

Zero Three Care Homes LLP

Joseph Gardens

Inspection report

7 Joseph Gardens
Silver End
Essex
CM8 3SN

Date of inspection visit:
24 September 2018

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22 October 2018

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

The inspection took place on 24 September 2018 and was announced as we wanted to be sure that people would be at the service when we visited. 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.

A registered manager was in post and present during the inspection. 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. The registered manager is registered as manager of this service and another nearby service called Rascasse which is also registered with the Care Quality Commission.

The care service has been developed and designed 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 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 a relative who was 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. This included undertaking checks on equipment to ensure that it was safe to use. The building was well maintained and was comfortable and homely.

There were sufficient 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 by a relative about the impact this had on consistency. The manager told us that they were aware of this and had some staff who worked more regularly at this service.

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 Deprivation of Liberty Safeguards and there were systems in place to uphold people rights.

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 on a regular basis.

Individual's needs were identified and set out clearly in a support plan which was regularly reviewed and updated. Support plans provided information on events which could act as a trigger for an individual's behaviour and set out how these events should be managed. The provider had a clinical team who worked with staff to reflect on individuals progress and how any issues could be addressed.

There were systems in place to support choice and decision making and people had access to a range of interesting and stimulating activities.

There was a clear procedure to address complaints and issues raised were promptly investigated.

Staff morale was good and staff were positive about the support they received from the management team. The provider had 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?

Good ●

The service was safe

Risks were identified and management plans put into place to reduce the likelihood of harm.

People's needs were met by sufficient numbers of staff.

Staff had a good understanding of safeguarding and whistleblowing procedures.

Medication was safely managed.

The service was clean and systems were in place to promote good infection control.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

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 25 September 2018 and was announced. We telephoned the service an hour before the inspection to let them know that we were coming, as this was a small service and we wanted to make sure that they were in. The inspection team consisted of one inspector.

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. Following the site visit we spoke with a relative about their observations of the support provided.

We spoke with two care staff, the deputy manager and registered manager.

We reviewed two care plans, medication records and records of what people had eaten. We also reviewed quality monitoring records and records relating to the maintenance of the service and equipment.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we found the issues that we had identified had been addressed and have judged the rating is 'good'.

Staff told us that they had undertaken training in what was abuse and whistleblowing. They were able to tell us about the different types of abuse and expressed confidence that senior staff would address any concerns and take them seriously. Body maps were used to record any marks on individuals skin and reasons. 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.

Risks to individuals had been assessed and there were management plans in place. For example, there were risk assessments in place regarding the use of the kitchen, accessing the community and absconding. Guidance was provided to staff on the steps that they should take to reduce the risks and keep individuals safe. For example, one plan stated, 'Staff should ask them to calm down' along with the picture of the sign that staff should use as they were speaking the words.

Staff were trained in distraction techniques and how to respond when individuals presented with behaviours which might place themselves at risk. Support plans also provided information on events which could act as a trigger for an individual's behaviour. Incidents were recorded and reviewed by the registered manager and the providers clinical team to identify learning.

There were risk assessments in place covering environmental risks. Radiators 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 and systems for fire prevention. Staff completed additional checks, for example, emergency lighting and fire alarm testing.

Individuals were supported by sufficient numbers of staff who were recruited in a safe way. 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 and only staff who had completed their induction worked at this service as there was some lone working.

Staff at this service worked across another of the providers services which was recently inspected and the recruitment of staff was checked. We found that references were obtained from previous employers and disclosure and barring checks undertaken before individuals started work.

People's medicines were managed safely. Medication was securely stored and temperatures of the fridge and storage were recorded to ensure that it was being maintained in line with the recommended levels. 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 and there were clear arrangements in place for the use

of as and when required medicines (PRN). The use of homely remedies was agreed with the individuals GP. We checked the amount of medication with the amounts on the MAR and this tallied, evidencing that people had received their medicines as required.

The service was visibly clean throughout and staff had completed training on infection control. To ensure that food was prepared safely, personal protective equipment and different coloured chopping boards and cleaning materials were in use to reduce the likelihood of infection.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

People's physical, mental health and social needs were continually assessed and their care and support was planned and delivered in line with legislation and evidence-based guidance. The providers policies and procedures were based on national guidance.

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, including food hygiene, first aid, and responding appropriately to challenging behaviour. Staff who administered medicines received training and their understanding of what they learnt was checked through competency assessments. Staff told us they were supported and received supervision and appraisals of their practice. They also valued the cascade meetings they attended with clinical colleagues where they reviewed individuals progress and reflected on their practice and what could be done differently.

