Zapuzino Limited

Zapuzino

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 13 and 16 March 2015.

Zapuzino provides residential care for up to six older people. The home is a semi-detached house with accommodation on two floors. Six people live there and have access to a communal lounge and dining area. One bedroom has an ensuite facility and there is a bathroom on the first floor and a shower room on the ground floor. There is a small rear garden accessible to most people.

There was 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.

People told us they had their medicines on time but we had some concerns with regard to the storage and administration of medicines. The reason why prescribed medication was not given had not been fully identified on the administration records and there was no protocol for when a medicine prescribed "as required" should be given. The provider was not meeting the requirements of the law in managing medicines safely.

Summary of findings

People described the service as safe and said they felt safe. They told us it was a really good place and they were looked after by wonderful staff. Staff were trained to keep people safe and knew who to contact if they had concerns. People said the home was like a family where they were treated with respect and kindness.

Suitable staff were employed to keep people safe and there was always two care staff on duty at all times to meet people's needs and look after them in an emergency. However, care staff completed other duties which included cooking and cleaning. People told us the home was always clean and they enjoyed their meals. Staff told us that sometimes they had little time to complete care records and completed them in additional time after they finished their shift. We recommended staffing levels were reviewed to ensure care staff had time to complete all their duties and be kept under review to meet people's needs that may change.

Staff respected people's personal wishes and treated them as individuals. Care plans were personalised and people were involved with planning their care. They had access to a range of healthcare professionals and knew about their healthcare needs and why and how they were met. Staff had the skills and knowledge to meet people's needs and had qualifications in health and social care. People were positive about how they were cared for. They told us, "The staff are caring I have no complaints", "I like living here very much" and, "Definitely kind to me and always knock on my door".

People had a choice of food and individual tastes were catered for. Staff monitored peoples risk from malnutrition and referred then to a doctor when required. The staff knew people well, including their likes, dislikes and personal histories which helped them to talk about topics that interested people. People chose activities they wanted, for example hand massages, musical entertainment, talking with staff, crafts, cooking, bingo and trips into town. People told us they can do just as they please. Trips to places that interested people were organised which included seaside places and garden centres.

The service encouraged open communication with people, their relatives and staff. Weekly and monthly chats with people about the home were recorded and improvements were made as a result. People and their relatives completed surveys about the service six monthly. People had made positive comments about the care provided and commented they would raise concerns with the registered manager. A relative told us; "Communication is good, it's well run". Staff have a monthly newsletter to keep them informed and three monthly supervision or observation of practice to monitor their progress. The business manager reviewed policies and procedures to ensure they were updated with the latest information and practice. There was a programme of audits completed to include health and safety and care plans.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We completed this inspection at a time when the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009 were in force. However, the regulations changed on 1 April 2015; therefore this is what we have reported on. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 safe.

People's medicines were not managed safely.

People were safeguarded from harm because staff were aware of their responsibilities to report any concerns. Risk assessments were completed which reduced risk for people helping to keep them safe and independent.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. We recommended that staffing levels are reviewed and kept under review to ensure peoples changing needs are met.

People were protected by thorough recruitment practices and staff induction to the service.

Is the service effective?

Good

The service was effective.

The staff were well trained, knew people's individual care needs well and looked after them effectively.

People had access to healthcare professionals to promote their health and wellbeing.

People made decisions about their care. Staff understood their roles and responsibilities in complying with the Mental Capacity Act 2005 (MCA).

People had a choice of meals and their individual requirements were met. The risk of malnutrition was monitored and people had professional support when required.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect.

Staff respected people's personal wishes and treated them as individuals.

People were involved in making decisions about their care and support and encouraged to be independent.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were at risk of not receiving the care and support they needed. This is because care plans and protocols were not always completed.

Summary of findings

Staff knew people well and how they liked to be cared for. People were involved in decisions about their care.

People took part in activities and went out in the community. Comments or concerns were listened to and responded to, with changes made where required.

Is the service well-led?

Good

The service was well led.

The home was managed well and regular quality checks ensured that people were safe and improvements were made.

The registered manager was accessible and supported staff, people and their relatives through effective communication.

The weekly and monthly discussions staff had with people and the surveys they completed enabled them to have their say about how the home was run.

Zapuzino

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 was 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 13 and 16 March 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. Before the inspection 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 plan to make. We used this information to assess how the service was performing and to ensure we addressed any potential areas of concern.

