Zero Three Care Homes LLP

Rascasse

Inspection report

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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

The inspection took place on 8 February 2016 and was unannounced. The service provides accommodation and care for up to seven male adults with learning disabilities. There were seven 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. 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 relating to the environment and to individuals were identified and management plans were in place to reduce the likelihood of harm. However, we found that the fire safety plans were compromised by the fact that doors were propped open. Incidents such as the use of restraint were reviewed however people would be provided with more protection if there was further evidence of oversight and analysis.

Staffing levels were flexible and reflected the needs of individuals. Recruitment processes ensured that staff suitability to work with vulnerable people was checked.

Medicines were safely stored and administered by staff who were trained and assessed as competent.

New staff received induction training to prepare them for their role. The service was 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 appropriate for the role they were employed to perform.

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

People received a varied choice of nutritional meals. People health was monitored and they had good access to health care support which helped them to maintain their wellbeing.

People were at ease and comfortable when staff were present and staff interacted with people in a caring way. People were supported in a way which promoted their independence. People's needs were assessed and the information was used to develop comprehensive care plans. These were person centred and

provided clear guidance to staff on how best to deliver care. People were supported to follow their interests and maintain the relationships which were important to them.

There was a complaints procedure in place and relatives told us that they were aware of the process and the service was responsive to issues of concern when expressed.

There was a clear management structure and relatives told us that they had good relationships with the service. Staff were supported and morale was good. 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?

Requires Improvement

The service was not consistently safe

Risks were identified and management plans put into place to reduce the likelihood of harm. However incidents would benefit from a more in-depth analysis. Fire safety recommendations were not consistently implemented.

Staffing levels met the needs of people using the service.

Staff knew how to respond to concerns.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were supported and received training to meet the needs of individuals using the service.

Staff had a good understanding of consent

People were supported with their health and to maintain a good nutritional intake.

Is the service caring?

Good

The service was caring.

Staff knew the needs of individuals using the service and developed warm caring relationships.

People and their relatives were consulted about their care.

People's privacy and dignity was promoted.

Is the service responsive?

Good

The service was responsive

Care plans were detailed and informative

People 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

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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 8 February 2016 and was unannounced.

The inspection team consisted of one inspector.

Before we carried out our inspection we reviewed the information we held on the service. This included statutory notifications and safeguarding information that had been sent to us in the last year. A notification is information about important events which the provider is required to send us.

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 four relatives about their observations of the support their relative received.

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

We reviewed three 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 spoke positively about the service and told us that the care provided was good. One person said that their relative was, "Very Happy there, "and always "Ran into the building" when they returned from visits out. Another relative told us that they, "Had confidence in the staff."

Risks were identified and there were systems in place to reduce the likelihood of harm however further analysis of incidents would provide greater protection to people.

Incidents including physical interventions were recorded and there was evidence of review and reflection on what had happened. We saw that the numbers of incidents were discussed and staff told us that when incidents occurred there was opportunity to reflect on what happened and "debrief." However, a standard statement was used as part of the review process and this did not evidence that the review explored what alternatives had been tried and whether the interventions restricting a person's movement were for the shortest time possible. For example we saw that one person had become distressed and had been held but it was not clear from the documentation how long the hold had been for and whether the incident or the hold had lasted the recorded 30 minutes. Staff told us that the individual was held following self-injurious behaviour but it was not clear if this was one hold or a series of short holds and releases.

There were risk assessments in place covering environmental risks. We saw certificates to evidence that checks had been undertaken on gas safety, portable electrical appliances, legionella and systems for fire prevention. However, we did note that there were a number of door wedges in use throughout the building which could compromise the fire safety systems 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 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 information about potential triggers.

Staff spoken with were knowledgeable about the risks assessments and the steps that they should take to keep people safe. They told us that information was supplemented by handovers at the start of each shift.