Staff told us that they had undertaken training on the Mental Capacity Act 2005 (MCA). This 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that where people lacked the ability to consent to decisions about their care, their support records contained assessments to ensure decisions that were made, adhered to the principles of the MCA.

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. Information was provided on people's dietary requirements and allergies. We looked at the record of food served over the previous week and saw that people had a varied diet. We observed staff preparing the evening meal and using fresh vegetables as part of the meal. Staff spoken with had a good understanding of people's preferences and what they enjoyed. For example, we noted in a care plan that one person did not like to have some of their food touching. Staff told us about the importance of this for the person as they were preparing the evening meal. We observed that individuals had access to snacks of their own choice.

People were supported with their health care needs and care and support plans included details of how best to support people. Individuals had yearly health checks. A review of people's records showed that their weight was monitored and they had access to a range of health appointments such as speech and language, opticians and dentists. Information about individuals was clearly recorded and served as a hospital passport to accompany the individual should they need to go to hospital.

The service was comfortable in a good state of repair, for example, furnishings were regularly replaced and upgraded. Individuals had access to transport to enable them to access the community and external venues.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

We observed people and staff interacting during our inspection visit. Staff showed warmth and affection in all their interactions. The atmosphere was calm and friendly. Staff demonstrated that they knew people well and were able to tell us about people's needs and their likes and dislikes.

There were systems in place to support choice and decision making. Staff told us that they were working with one person on their expressive communication. They showed us key rings which they had developed with pictures to enable better communication and assist the person to make choices. Care plans provided information on how individuals communicated and what staff needed to know.

The service was very homely with lots of photographs of the people living in the service and their families. Personal spaces were personalised and reflected people's interests. People were supported and encouraged to maintain links with their family and access the local community. Individuals used local transport to access places of interest and the people living in the service regularly went to stay with family members.

Independence was promoted. Care plans were written in a positive way and focused on people's strengths. They provided staff with guidance on promoting independence and involving individuals in their day to day care. For example, reminding staff to ask the individual to pull the plug on the bath.

People's privacy and dignity was maintained in supporting people with their personal care. Staff supported people in a discreet way and people looked cared for and their clothing was appropriate.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

Support plans were informative and person centred reflecting the needs of the people we observed. Information was included about people's preferences and their strengths and we saw that people's needs were regularly reviewed and the plans updated. Clinical cascade meetings were a forum used by staff and management to reflect on practice and provided an opportunity for staff to discuss individuals progress and how any issues could be addressed.

Daily records were maintained by staff and 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.

Staff we spoke with were knowledgeable about people and told us that each person had a key worker who met regularly with them to reflect on their progress and agree plans.

There was no one using the service who was nearing the end of their life and the service had not needed to provide end of life care in the past. However, the registered manager said they would provide the necessary support if required.

People were supported to follow their own interests and hobbies. One person attended education a number of days each week and was accompanied by their support worker. Staff proudly told us that this individual had recently been supported to go up in a small light aircraft which they had really enjoyed. On the day of our inspection people had been shopping and then to the seaside. The relative we spoke with told us that their loved one had a full life and recently went to Disneyland on holiday. We saw that staff had worked hard to plan the holiday and it had clearly been a memorable trip. Staff subsequently provided families with a photograph album so they could share what their family member had achieved.

A complaints procedure was in place and the registered manager told us that one complaint had been received and investigated. A relative told us that there were occasional issues but they were in regular contact with staff and the homes management and able to resolve problems quickly.

Is the service well-led?

Our findings

At the last comprehensive inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

The service had a registered manager. 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.

The registered manager managed Joseph Gardens and another nearby service. They were assisted by a deputy manager.

Staff and management described a service which was person centred and aimed to empower people to have a full life. Staff told us that morale was good and it was a supportive place to work. The management of the service were described by staff and relatives as helpful and approachable.

Staff were clear about their roles and responsibilities and told us that they were kept up to date with developments and changes at the service. They were clear about who they would go to for advice and support and we saw that there were clear arrangements in place out of office hours.

The registered manager had opportunities to meet with other managers across the organisation and told us that they were well supported. There were systems in place to monitor the quality of the service. For example, regular medication audits were undertaken and questionnaires were sent to families of the people living in the service for their view on the care provided.

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.