

Zero Three Care Homes LLP

Maranello

Inspection report

Walden Road
Thaxted
Essex
CM6 2RE

Date of inspection visit:
03 February 2016

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15 June 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 3 February 2016 and was unannounced.

Maranello is a nine bed service for people with a learning disability and supports people to live within their community. On the day of our inspection there were nine people using the service. There was a second similar service located on the same site managed by the same provider.

There was a registered manager in post at the time of the inspection and they were present at this visit. 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 told us that they liked living at the service. The building was purpose built with a flats for some individuals created within the building. People had their needs assessed before they moved into the service and had a care plan in place known by the staff, who used and understood the associated risk assessments in place. Staff were knowledgeable about people they supported and were enthusiastic about their job.

Relatives were complimentary about the service offered and felt involved and able to approach staff and managers to discuss matters important to them and their relative. They felt able to visit whenever and were given updates and were part of regular reviews.

Medicines could be managed more safely. Records relating to medicines and the auditing was not as robust as should be. Staff understood people's health needs well people were supported to access health professionals. Complex health conditions were well monitored and appropriate actions taken to maintain good health. Staff were trained in a range of areas including medication, safeguarding and first aid. New staff did not always have effective induction and were not trained in Studio III [techniques to support people who may be anxious and challenge] before they were placed on shift.

Individuality was respected by staff. Choices were promoted and people were involved with planning their aspirations and future. People were encouraged to be independent and to exercise choice in how they were supported. People had good access to transport and community facilities.

The managers were accessible for staff and they were motivated and staff felt well supported. Staff understood the aims and objectives of the service and worked towards and in line with these. They were clear about what was expected of them and there were systems in place to review the care provided. These could further be enhanced by developing action plans after consulting with people who have an interest in the service and people who live there. Repairs to the environment were not always swiftly dealt with and therefore could be left unsafe for longer than was needed.

We have made a recommendation about the management of medicines. We identified several breaches of regulations during this inspection, and you can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risks to people's individual health, and safety had been assessed but appropriate actions to reduce these risks were not in place. Environmental risks could further be reduced to avoid harm.

There were systems in place to ensure that people received their medication as prescribed, but these were not as robust as they should be.

People were protected as staff had been provided with training on safeguarding concerns and were clear about the process to follow.

Staffing was sufficiently flexible to meet people's needs consistently. Checks were undertaken to ensure staff were recruited safely and were suitable for the role.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff received an induction and training but were not provided with these skills and knowledge in a timely fashion to fulfil their role. Staff were given supervision.

There were systems in place to support people to maintain their health and people had balanced nutritious food provided.

Staff had an understanding of promoting choice and gaining consent and their responsibilities under the Mental Capacity Act.

Requires Improvement ●

Is the service caring?

The service was caring.

People's privacy and dignity was maintained.

People were supported by staff who knew them well, understood their individual needs and were kind.

Good ●

People were listened to and enabled to exercise preferences about how they were supported.

Is the service responsive?

The service was responsive.

People's needs had been assessed and care and support plans outlined their preferences and how they should be supported.

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

Appropriate systems were in place to manage complaints.

Good ●

Is the service well-led?

The service was not consistently well led.

There was a registered manager in post. Management were open and approachable.

Staff were clear about their roles and responsibilities and most felt well supported.

There were systems in place to review the service and the quality of care but they could be more effective.

Requires Improvement ●

Maranello

Detailed findings

Background to this inspection

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

This inspection took place on the 3 February 2016 and was unannounced.

The inspection team consisted of two inspectors, one of whom was experienced in working with people with a learning disability.

We reviewed information we held about the service, this included notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law.

We met everyone who used the service and observed support being given. We spoke with two relatives. We interviewed three staff and spoke to the manager and the owner's representative.

We reviewed three support plans, daily records, recruitment and training records and records relating to the quality and safety monitoring of the service.

Is the service safe?

Our findings

Risks relating to individuals were managed to ensure people were protected and their freedom supported and respected. We saw that people who used the service had complex needs and needed staff who were able to communicate with them and were able to predict and interpret behaviour and avoid potential harm occurring. The biggest risks were when people were accessing the community. The route and method and staffing support were set out in risk assessments. We also saw that when events did not always go to plan then incidents were reviewed and analysed.

Environment risks were managed, but not in a timely manner. We saw appropriate records relating to fire safety and that regular checks were undertaken on the fire safety equipment. Portable electrical appliances were checked. There was a Legionella testing certificate and Landlords Gas Safety certificate in place. We did have concerns as to the timeliness of repairs. We saw a large hole in a ceiling where building materials could potentially fall through. This was temporarily repaired and made safe before we left the premises. However we also saw a specialist chair in the lounge that was very worn. The plastic was torn and foam from inside visible. This was unable to be effectively cleaned. The laundry door was open and chemicals visible. This was a potential risk that was not effectively managed.