People received care and support from staff who knew them well. Relatives spoke positively about the staff team and said that they worked well together. Staff told us that they felt that there were enough staff to keep people safe. We looked at a four week rota and noted that there were between six to eight support staff during the waking day and two members of staff on duty each night. The manager confirmed that the numbers of staff varied according to need and this was reflected on the occasions when some people went on regular home visits. An on call system was in place for staff to seek guidance and advice out of office hours. Staffing levels for accessing the community were assessed and some individuals were supported by two staff on these occasions. Staff told us that shortfalls of staff, such as a result of sickness were covered from within the staff team.

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. One member of staff said, "I wouldn't think twice about reporting." Staff told us that they had undertaken training in what was abuse and whistleblowing and said that they were confident that their managers would address any concerns and take them seriously. We saw that the service had appropriately raised matters of concern in the past. 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 observed medication being administered during our visit and saw that individuals had records which set out what medication was prescribed and what it was for, along with the date of review. Medication administration charts were in place and where amendments were made these were checked by a second member of staff. 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. There was a homely remedies protocol which had been signed by GP and set out which homely remedies could be given. Medication was securely stored and temperatures of the fridge and storage were recorded to ensure that that they were within recommended levels. Records were available to evidence that the supplying pharmacy had undertaken a visit and checked medication systems.

Good

Is the service effective?

Our findings

Relatives told us that staff were knowledgeable. One person said that they were "Well trained" and another said that they "Picked things up." Relatives told us that staff were aware of the protocols in place around areas such as health and behaviour and followed the procedures.

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. 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 responding appropriately to challenging behaviour. 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) and on the day of our visit an assessor was supporting staff to enrol on this training.

Staff told us they were supported and received regular supervision. We observed that staff were clear about their role and responsibilities. Staff worked together as a team and we observed one member of staff giving direction to another less confident member of staff team.

Staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005, and we saw that they had received training on obtaining consent. We observed staff communicating with people in different ways to ascertain their 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, photographs and undertaking blood tests.

Applications had been made when individuals lacked capacity and needed constant supervision to keep them safe. The manager had requested that those which had expired be reassessed. This met the requirements of the Deprivation of Liberty Safeguards.

People were supported to eat a balanced diet. On the day of our visit one individual and a member of staff had undertaken a weekly shop and the fridge and freezer were well stocked with a range of fresh items and fruit. We observed individuals enjoying their lunch which looked healthy and staff and one individual were observed preparing the evening meal.

We saw that relatives had been asked about allergies and care plans identified people's needs and

preferences and gave staff clear direction, for example when snacks should be offered and the type. We saw that one person with an allergy had specialist food items provided. There was a weekly menu plan and record of the meal served. There was variety but one main dish although staff told us that alternatives were always available.

People were supported with their health care needs and care and support plans included details of how best to support people. For example allergies were identified and people diagnosed with epilepsy had a support plan to help guide staff in how to respond to 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. Professionals who were involved in supporting the individual were clearly listed and staff told us that they had recently requested that one individual was referred to a specialist mental health team and another to the specialist epilepsy nurse for review as their needs had changed. We saw advice had been obtained for one individual from the dietician and after they had gained weight they had been discharged from the dietetics team.

Good

Is the service caring?

Our findings

Relatives spoke positively about the staff and their approach. One relative told us that the staff were "Amazing. " Another person said the staff were "Kind and caring…and you know they are there for the right reasons."

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 built good relationships with the people who used the service. They spoke with people in a relaxed way and were calm and caring. One member of staff said, "You get to know them so well, and you get attached." Staff told us that the service had a keyworker system in place and this meant that staff worked more regularly with that individual and took responsibility for checking the care plan and attending the reviews. One member of staff spoke about the individual for whom they were a key worker and said, "We have a lot of time together ….we have connected."

People's rooms were individual and highly personalised with items such as posters and toys reflecting people's interests. One member of staff described how they supported one individual and ensured that the care reflected their choice and interests. They described achieving a balance as, "Too many choices can make him anxious."

