Zero Three Care Homes LLP

Joseph Gardens

Inspection report

7 Joseph Gardens
Silver End
Essex
CM8 3SN

Date of inspection visit:
22 February 2016

Date of publication:
05 April 2016

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

The inspection took place on 22 February 2016 and was unannounced. The service provides accommodation and care for up to two adults with learning disabilities. There were two people living at the service on the day of our inspection.

The registered manager was no longer working at the service and a new manager had recently been appointed who told us that they were in the process of applying to be registered with the Care Quality Commission (CQC). 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 who lived in the service appeared happy and looked at ease with staff. They were not able to talk to us about the support they received so we observed their care and support and spoke with their relatives who were positive about the service and the approach of staff.

Risks to individuals were assessed and there were systems in place to reduce the likelihood of injury. However, people's safety was at risk as the fire safety systems were compromised by the use of door wedges to keep doors open.

Individuals were supported by staff who were recruited in a safe way and had a good understanding of their roles and responsibilities. There were sufficient numbers of staff to meet the needs of the individuals who lived in the service. The staff team worked across two services and some concern was expressed to us about the impact this had on consistency. The manager agreed to explore this further with relatives and the staff team.

Medicines were safely managed and people received their medicines as prescribed.

Staff received training and support to enable them to meet the needs of the individuals they supported. Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards. There were systems in place to uphold people's human rights where their freedom of movement was restricted in their best interests. Staff received training in communication and used a range of methods to communicate with individuals and ascertain their views.

Individuals were supported to maintain a balanced diet and their dietary needs and preferences were identified and accommodated. Support was provided to access healthcare.

Staff demonstrated that they knew people well and supported people to maintain relationships with family members and to access the community.

Individual's needs were identified and set out clearly in a support plan which was regularly reviewed and updated. The service was open to complaints and had effective systems in place to communicate with relatives about the care.

Staff morale was good and staff were positive about the support they received from the management team. There were systems in place to monitor the quality of the service 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?

Requires Improvement

The service was not consistently safe

Risks were identified and management plans put into place to reduce the likelihood of harm. Fire safety recommendations were not consistently implemented to keep people from the risk of harm.

People needs were met by sufficient numbers of staff

Staff had a good understanding of safeguarding and whistleblowing procedures

People's medication was safely managed.

Is the service effective?

Good

The service was effective

People's needs were met by staff that were trained and supported.

People's rights were protected as staff had a good understanding of consent and human rights legislation.

People were supported to maintain a balanced diet and to access healthcare.

Is the service caring?

Good

The service was caring

Staff knew the needs of individuals using the service and related to people in a kind and caring way.

Individuals were supported to maintain relationships with their family.

Staff promoted peoples dignity and provided them with information in a form that they understood.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and informative

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

Complaints procedures were in place

Is the service well-led?

Good

The service was well led.

The service worked with relatives and promoted an open culture.

Staff morale was good and staff were clear about their roles and responsibilities.

The provider had systems in place to ascertain the quality of care. We saw that audits had been undertaken and areas for improvement highlighted.

Joseph Gardens

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.

The inspection took place on 22 February 2016 and was unannounced. The inspection team consisted of one inspector.

This was the first inspection of this service since it was registered with us and before we inspected we reviewed the information we held. This service shares the staff team and manager with another larger service which is located nearby.

The individuals who lived in the service were not able to tell us about the support they received but we observed the interaction between staff and individuals. We spoke with three relatives about their observations of the support their relative received.

We spoke with three care staff, the manager and area manager.

We reviewed two care plans, medication records, two staff recruitment files and menus. We also reviewed quality monitoring records and records relating to the maintenance of the service and equipment.

Requires Improvement

Is the service safe?

Our findings

Relatives told us that their relative was safe at the service. They spoke positively about the staff and how they worked together to support their relative.

We saw that risks to individuals had been assessed and actions taken to reduce these risks. For example, there were risk assessments in place regarding the use of the kitchen and travelling in the car. The management plan for travelling in the car outlined where the individual and staff should sit and we observed individuals returning in the car from a trip out and noted that the management plan was being implemented.

Incidents were recorded and there was evidence of review of what happened. Staff told us that no physical intervention had been used at the service to restrain people when presenting with behaviour which put the person and others at risk of harm.

There were risk assessments in place covering environmental risks. Radiators and were covered and window restrictors were in place to reduce the risks of injury We saw certificates to evidence that checks had been undertaken on gas safety, portable electrical appliances, legionella and systems for fire prevention. However, we observed that there were a number of door wedges in use throughout the building which could compromise the safety of people in the event of a fire. The manager agreed to raise this with the provider's maintenance team and look at self-closing devices.

