they had been out with those people and other staff. New staff also had to be shown how each person was supported with morning routines, as per a separate folder with people's individual guidelines which staff signed. There was ongoing discussion with new staff about their new roles, including a formal supervision within a month of starting work. Records showed that the newest staff member was working towards completion of the national Care Certificate, which helped ensure capability across a range of care practices.

Staff told us of being supported to undertake their care roles. Staff spoke of regular supervision meetings with the registered manager. These were described as useful as, for example, staff could make suggestions for changes at the service and discuss any concerns. Records showed that staff received supervisions frequently, between one and two-monthly.

Good

Is the service caring?

Our findings

People told us the service was caring. Their comments included, "The staff are lovely, they take good care of me", "Staff try to help" and "The staff treat me fine."

People were comfortable in the presence of staff. One person said, "I like the people and I like the company." We saw people asking staff for support, playing games with staff and each other, and choosing to sit with staff.

The service looked to emphasise people's strengths and valued people. Positive approaches were emphasised in respect of people's behaviours that challenged the service. Staff understood that challenges were not personal, and staff spoke positively about people such as that one person's a "fantastic lady." Where behaviours were not understood, staff tried various ways to work out what was concerning the person, and so came across as concerned and caring. In this respect, one staff member told us patience was one of the strengths of the service, and they had never met an impatient staff member there. When one person was asked who best understood their needs, they provided many staff names, which we took to mean good overall support from staff.

The registered manager told us seven staff worked at the service and that there had been a low turnover of staff. Staff we spoke with told us of having worked at the service for a number of years. They knew people well as individuals, and it was evident they were consistent in how they supported people according to individual care plans. The staffing consistency and calm approach had helped people progress at the service. One staff member told us for example that one person using the service was now much more relaxed and interacted more with staff and other people using the service.

The registered manager and staff could explain how to better communicate with different people. This helped different people to, for example, be more autonomous, avoid jumping to conclusions, be better understood, and feel involved, all depending on the person's particular needs and abilities. Staff told us that one person used to avoid eye contact. We saw that at times they now felt very comfortable initiating contact with staff and visitors. People's care plans included guidance on their individual communication needs and abilities, and how staff should therefore interact. This included a communication passport for one person.

People were encouraged to make meaningful choices about their care. People told us they were supported to visit family members and make phone calls. Whilst a main meal was provided, people could choose alternatives. Staff told us one person had been supported to retain their old GP due to the relationship involved. The registered manager told us that people were shown paint-colour choices for recent room redecorations, and videos for which holiday to go on. Care records for one person showed they had been supported to vote at the local polling booth recently.

One person told us they had a key for their room and so they could lock it when not using it. Another person said they wanted a key, which the registered manager said would be arranged. People allowed us to check their rooms and we saw they were individually decorated and comfortable, which people confirmed.

Good

Is the service responsive?

Our findings

Approaches to people were responsive to their needs and preferences. People told us staff listened to them and we saw this occurring. Staff we spoke with knew people well and explained how they listened to them depending on the individual's personality and abilities. Where one person was not able to express themselves verbally, staff offered choices, visually where possible.

Where one person was reticent to go out, the registered manager told us that staff continued to offer them opportunities daily. Records and staff feedback showed that a program had been set up for them to empty the garbage bag into the bins in the driveway, and the person was encouraged to eat favourite snacks just outside the front door with staff company. This showed us how the service was helping the person to develop with a view to going out more.

Another person was supported to manage anxiety and excitement. The registered manager explained how this was monitored. Consistent staff responses were a part of this process, as the person could easily misinterpret matters. Attention also had to be paid to what activities the person undertook, as they could draw incorrect conclusions about future events from certain activities. We received some healthcare professional comments that the service managed this support well.

People's care files contained individualised care plans that identified their strengths, preferences, needs, and how staff were to provide support. Files included a pen portrait of essential information, and a review of the person's goals within the service. All these documents had been updated to reflect changes in the person's life, for example, on progress with the goals. Records showed that review meetings with the person, their family and relevant community professionals took place. The registered manager showed us evidence that actions agreed from one person's recent review were being addressed.

