

Zero Three Care Homes LLP

Imola

Inspection report

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19 March 2019

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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

About the service: Imola offers both personal care and accommodation for up to eight people who have learning disabilities. At the time of inspection there were eight people using the service.

People's experience of using this service:

Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken. Risks to people's well-being and safety were assessed, recorded and kept up to date. The service demonstrated a positive approach to supporting people with complex behaviours. The provider had systems in place to enable staff to manage people's medicines safely.

The care service was developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain good diet and access the health services they needed.

Training relevant to people's support needs had been undertaken by staff. The staff team felt involved in the running of the service and were supported by the registered manager. A complaints procedure was in place.

People were treated with dignity and respect by caring staff. Staff had a very good understanding of the care and support needs of people and had developed positive relationships with them. Staff supported people to develop their independence and people were supported in a personalised way.

The service was effectively managed by a registered manager and deputy manager. They led by example and had a passion for continually driving improvements and placing people at the centre of the service. There was an effective quality assurance system in place to ensure the quality of the service and to drive improvement.

More information is in the detailed findings below.

Rating at last inspection: Good (report published 07 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in are Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Imola

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Imola is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The unannounced inspection took place on 15 March 2019, followed by phone calls to relatives on 19 March 2019.

What we did: Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. 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.

We visited the service on 15 March 2019. Many of the people who live at the service had complex needs, and were not able verbally to talk with us, or chose not to. We used observation to gather evidence of people's experiences of the service. We spoke with two people's relatives over the telephone, for their views

During our visit to the service we also spoke with the registered manager, the deputy manager, two senior support workers and one support worker. We looked at two people's care records. We also looked at a range

of records relating to the management of the service. These included accident and incident reports, complaints and compliments records, audits and training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems and staff had a good understanding of how to make sure people were protected from harm or abuse.
- A relative told us, "[Family member] has very complex behaviours, I know they are safe."

Assessing risk, safety monitoring and management

- Support files contained explanations of the control measures for staff to follow to keep people safe.
- People had positive behaviour support plans. These helped staff to recognise signs that indicated a person's anxiety was increasing.
- Staff had a good understanding on how to respond to people's complex behaviours and recognised the early signs. This enabled staff to prevent any behaviours escalating. A staff member told us, "We know [person] really well and can pick up early signs about their behaviour." A relative said, "Staff have good strategies to cope and they share this, my [family member] trusts them."
- The service had assessed the environment and equipment for safety. The provider responded quickly to any changes needed in response to risk. For example, garden fences had been made higher to reduce an identified risk.

Staffing and recruitment

- Sufficient numbers of staff supported people to meet their needs in a relaxed and unhurried manner. A staff member said, "We have more staff on now, makes life easier."
- Checks had been completed before staff started work at the service including references and a full employment history. A Disclosure and Barring Service (DBS) check had also been carried out to help ensure staff were safe to work with adults in a care setting.

Using medicines safely

- The service had systems in place to enable staff to safely manage medicines.
- Only trained staff whose competency had been assessed supported people with their medicines.
- Where people received medicines 'as and when required', there were guidelines in place for staff to follow.
- Senior staff completed a weekly check of all medicines.

Preventing and controlling infection

- Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections.
- The service was clean during our visit. Staff cleaned areas regularly and as soon as the need was identified.

Learning lessons when things go wrong

- Lessons were learned, and improvements were made when things went wrong or the potential for things going wrong was identified. For example, all incidents were discussed during two weekly cascade meetings and debrief sessions were held with staff following incidents. This helped to minimise the risk of recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed to ensure their needs were understood, consulting with specialist professionals where necessary.
- The provider had their own clinical team who were also involved in the assessment process.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. We observed a staff member supporting one person who was very energetic. The staff member told us, "With [person] it is flexible, we ask staff if they want a break. We usually support them for three hours."
- Records showed staff completed a range of mandatory training. Specific training which reflected the complex needs of people who lived at the service was also provided. A staff member told us, "We have training in de-escalation. It is a matter of staying calm as we are mainly hands off. I am used to it, but I am very aware that newer staff might need support, we debrief often."
- Staff told us the training programme and support available was very good. One staff member said, "Training is awesome." Another staff member said, "We have supervision with the manager or deputy. They listen to my opinion and are very supportive."

Supporting people to eat and drink enough to maintain a balanced diet

- Meal times were flexible, reflecting people's needs and preferences. Staff encouraged people to eat independently or with specialist equipment, where appropriate.
- Menus were in a pictorial format to assist people that required this communication in making informed choices.
- One person who ate a very restricted diet was being supported to introduce additional foods. Staff were working with this person through their social story to slowly introduce new foods. The person had their own meal planner to show them what they would be eating each day. The planner still included their favourite food, but staff had worked with the person to reduce this to three times a week and had successfully introduced new foods. A staff member said, "[Person] eats a much more varied diet now."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People who lived at the service had access to healthcare services and received on going healthcare support. A relative said, "[Family member] regularly asks questions and worries about their health, staff deal with this sensibly."
- A cascade meeting included the providers clinical team was held at the service every two weeks which gave all staff the opportunity to discuss people's needs. A staff member said, "In the cascade meeting, we discuss

people and share ideas."

- Support plans included a health action plan. This was used to record any advice or information given following health appointments so staff had the most up to date guidance to support people.