We looked at the staffing rota and saw that there were two members of staff rostered on duty each day and one member of staff who slept in the service at night. Staff told us that there were enough staff to keep the individuals in the service safe. The staff team worked across two services and relatives said that this meant that their relative was not always supported by a consistent team of staff. We spoke to the manager about this who said that they tried to ensure that key workers worked at the service for at least once shift each week but accepted that the shared staff team presented challenges around consistency. The manager agreed to explore this further with relatives and staff.

Individuals were supported by sufficient numbers of staff who were recruited in a safe way. Recruitment records showed that staff had followed an application process, been interviewed and had their suitability to work with this client group checked via references and with the Disclosure and Barring Service. We noted that some staff had commenced employment with a DBS first check before the results of the full DBS were known. The manager assured us that these staff did not complete their induction and work alone until this was in place.

Staff had a good understanding of what were safeguarding issues, and the steps that they should take if a concern was identified. Staff told us that they had undertaken training in recognising the signs of abuse and whistleblowing procedures. They told us that they were confident that their managers would address any concerns and take them seriously. Financial procedures and audit systems were in place where the service was responsible for people's money. These were designed to protect people from financial abuse and

balances were checked daily.

People's medicines were managed safely. We saw that individuals had records which set out what medication was prescribed and what it was for. Medication administration charts (MAR) were in place for recording medicines when administered. There were clear arrangements in place for the use of as and when required medicines (PRN). The use of homely remedies were agreed with the individuals GP. We checked the amount of medication with the amounts on the MAR and this tallied. However, it was agreed that carried forward amounts should be recorded to improve auditing. Medication was securely stored and temperatures of the fridge and storage were recorded. The temperature of the room was just within the recommended levels and the manager was aware that they may need to look at this further in the warmer months.

Good

Is the service effective?

Our findings

Relatives told us that the staff were knowledgeable and they had confidence in them.

Staff were provided with the skills and knowledge they needed to meet people's needs. Staff told us that when they first started working at the service they received an induction which covered all aspects of delivering care and support. This included a period of classroom learning and undertaking observations in the service. One member of staff told us, "It was a good induction, and you settle in really quickly here." The manager said that the provider had recently increased the period of classroom learning from three to five days and were in the process of implementing the new care certificate. This is a national initiative to develop staff and demonstrate they have key skills, knowledge and behaviours.

We looked at a sample of staff training records and saw that staff had received training on food hygiene, first aid, autism and in managing behaviours in a positive way. This included practical methods to help staff support individuals if they became distressed. Additional training was also provided on low arousal and physical interventions.

Competency assessments were undertaken on areas such as medication before staff were able to administer. Staff told us that once they had completed their induction they were supported to undertake additional training such as The Qualifications and Credit Framework (QCF.)

Staff told us they were supported and received regular supervision. One member of staff told us that they were able to discuss their progress and described how they were supporting the individuals that they were a key worker for. They told us that they were not thrown in the deep end and were gradually given more responsibility which meant they felt safe working at the service.

Staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005, and we saw that they had received training on obtaining consent. Staff were able to describe how they communicated with people and ascertained their views. They showed us pictures and symbols which they used with one person. We observed staff using a range of different methods to ascertain the individual's views. We saw that people's capacity to make day to day decisions was assessed and there were best interest decisions in place in relation to areas such as personal care.

Applications had been made when individuals lacked capacity and needed constant supervision to keep them safe. This met the requirements of the Deprivation of Liberty Safeguards.

Individuals were supported to maintain a balanced diet. On the day of our inspection the staff and people living in the service had been shopping at the local supermarket and the fridge and freezer were well stocked with fresh and frozen items. The evening meal was prepared by a member of staff with some help from one of the individuals living in the service. The meal served looked appetising and staff and individuals sat at the table to eat. We looked at the record of food served over the previous week and saw that while individuals ate the same meal on some occasions; there was a lot of variety which reflected their individual

preferences. A relative told us that their relative had some specific dietary needs and they had worked with the key worker and drawn up a personalised menu which was working well. Staff were aware of healthy eating and described how they helped individuals to make healthy choices.

People were supported with their health care needs and care and support plans included details of how best to support people. Individual's weight was monitored and health appointments to for example GPs and dentists were logged. Relatives told us that staff were "vigilant" and noticed if individuals were not themselves. They took their relative to health appointments as appropriate and told us that they were kept up to date with any changes to their relative health needs.

Good

Is the service caring?

Our findings

Relatives told us that their relative was happy at the service and described staff as "very caring," and as having a "good rapport" with their relative.