Most people told us of going out daily. One person said, "I like walking every day." Another said there was always staff available to support them to go out. One person told us of having just been to a charity shop and buying some jewellery. Whilst there were timetables for this, people were asked at the start of each day what they wanted to do. For example, one person arrived back after a lunch out and told us it was too hot to play badminton as per their weekly plan.

Some people attended colleges and day centres on some weekdays. One person showed us a cushion they had embroidered recently at a college class. Another told us of word-processing skills they were learning at college. The service supported people to travel, and where needed, with attending classes. One person told us there were enough drivers amongst the staff team, and they were always helped to attend on time. Care records confirmed college attendance.

Some people told us of having been on holiday already this year, and of plans for a further holiday. One person told us the best thing about the service was day trips, such as to Southend or for meals out. Staff told us of other activities they supported people with. One person went to the local library and were helped to renew or return their books in good time. Care records also showed the range of activities people had been

recently supported with, such as going to a circus at the weekend.

Within the service, there was a variety of games, crafts and sensory-stimulation items available that we saw people using by themselves, with each other, and with staff.

People told us of staff and the service listening to their experiences. One person told us they could complain to staff if needed. People had access to an easy-read complaints procedure. Complaints were a topic for discussion at monthly meetings for people using the service. Records of recent meetings also showed discussion on any changes to the service people wanted, communal living arrangements, and plans for activities and menus.

We saw some people asking questions of the registered manager about why things were done a certain way. The registered manager reminded people of their rights and choices, and made suggestions of how things could be done differently.

The registered manager told us how one complaint was resolved through discussion with the complainant and actions to reduce the risk of the complaint reoccurring. Records confirmed the feedback.

Good

Is the service well-led?

Our findings

At our last inspection, we found that auditing processes were not consistently effective at providing good governance, particularly in relation to incident and restraint management. There were also occasional record-keeping inaccuracies and omissions, which undermined governance of the service. This meant the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had addressed these governance concerns. Although the service was small in size, some audits of specific matters were undertaken to help ensure care risks were identified and addressed. We saw records of the registered manager's quarterly medicines audits which identified good practice and areas for improvement. The registered manager had also analysed the restraint records for trends and checks that appropriate processes had been followed. The company had their own auditors who checked on standards across the service on a quarterly basis. The registered manager told us that feedback was received from people using the service via anonymous surveys late in 2016. A report showed minor issues that were addressed.

The registered manager showed us monthly reports sent to the provider which reviewed a number of risk factors at the service, such as accidents and incidents, complaints, safeguarding matters and staff supervisions. This helped assure us the provider was kept duly informed of how well the service was being managed and any emerging risks.

We noted that people's care delivery records were of a good standard due to providing appropriate detail on the support people had, what they did that day, and how their state of mind was. Records for our first day of visiting matched what we saw and heard. This helped to provide a good audit trail, for example, should healthcare professionals need feedback about how the person had been recently.

There was good feedback about the registered manager's knowledge and approach. Healthcare professionals told us that the registered manager came across as very hands-on in their knowledge of people's needs and abilities, which helped co-operative working. Staff told us the registered manager was approachable and attentive, and provided good support to help them with their care roles. The registered manager told us of ways in which they monitored the service and people's welfare, for example, through regular discussions with staff and people using the service, and by trying to attend healthcare appointments with people. Their approach helped the service to promote a positive, person-centred and empowering culture. As the registered manager put it, "We're aiming for everyone to have a better quality of life."

Staff told us of feeling valued by the registered manager and the provider. This included through flexibility of working days and having support to deal with personal emergencies. Staff also spoke of good team work and being "here for them", meaning the people using the service. Records showed that staff meetings occurred monthly and were used to guide staff and ensure consistent practice in meeting people's varied needs.

We saw that some refurbishment work had taken place in the premises. Some people told us their rooms had been recently redecorated in colours of their choice. Parts of the communal living spaces had been similarly repainted. The flooring had been re-laid in the lounge, kitchen, corridor and ground floor bedroom. The registered manager told us that the upstairs flooring would be similarly changed in due course. This renewal of environmental decor helped assure us of a well-run service.