This was a breach of the Regulations 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3).

There were arrangements in place for the management of medicines. People received medicines as intended from their prescription, but systems could be more robust and safer. One relative said that their son's diabetes was very well managed. Staff kept an emergency pack well stocked which gave them confidence that they were able to cope in an emergency. Staff who handled medicines told us that they had been provided with training before administering medication and that their competency was checked to make sure they administered medicine safely. Medication was securely stored in a locked cupboard and temperature checks were undertaken to ensure that it was stored within the recommended temperature levels. Staff had access to the service's medicines policy and procedure.

Some people had PRN [as required] medicines prescribed. There were clear protocols for staff to follow that informed them how to manage a given situation to, where possible, diffuse, distract and avoid administering a mood altering medicine. The PRN protocol was clear about the amount to be administered in any 24 hour period. Staff told us that they were confident and competent following their training to administer medicines. We examined the medicine administration records [MAR] and looked at medicines stored. We found that most of these records matched the medicines in stock and therefore people had received their medicines as prescribed. However, stocks of medicine numbers was not always carried over on the monthly paper work. This meant that medicines were unable to be thoroughly audited if a mistake occurred. We also found irregularities with two other medicines. One was not in its original packaging that would have stated the dosage to cross reference with the MAR chart before administration and the second was not listed upon the MAR chart. Therefore these medicines needed to be returned to the pharmacist.

We recommend that the service consider current guidance on medicines management.

Staffing was adequate. There were three full time staff vacancies as well as people on long term leave. Rosters showed us that the identified required numbers of staff were regularly on duty. Regular bank staff were used. Nine staff were on duty during the day on long shift patterns. The day of our visit one person indicated that they wanted to go out. A staff member said that they didn't have a driver at the moment so that may happen later. The staff member explained that the person who was working as the one to one for that person did not drive. We did find that people usually regularly accessed the community. One relative we spoke with said that they always found enough staff on shift.

The service currently employed 26 full time staff [plus two on long term leave] In addition three staff were regular bank staff. The service also had a housekeeper. At night there were two awake staff and one person sleeping in on the premises. We examined recruitment records and found these to be satisfactory. People completed an application form and we saw that a formal interview took place as records of this were kept. References were taken up with last employer and were in place before staff started work. Staff, before starting work, had a full Disclosure and Barring Service (DBS) was in place. This check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

There were systems in place to protect people from abuse and potential harm. Staff were clear about whistle blowing procedures, the role of the local authority safeguarding teams and how to make a referral if needed. Staff had access to information that informed them about the procedures to follow. We found that appropriate referrals had been made when needed. Staff told us that they had undertaken training in safeguarding procedures and were clear about what constituted abuse and understood the need to report concerns. Staff told us that they were encouraged to raise concerns and expressed confidence that they felt they would be addressed. There were clear arrangements in place for the management and oversight of people's money. Money was booked in and receipts obtained for expenses. A log was maintained of all purchases made.

Is the service effective?

Our findings

People did not consistently receive their care and support from staff who had been appropriately trained and supported. Staff were provided with training but the service took on staff with no previous experience of care. They provided an induction but this was not always timely and staff did not always have the skills that they need to do the job before they were counted in the numbers on shift. Experienced and longer serving staff explained they received refresher training annually and had additional training in more specialist areas such as administering Buccal medicines, [This is when medicine is placed between the gum and cheek for medicines to be absorbed.] Autism and Attention Deficit Disorder and Diabetes Type 1 'B'. They felt their training equipped them for their role.

One staff member told us, "I completed an induction when I started. It was a three day in house induction. I then had some courses - mostly in house but some external. Training is good – and included Studio III dealing with challenging behaviour". We found evidence that a minority of staff had started working as a team member without having received Studio III training. This tended to be provided weeks after the staff member took up their employment. Studio III was the training of choice of this provider to equip staff to manage behaviour that could lead to physical violence. Staff spoken with said, that they "Learn how to manage situations and protect yourself and them, we are always learning. However some of the staff struggle".

We looked at staff induction records. They provided an in-house induction which included reading through care plans, policies and procedures and shadowing other staff. There was a checklist which included, fire procedures, confidentiality, reactive strategies. Some parts of the induction had been signed off but not all. Day four was not always completed and DVDs and specifically the aspects on the management of challenging behaviours were on occasion incomplete. These staff had started work as shift members. Recent members of staff had started the care certificate which provides a framework for competency testing. A manager told us to address this they were going to change the training on induction from three to five days.

This was a breach of the Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3).