Staff demonstrated that they knew people well and were able to tell us about people's needs and their likes and dislikes. We saw that they had started to build relationships with the people who used the service. They spoke with people in a kind way and were calm and caring. There was a key worker system in place and the relatives we spoke with were clear about who the keyworker was. The service was very homely with lots of photographs of individuals and their families. Personal spaces were personalised and reflected individual's interests.

There were systems in place to support choice and decision making. One of the staff we spoke to told us about the use of the PEC communication system and how they were hoping to use this to improve the individual's communication and independence. We observed that staff were using pictures and symbols to let the individual know what the plan was for the day. This was completed by staff on a daily basis.

People were supported and encouraged to maintain links with their family and access the local community. Relatives we spoke with told us that they were in regular contact with their family member and telephoned the service regularly as well as having skype calls. One person told us that they spoke with the service on a daily basis. Both individuals went home on a regular basis and the relatives told us that the process was well managed by staff. We saw that reviews had been held shortly after the individual's admission and relatives confirmed that they were asked for their views as part of this process.

The manager told us that questionnaires to relatives and professionals asking for their views on the quality of the care had not as yet been sent out as this was still a relatively new service but it was planned that this would be undertaken in the near future.

Independence was promoted. Individuals had "pathways to independence as part of their care plan which identified their skills and areas needing further development. Care plans gave clear guidance about how to promote independence for example with toileting and included information about what staff could say and do. We observed staff supporting one person to prepare the evening meal and also to do some household chores. Staff were patient and gave clear directions and praise as they went along.

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.

Good

Is the service responsive?

Our findings

Pre-admission assessments were undertaken by the clinical team and there were clear plans to manage the transition into the service. The information in the pre-admission assessment was used to develop a support plan. Plans were informative and person centred reflecting the needs of the people we observed. Information was included on distressed behaviours , the possible triggers and how individuals should be supported. The support plan included information about people's preferences and their strengths. We saw for example that there was a plan in place for supporting one individual to have a haircut. This was in outlined in a pictorial format so that the individual knew what was happening and when.

Staff we spoke with were knowledgeable about people's needs and spoke confidently about how they used techniques such as distraction to support people. They were positive about their role and how they supported people to have a good quality of life.

Staff told us that they were kept up to date and had the information they needed to support individuals. A handover book was maintained, along with daily records. We looked at a sample of these and saw that they recorded how individuals spent their day, and how they presented in mood and behaviour. 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. Staff told us that they were helpful as they provided guidance and opportunities to reflect and learn from colleagues.

We saw that staff supported people to follow their own interests and hobbies. Individuals had a weekly planner which set out what was planned for the forthcoming week. We looked at what activities had taken place recently and saw that individuals had been supported to attend a range of activities such as shopping, going for walks, swimming and to a disco.

Relatives told us that their relative would benefit from more learning opportunities. Neither of the individuals attended college or formal learning but we were told that there were plans for one individual to attend a training course to develop skills for daily living.

A complaints procedure was in place but the manager told us that no formal complaints had been raised. Relatives told us that they had not used the formal procedure but that they were in regular contact with staff and the homes management and resolved any concerns on an informal basis.

Good

Is the service well-led?

Our findings

Relatives expressed confidence in the staff and management of the service. One relative described the service as "open" and another told us it was a "good facility"

A new manager was in post and they told us that they were in the process of making an application for registration with the Care Quality Commission, (CQC). Relatives and staff spoke positively about the new manager and told us that they were approachable and "very obliging". The manager was supported by the provider's management team which included an area manager and a clinical psychologist.

Staff were clear about their roles and responsibilities and who they would go to for advice and support. They were clear about the whistleblowing policy and expressed confidence in the processes for raising concerns.

Staff told us that morale was good and it was a supportive place to work. They told us that staff helped one another and it was small enough to enable them to build relationships with the clinical team. They told us that good practice did not go "unnoticed" and there was a scheme where there was a staff hero of the month and staff were rewarded with a voucher. We saw that supervisions and appraisals were taking place and provided an opportunity for staff to reflect on their learning and development.

Clinical cascade meetings were a forum used by staff and management to reflect on practice and provided an opportunity for staff to discuss and look at how they could resolve problems. Staff told us that they were able to contribute and "give an opinion."

There were systems in place to monitor the quality of the service. For example, we saw that there was a training system which highlighted when staff were due to have an update. Regular medication audits were undertaken. The manager told us that they completed a regular walk around of the service and this contributed to the weekly maintenance meeting.

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. One of the actions which had been identified was the need to further develop the key worker role and have regular key worker meetings.