We spoke with the registered manager, three care staff, the business manager, five people living at the service and two relatives. We looked at three people's care records, recruitment records of two staff members, quality assurance information, duty rosters, maintenance records and a record of all staff training.

Is the service safe?

Our findings

There were policies and procedures in the safe handling and administration of medicines. Medication administration records demonstrated people's medicines were not always being managed safely. The reason why prescribed medication was not given had not been fully identified on the administration records. There was no protocol for when a medicine prescribed "as required" should be given. This meant staff decided individually when to give medicine and people may be at risk from incorrect administration. Storage of most medicines was safe but a person who self-medicated two prescribed medicines did not have lockable storage in their room. Internal and external medicines were stored together. The registered manager changed the medicine storage to ensure that internal and external medicines were stored separately during the inspection. Medicines were audited monthly but required more details to monitor the safe handling and administration of medicines.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care plans included information about how people liked their medicines given and their GP reviewed medicines annually or when required. Six of the nine staff were trained in the safe handling and administration of medicines and completed an update of their training every two years. A person told us the staff always gave their medicines on time. There were no reportable errors involving medicines in the last 12 months.

The staff duty roster told us there were always two care staff on duty with a suitable skill mix to ensure people were safe and they could respond to unforeseen events. There was always an experienced staff member on duty trained to administered medicines. The business manager worked part time and the registered manager lived on the premises and was on call most days. Staff shared domestic cleaning tasks, food preparation and activities between them. The registered manager was one of the two night staff on sleep-in duty at night. When people required staff awake at night this was provided on a temporary basis. Staff had commented that there was, "Enough staff on a good day". The need for additional staff to complete some domestic or catering needs was highlighted by staff. Staff told us there was a need to allocate additional time for staff to review care plans which was included in the last staff survey. A relative told us the registered manager was usually there at weekends. One person told us, "Rose [registered manager] is on call all the time and I see her most days". We made a recommendation that staffing levels are constantly reviewed to ensure sufficient numbers of suitable staff to keep people safe and meet their changing needs.

Accidents and incidents had been recorded. However, there was no audit of accidents to monitor themes and identify preventative measures. A person who had sustained skin tears told us they didn't want staff wearing rings when they were helped to dress. The information was shared with the registered manager for investigation. One person had fallen several times in the last few months and this had been reviewed with their GP. Staff told us measures used to help prevent falls were not effective and the person was referred to another healthcare professional to investigate other possible causes.

The Provider Information Return (PIR) informed us there were risk assessments completed for each person and around the home which reduced risk for people helping to keep them safe and independent. The annual risk assessment records told us the testing and servicing of equipment and installations had been completed. There was a business continuity plan, updated in 2014, to guide staff should there be any disruption to the service.

People described the service as safe and said they felt safe there. One person told us about when they used the call bell; "Staff come almost immediately or if urgent the boss [registered manager] will come". All staff had completed safeguarding training annually and had a good understanding about the different types of abuse and how to respond to them to safeguard people. They knew about 'whistle blowing' and how to raise concerns. There was a detailed safeguarding procedure for staff to follow that included informing CQC. There had not been any safeguarding concerns in the last 12 months.

Recruitment procedures were completed thoroughly and made sure suitable staff were recruited to keep people safe. People told us, "This is a really good place they [the staff] look after us well, it's like a family here", "There are enough staff it is always clean here" and "There are enough staff and they are wonderful".

Is the service safe?

We recommend that staffing levels are kept under review to ensure there are sufficient numbers of suitable staff to keep people safe and meet their needs.

Is the service effective?

Our findings

People were supported by staff who had access to training and were supervised by senior staff to ensure their training requirements were met. New staff completed the Common Induction Standards and the service induction to the home which included fire safety, use of equipment and care plans. Staff told us they had formal supervision every three months and annual appraisals. They told us they were well supported by the registered manager and the business manager to complete required training.

Staff had completed many areas of training, for example, moving and handling, medicine administration, food safety, infection control, first aid and dementia care. The training record highlighted when staff required a training update. Outside agencies and online training were both used to complete staff training and the registered manager observed staff practice as part of their supervision. The business manager had recently completed a health and social care diploma at level 5. Five of the ten staff had either a NVQ level 2 or 3 qualification in health and social care and one had started a diploma in health and social care. A person told us, “The staff are kind and respectful and know what they are doing”.