Adapting service, design, decoration to meet people's needs

- The service had two self-contained apartments for people to use and supported other people in the main house.
- People's bedrooms were decorated in line with their preferences and needs. Where possible people and were involved in this process.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider was working within the principles of the MCA. Conditions on DoLS authorisations were being met.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. Staff had received training about the MCA and DoLS and were able to put this into practice. A staff member said, "We support people with decision they want to make. For some people a walk in the rain could be a sensory experience and we will support them in this decision."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Throughout the inspection we noted there was a very relaxed atmosphere Staff supported people with respect, empathy and humour. Staff used people's preferred communication. A staff member said, "[Person] can use pictorial or signing and another person uses PECS (picture exchange communication system). A professional who had carried out observations in the service told us, "I was able to observe the staff communicating with the individuals and using appropriate forms of communication (verbal/ Makaton/ gestures/ objects of reference)."
- Relatives told us staff treated people well. One relative said, "[Family member] is happy, they like the staff, I am far away but I know they are safe."
- Staff spoke about the people they supported in an extremely positive way. One staff member said, "[Person] is funny, very engaging and signs a lot. We get on really well." Another staff member said, "Seeing people's achievements is massive and we have helped build their confidence."
- People were respected as individuals. Support plans contained detailed information about people's life stories, their hopes and aspirations.

Supporting people to express their views and be involved in making decisions about their care

- Keyworker meetings were held with people monthly and were an opportunity for people to share their views about the support they received and to discuss any goals they wanted to work on.
- Individual communication passports and plans were in place and were clearly recorded.
- Relatives told us communication was good. One relative told us, "They phone me up and I phone them every day, they never mind." Another relative said, "They do listen to what I have to say, we have a communication book for when [family member] comes home. We have a regular dialogue with staff."
- Where people needed additional support to make decisions, staff had referred people to advocates. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. The two apartments were designed to support people's independence. Staff encouraged people to be involved in the preparation and cooking of meals.
- Support plans recorded what people did well and what they might need support with. For example, in one plan it recorded the person was good at getting dressed, cleaning and baking.
- The service had won the providers 'active support house of the month' for March 2019. Active support aims to ensure people with even the most significant disabilities have ongoing, daily support to be engaged in a variety of life activities and opportunities of their choice.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified and recorded in support plans. These needs were shared appropriately with others.
- Support plans focused on what people could do and informed staff of the support people needed to achieve this. People were involved in daily living activities such as laundry and cooking to the extent they were able.
- Staff supported people to identify their goals and dreams, and there were plans in place to help people achieve this.
- One person had lost some confidence in going out into the community. The service was using social stories. Social Stories are used to improve the social skills of people living with autism spectrum disorders (ASD). Social stories model appropriate social interaction by describing a situation with relevant social cues, other's perspectives, and a suggested appropriate response. The person liked to know which staff would be working with them and had a list, so they would know who supported them each day.
- Staff consistently looked for solutions to support people. For example, they had created a car port specifically for one person, so they could enter the house through the garden which made them less anxious. They also had a section of the garden just for them as they used the garden daily.
- Each person was encouraged and supported to pursue activities of their choosing. For example, college, trips out and holidays. A staff member told us they were hoping to try to plan a trip for one person abroad and understood this would take careful and detailed planning. A relative said, "They take [family member] out a lot. They love the garden and climbing so they take them climbing."
- People's needs were constantly reviewed, and support adapted as required. A two-weekly cascade meeting that included the providers clinical team discussed all aspects of support provided to people. A relative told us, "We have a review soon with the psychiatrist and an annual review." Another relative said, "The service has a group psychologist, they ask questions and we attend the cascade meetings."
- A yearly review was held which included comments from all relevant parties to express their views about the care and support provided.

Improving care quality in response to complaints or concerns

- There were systems and procedures in place to manage complaints. This was visible to people who used the service in an easy read format. A relative told us, "I have complained in the past and, they took my concern seriously, people phoned me up and it was all sorted."
- There had been no complaints since the previous inspection.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. The staff had worked sensitively with

people to offer support to plan for future events taking into account people's wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff, relatives and professionals were positive about the management of the service. A staff member said, "The manager is a very good guy and approachable. He has been a support worker, so he gets it." A relative said, "It is very well led, I am pleased with [registered manager] and [deputy] they are excellent, they action things, I cannot fault them." A professional said, "Since the manager and deputy have been working at Imola, the home has moved forward in all areas which is beneficial to the individuals who live there."
- The registered manager and deputy manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager worked together with a deputy manager to manage the service. The management team and provider completed regular checks and audits to ensure people were safe and were happy with the service they received.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff we spoke with demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders. A staff member told us, "We adjust our work to suit [people], they come first." Another staff member said, "I love working here."
- Staff and the registered manager involved people and their relatives in their care. One relative told us, "They bring [family member] to visit me. They go off and have lunch but if I need them I phone, and they come straight back. They are outstanding."
- People had completed a survey of their views and they met with their keyworkers regularly to talk about their views of the service and to be involved in plans for the future.

Continuous learning and improving care

- We spoke with a professional who was providing support for staff undertaking professional qualifications. They told us, "The manager is very approachable and will always reply to emails or phone calls. If I require extra time with learners he will always allow this, if it's safe to do so. I liaise with deputy manager when booking workshops for the learners and she is always helpful and willing to work around any requests I

have."

- All feedback received was used to continuously improve the service.
- The registered manager attended monthly managers meetings where they shared good practice. The PIR recorded, "We share and discuss any legislation changes and any good practice the managers have come across. We have updates through British Institute of Disabilities (BILD) and learning disability organisation through emails. We hold a policy day every other month where policies are discussed and reviewed. The policies are then sent to the houses for each staff member to read. Information that is relevant or needed by the staff members is fed back to them from the managers meeting through monthly communication. We also provide a monthly newsletter."

Working in partnership with others

- The service had close working relationships with the local learning disability service and local authority.