People were supported and encouraged to maintain links with their family and the local community. Relatives we spoke with told us that there were no restrictions on them visiting and their relative also regularly visited them at home. They knew who was their relative's keyworker and told us that they were in regular contact with the service, both my telephone and email. They described their relationship with the service as good. They told us that they were appraised of the activities that their relative had participated in and any changes to their needs or health.

Relatives told us that they were asked for their views on an ongoing basis and that reviews were held yearly. One relative told us" I feel listened to by staff. "Another told us that there is "Good communication." We saw that questionnaires had been sent out to families asking them about communication and what and when they would like information about.

We also saw that quality satisfaction questionnaires had been sent out to relatives in 2013 asking them for their views on the care provided. The manager told us that they planned to resend updated questionnaires 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. Staff spoke proudly about people and their achievements and were able to give examples of what they did to encourage individuals. We observed staff supporting one person to prepare their lunch. They gave praise and encouragement and we observed them using terms such as "well done "

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. We observed that one individual removed their clothing on a number of occasions and staff were alert to the issues and made efforts to protect the individual's dignity.

Good

Is the service responsive?

Our findings

People received care from staff who knew them well. One relative told us that although there was some new staff there were also staff who had worked there a long time and knew their relative, "Inside out." They told us that their relatives had a care plan which they had seen and they were invited to care reviews each year but could request a meeting in the meantime if the need arose.

Pre admission assessments were in place and used to develop a care plan. Plans were informative and person centred reflecting the needs of the people we observed. The care plan included information about people's preferences and wishes and set out possible triggers for behaviours and how individuals should be supported. One member of staff told us about one individual and their needs said that, "New staff get taught, they shadow and watch…I know when to withdraw."

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. Staff told us that they were helpful as they provided guidance and opportunity to reflect and learn from colleagues.

We saw that staff supported people to follow their own interests and hobbies. Each individual had a weekly planner which set out what was planned for the forthcoming week. We looked at what activities had taken place over the previous month and saw that individuals had been supported to attend activities such as horse-riding, trampolining and swimming. On the day of our visit people were coming and going through the day, doing activities such as aromatherapy and visiting another of the provider's services. One member of staff told us that …that they tried to get each person out for an hour each day Activities were highly personalised and we saw that one person went out for a drive each evening with a member of staff as this was thought to be of benefit. We saw this individual getting ready to go and they were happy and excited. We saw that one individual was being supported to go out to work and another to go for a short holiday. Relatives were generally happy with the level of activities but one person did tell us that they would like their relative to do more.

Relatives we spoke with told us that they had good relationships with staff and were able to raise issues if they arose. A complaints procedure was in place. We looked at the records of complaints and we saw that when concerns were raised they were investigated and steps taken to resolve them.

Good

Is the service well-led?

Our findings

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). The new manager had worked in the service for some time in another capacity and they were well known to the people living in the service, families and staff. Relatives and staff spoke positively about the new manager and told us that they were approachable and visible, "Stepping out of the office to help" if needed. A relative expressed confidence in the management and told us that it was a, "First class service and we have good and open relationships with staff and management." The manager was supported by the provider's management team which included an area manager and clinical psychologist.

Within the service the manager worked alongside the deputy and shift leader. 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. One person told us that I have 100% confidence in the management…they take concerns seriously."

Staff told us that morale was good and it was a supportive place to work. They told us that people helped one another and there was a team approach. Similarity they noticed if something worked well and good practice would not go "unnoticed." Staff told us that there was a scheme where there was a staff hero of the month where they 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.

We saw that there was an emphasis on review and evaluation. The 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. One member of staff said, "We are constantly thinking about things and trying new ways. "

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. The manager told us that they completed a weekly walk around of the service and this contributed to the weekly maintenance meeting. We highlighted a small number of environmental issues during our inspection such damage on the wall and we saw that these had already been identified and a date scheduled for the work to commence.

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.