Other training given to staff that they confirmed was up to date included; moving and handling, food hygiene, fire safety and health and safety. Staff told us that they were well supported and they received regular supervision from a senior member of staff. One member of staff told us, "I have individual one to one every other month. The best thing is the cascade meeting held every six weeks. This is where we discuss the service users and are kept up to date with changes".

We could see from interactions with staff that people's choices were respected and gentle guidance was offered. Staff explained that people were offered choices and were involved with running their own home to the best of their capabilities. Some people were able to help and make decisions about the weekly shopping and cleaning of the house. Staff had received training in understanding their roles and responsibilities with

regards to the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 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. Staff were aware of the importance of consent and people's rights to make decisions independently. We saw that care plans and daily records referred to people's capacity to make decisions. For example on areas such as healthcare, taking medicine, and money management. We observed staff asking people for consent and offering choices as part of providing support. People can only be deprived of their liberty to 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 are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications for DoLS had been made and the service was awaiting outcomes for both standard authorisations and urgent applications that were time limited.

People were involved in deciding what they ate and drank. Menus were decided upon for the week based upon people's preferences and varied choices were offered. Local shops were used to purchase food. A stir fry with noodles and spring rolls for 19 people was in the process of being prepared for the evening meal. There were good sized portions and it looked appetising. The kitchen contained sufficient and varied food to meet people's needs. One person was lactose intolerant and they were provided with a suitable diet including snacks. A record of what was then eaten was kept as this sometimes varied from the set menu as people changed their minds on the day. People, where able, were encouraged and supported to be involved in meal preparation and tidying up afterwards.

People were supported with their healthcare needs. People were registered with and used healthcare professionals as needed, such as GP, optician, dentist and chiropodist. We saw that one person was accessing physiotherapy. On the day an occupational therapist was visiting one person and offering advice. Changes in people's health, weight and well-being were monitored and recorded and therefore informed any health or social care practitioner of people's current health in their assessments of people. There was regular access to mental health practitioners. One staff member said how useful it was to have the input of the psychologist. One relative said that staff were "exceptional in managing" their relative's health condition. "They keep me medically informed all the time". Staff we spoke with were confident in managing people's epilepsy and knew when to administer buccal medicine.

Is the service caring?

Our findings

We saw that the staff were kind. We were able to observe genuine warmth between staff and people living at the service. People appeared to be happy. We observed one person having a hand massage. The staff member was very gentle and the person received comfort from the interaction. The person was making a noise at the start but as the activity progressed became more visibly relaxed. A relative said, "I'm extremely happy. My son is happy. I feel blessed to know he is there. I feel at peace. I feel the staff love him". A staff member said that the work they did was a vocation and how much they enjoyed working with the people at Maranello.

Staff were knowledgeable about the people who used the service, they were able to tell us about individuals and what they enjoyed. The staff member on duty knew how people communicated. They told us that they valued working with parents and valued the relationship they had with them. One member of staff said that they had learnt to use the parent's tone of voice and found that this really helped with communication. One relative told us that they really valued that they could keep in touch by telephone. A different relative said that they could visit any time, ring up and were always made welcome by staff.

Staff knew people's likes and dislikes. People and relatives were involved in reviews. A relative told us, "Reviews are very informative. My son has grown since being here. He is much calmer and this tells me staff understand him". Some families received weekly updates with pictures of their individual doing activities. These were in different formats for each person and focussed on what was important to them and their family. One included what they had eaten and another what activities had been undertaken that week. There were regular Key worker meetings that reflected upon the individual and how to improve their experience of the service on offer. There was a focus to look at ways to increase independence i.e. with household tasks.

Staff were aware of privacy and dignity. Daily recordings of care and support were personalised and detailed. They showed that people were supported daily with appropriate personal care. We observed staff supporting people's independence such as going out and preparing for a meal. People were well dressed and had smart comfortable clothes that were personal to them.

Is the service responsive?

Our findings

People were supported to follow their own interests and hobbies and we were told about places they had visited and activities they had participated in. Staff supported people to access a wide variety of community based activities. Transport was provided. One member of staff told us that individuals had weekly planners or schedules and they did things such as aromatherapy once a week, and crafts. They said that they had access to a hot tub and a sensory room with music and lights. This met the individual preferences of the person. One parent described their relative going to college, where they had made items such as bird boxes and planters. They described how their relative was supported to use a local bus service with support and visit local shops to purchase a favourite savoury snack.