Staff had completed training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. Staff said people had the capacity to make decisions about their care. One person told us, “They [staff} always ask me if I want a bath”.

All staff had a copy of a department of health leaflet about the MCA and DoLS. Policies and procedures had been updated in 2014 and included how staff assess mental capacity and complete a ’best interest’ record. Staff were aware of the principles of obtaining valid consent to protect people. People had advanced decisions about their care should their mental capacity change. An advanced decision means a statement explaining what medical treatment the individual would not want in the future, should the individual 'lack capacity' as defined by the Mental Capacity Act 2005. There were no DoLS required at the service.

People were supported to have sufficient to eat and drink. There were no special diets or known food allergies and people were not at risk from malnutrition. People had a keyworker care staff member responsible for completing their care plan. A malnutrition screening tool was used to monitor people’s weight and nutrition monthly. Daily records and keyworker monthly notes highlighted any changes in food intake .One person had a food supplement drink if they did not eat well. People told us, “I like living here they [the staff] study my food and know what I like”, “Food ok, some choice”, “There is a choice of food for breakfast but not for lunch, evening meal we have what we like”, “I have enough food to eat and have my own biscuits”, “I have a choice of food they [the staff] try to cater for everyone”. There were no menus displayed so that people knew what the food choices were but staff asked them about their preferences.

People had access to healthcare professionals and their care plans recorded the visits and outcomes. People knew about their healthcare needs and why and how they were met.

People told us, “My GP visited recently when I had a chest infection”, ”the district nurse comes to see me for a wound dressing”, “I have an appointment at the pain clinic “ and “I have monthly blood tests at the GP surgery”. People told us they visited the chiropodist and optician. One person was pleased the staff had informed a relative about their recent fall and the outcome.

Is the service caring?

Our findings

People were treated with dignity and respect. We observed the staff and registered manager talking to people and relatives. We saw they were friendly, welcoming and provided reassurance when needed. One person told us, "Staff are good, kind and cheerful". On the day we visited a person requested a later lunch as they wanted to watch the Cheltenham Gold Cup horse race on the television and the staff responded positively. People were positive about how they were cared for. They told us about the staff, "The staff are caring I have no complaints", "All staff treat me with respect, I like living here very much" and, "Definitely kind to me and always knock on my door".

People chose what to do and were encouraged to be independent, for example people told us they could get up and go to bed when they liked. People had personalised their bedrooms with pictures and photograph albums that the staff liked to talk about with them. We observed people were relaxed and communicated with other people and the staff in a friendly and supportive manner. People took pleasure in talking about and patting the house cat and registered manager's dogs.

One staff member described how they reminded a person, with some memory loss, in a sensitive way so they would not be upset. They had completed dementia training which had helped them to respond appropriately. Staff explained how they treated people with dignity and respect by ensuring that doors were shut when providing personal care and by always waiting for an answer, when they knocked on a door, before entering. The staff had also tried to provide activities a person liked from knowing about their previous career and had discussed it with them to stimulate a meaningful discussion. The staff completed shopping for people and accompanied them to appointments when required.

Each person had a member of staff (keyworker) responsible for ensuring their rooms were how they wanted them and completing their care records with them. Staff told us that they chat to people and play games with them. A staff newsletter in October 2014 asked the keyworkers to help people with their Christmas card list so that they had time to write and post them. A staff member had a 'weekly chat' with everyone to make sure they were happy and discussed any news they had. The registered manager had a monthly 'afternoon chat' with people and recorded what was highlighted. People had been pleased their Christmas cards were posted early particularly as one was sent to Canada. The registered manager told people they could freely use the house telephone when they liked and were asked about any additional activities they might like to do. One person was interested in doing some baking and the next 'afternoon chat' recorded this had taken place. The prizes introduced for Bingo sessions had been a success as staff had bought items people liked.

Staff respected people's personal wishes and treated them as individuals. For example some people wanted to eat their meals in the lounge or their own room rather than the dining room. People were involved with choosing new colour schemes for the house decoration and shopping lists for what they may want to eat.

Is the service responsive?

Our findings

The staff knew people well, including their likes, dislikes and personal histories which helped them to talk about topics that interested people. Care plans were personalised and detailed daily routines specific to each person. Action to protect people's privacy and dignity were included, for example, when people preferred to be independent with their personal care. People's daily records told about their activities, diet and the mood they were in, where relevant. Risk assessments were clear about the risk and kept under review. However, there was no protocol for a person with regard to staff response to their seizures. The staff had not completed any training about epilepsy. A person that required regular support from a healthcare professional did not have a corresponding care plan where one was necessary. Without the care plan staff may not have supported the person completely and consistently with their needs. We made a recommendation that people's care is planned in response to their needs.

People told us; "I know about my care plan" and "I have seen my care plan but not sure about reviews". Care staff explained the contents of people's care plans to them. People then signed their care plans to confirm their agreement. A relative had signed a care plan on behalf of a person who understood the plan but wanted their relative to complete the record. A senior care worker audited the care plans monthly with the keyworker to ensure they were complete. Six monthly care reviews were completed with people and relatives were involved in reviews.

Two staff organised activities and had completed some activities training. Each person had a personal history record so that staff knew about the things they liked doing. The activity records told us that people joined in with most activities provided which included hand massage, musical entertainment, talking with staff, crafts, bingo and trips into town. Recently people had discussed what plants to grow in the garden and one person had staff accompany them for walks locally. The staff were planning a trip to Burford wildlife park for everyone who wished to go.

People told us; "I like reading a lot and talking about the past" and "I can go to my room during the day". Other people said; "I am allowed to do just as I want", "I go out every week and have been to Cotswold Water Park", "I go out with friends and relatives" and "I like watching the television and I have my own telephone to keep in touch with people". We spoke with a person who enjoyed doing a crossword in the daily newspaper and we observed staff and other people joined in with them.

People told us they had a copy of the complaints procedure and there was one in the entrance hall. People told us; "I have been here 12 years and no complaints, but I know how to make a complaint", "No improvements needed here and it is always clean" and "I am not too sure how to complain but no concerns at the moment". The registered manager told us there had not been any formal complaints. A member of staff told us that people tell them about any concerns they have and they are dealt with on the day.

We recommend that people receive personalised care that is responsive to their needs.

Is the service well-led?

Our findings

People told us how they have their say about the service, they said; "I have completed a questionnaire" and "A result of the survey I completed was more fruit was provided here, including grapes". A relative told us; "Communication is good, it's well run".

People completed surveys about the service every six months. The results from February and September 2014 told us people were happy with the care provided, the meals and laundry service. People had commented they would raise concerns with the registered manager and they felt the home was their own. People had wanted crisps and faggots added to the menus we saw this had happened. The latest survey in March 2015 was about activities provided and all the surveys had not been returned yet.

Staff completed questionnaires every three months. In September 2014, staff had commented people would like more activities and trips. The result was that one person had gone out more for afternoon tea and there was a trip to Weston-Super-Mare. Staff told us each questionnaire covered different aspects of the service. Staff preferred to receive a monthly newsletter from the registered manager rather than attend staff meetings. The staff told us they were well supported by the business manager and the registered manager. We observed the registered manager engaged with people, their relatives and the staff.

The service encouraged open communication with people, their relatives and staff. A record of weekly discussions with people was kept in a book and minutes were circulated of the registered manager's monthly 'afternoon chats' with people as a group. The meetings covered a variety of topics about the service and any changes people requested.

The business manager was responsible for health and safety issues and staff reported any hazard to them. There was an annual improvement development plan for 2015 where environmental issues had been highlighted for completion. For example, a recent stair lift service had recommended a new seat but the registered manager intended to upgrade with a new stair lift in 2015. We noted that there was a ruck in the carpet upstairs and this was planned for replacement too. We discussed with the registered manager that a step in a slope at the top of the stairs may need to be addressed at the same time.

Policies and procedures had been reviewed by the business manager to ensure that best practice was included from various sources. These policies included the Mental Capacity Act, Health and Safety at work Act, The Health and Social Care Act 2014, Data Protection, Human Rights Act and the Disability Discrimination Act. There was accessible written information for staff in the office for example; with regard to advocacy, dementia care and whistleblowing. There was a service user guide and statement of purpose for the service available in the entrance porch for everyone to read.

There was a programme of audits completed to include health and safety and care plans. People's personal money records were audited randomly by the business manager to ensure staff had recorded entries correctly to protect people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with the proper and safe management of medicines. Regulation 12 (1) (2) (g)