Thorough assessments were undertaken when people first started to use the service and these identified people's needs and preferences. Information was also obtained from social workers, previous placements and families to ensure the service had a comprehensive picture of people. There were plans of care in place that appropriately contained risk assessments and information to guide staff about how people should be supported. One staff member said that care plans were clear about how to work with individuals. They were able to describe behaviours one person exhibited and what to do as described in their care plan. Some plans had been reorganised into two folders and this had made them easier to navigate. The pen pictures gave a summary of people's needs, these were helpful to new and bank staff to read. The plans focused on the positives and what people could do and addressed areas such as communication, personal care, the provision of meals, medication and managing anxious behaviour. Plans also focused on support and encouraging independence and enabling people to develop where possible.

Daily records were completed by staff and contained information about what people had been supported with, what they had done and what they had eaten. There was also a communication book and handovers between shifts which enabled staff to have the information they needed to respond to individuals' changing needs and information about the daily running of the service.

People using this service were unlikely to be able to raise concerns or complaints for themselves and therefore needed to rely on their own keyworkers to identify this for them or relatives to come forward on their behalf. One parent described the managers as approachable and that they listened and doubted if they would ever need to use a formal complaints procedure because it would be resolved before that point. We were made aware of several compliments received from relatives. Such as; "I really do appreciate all the hard work that you put in for [named relative], and I know that you are doing your very best for him." And "Best decision I ever made for named relative] to live at Maranello". There was a formal complaints procedure in place. It set out the rights of people at the service. Two complaints had been received recently and we saw that these had all been responded to and a satisfactory resolution to people's concerns was agreed. In both cases we could see learning from the events that had occurred to prevent a similar occurrence.

Is the service well-led?

Our findings

Relatives told us that they liked this service. They believed that the managers and staff were genuinely on the side of people using the service. They believed that the service offered a good quality of life for their relative. One relative described the service as "Exceptional" This relative felt involved in the service and felt they had sufficient influence to change things if they wished. They named individual staff who they believed had gone the extra mile for their relative. Both they and staff mentioned the deputy manager as a positive steady influence on the service as they had been there consistently. Staff were positive about their work here and knew and practiced the ethos and values that the service strived for around individuality and promotion of independence. A member of staff told us, "I love my job and love spending time with them". Another said, "I have never had any issues or worries. You can ask for supervision. They have been good to me, the management are supportive and approachable".

The manager was registered with CQC. This provider has a number of similar homes in the area, with another one on the same site. Staff told us, that both the manager and directors within the company were approachable and available to them to discuss matters. Relatives were aware and had met directors and felt able to contact them if needed. One director visited monthly and completed a regular report. We found that both the manager and the provider were open and approachable. We had some concerns about risks management.

They were keen to keep up to date with developments and therefore had employed a clinical psychologist who was well qualified and up to date with current thinking and practice. A staff member said, "The psychologist is helpful but they should be at the service more often. Many of the staff didn't know them and don't ask for advice. Sometimes we have to try things we know that won't work and if the psychologist was here they would know the young people better".

Staff morale was mainly good and they told us that issues were openly discussed as it was important to review what they were doing. They were clear about who they would go to for support if needed. Staff spoke of having debriefing sessions available to them after incidents had occurred. One staff member told us that they do debrief but sometimes they were too busy and don't get the chance. One staff member was enthusiastic about their job and said, "My priority is the young people". They went on to say that management doesn't always hear staff concerns and they have to wait for repairs. We have already identified this matter and agree systems need to be more effective.

The manager told us that there were clear arrangements in place in the event of an emergency that included utilising the service next door and the on call managers system in place. There were regular staff meetings as well as regular supervision. The manager and provider at the service knew the quality of their staff as they personally completed observations of staff practice or saw observations completed by others who were competent to do so.

There was a system in place to ascertain people's views about their experience and identify areas of improvement. Parental view questionnaires had been sent to parents and returned. However we saw no

evidence of collation or action plans for developments. Our initial look saw that results looked mostly positive.

The manager provided us with details of the audits that they undertook to check on the quality of the service. This included medication and health and safety audits. Medicine internal audits had been undertaken weekly. These were all undertaken by one of the support workers. We queried why the manager did not check them and have oversight. They showed all areas as met and this did not correspond with our findings.

The manager completed a number of systems to ensure the smooth running of the service. All these systems were audited by a monthly visit from the provider. We saw the last completed report and saw this checked health and safety issues within the home e.g. Landlords Gas Safety certificate.; that care plans were reviewed and updated accordingly; service users' finances; medication; complaints, staffing matters; accidents/incidents; vehicle management. This report failed to make recommendations on matters we identified in our inspection. When the report was completed an action plan was given to the manager to complete. This was routinely checked to ensure issues had been resolved. The manager kept us updated with regards statutory notifications and was aware of their responsibilities in this area. In addition social workers and relatives were kept informed as appropriate. Records were well kept, secure and kept confidential.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and equipment were not adequately maintained, clean and secure.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not suitably competent, skilled and experienced.