Zero Three Care Homes LLP

Mirabeau

Inspection report

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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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The service was last inspected on 22 July 2013 and at the time no breaches of legal requirements were identified.

Mirabeau provides accommodation and care for up to a maximum of 10 men only adults with learning disabilities. There were 10 people living at the service when we visited.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The previous registered manager had resigned in July 2014 and an area manager

Summary of findings

from within the organisation was managing the service on an interim basis. The area manager informed us that the provider was in the process of recruiting a new manager.

People experienced a good quality of life because staff received training that gave them the skills and knowledge to meet their assessed needs. A core team of staff had worked at Mirabeau since it opened in October 2006 and had developed good relationships with people living at the service. Staff talked passionately about the people they supported and knew their care needs well.

Systems were in place to manage risks to people using the service, including safeguarding matters and medication, which protected them from harm. Risk assessments were detailed and gave staff clear direction as to what action to take to minimise risk. This focussed on what the individual could do, and the support they needed so that activities were carried out safely and sensibly. This showed that the provider had a positive attitude towards managing risk and keeping people safe.

Specific care plans had been developed where people displayed behaviour that was challenging to themselves and others. These provided guidance to staff so that they managed people's behaviours in a consistent and positive way and which protected their dignity and rights. Staff told us they had been trained to recognise what could cause people's behaviour to change and techniques to manage these behaviours. Discussion with staff, and records showed that appropriate decisions were being made about how and when restraint was used and these were being regularly reviewed. Incident reports confirmed that restraint was used on rare occasions and only as a last resort.

The interim manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults who use the service by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who consider whether the restriction is appropriate and needed. The interim manager had made appropriate DoLS applications to the local authority to ensure that restrictions on people's ability to leave the service and for occasions when restraint was used were appropriate.

A thorough recruitment and selection process was in place, which ensured staff recruited had the right skills and experience, and were suitable to work with people who used the service. Staff told us, and rotas showed that there was consistently enough staff on duty to keep people safe.

People were involved in determining the kind of support they needed. Staff offered people choices, for example, how they spent their day and what they wanted to eat, and these choices were respected. People were observed carrying on with their usual routines, going to work, shopping and accessing places of interest in the community.

We saw that people had a choice of meals and were able to eat their meal where they wanted. Nutritional assessments were in place which identified what food and drink people needed to keep them well and what they liked to eat.

People told us that they had access to health care professionals, when they needed them. Each person had a health action plan which detailed how they were being supported to manage and maintain their health. Different methods, including easy read health action plans had been used to support people with communication difficulties, so that they were able to understand information about their care.

There was a strong emphasis on promoting good practice in the service. The interim manager told us they worked alongside staff so that they were able to assess and monitor the culture of the service. Staff told us the interim manager was very knowledgeable and inspired confidence in the staff team, and led by example.

Systems were in place, including a 'Speaking out' document for people to raise concerns or complaints. Concerns and complaints were responded to promptly and used to improve the service. Additionally, the provider was a member of good practice schemes and initiatives, including the Challenging Behaviour Charter and The Social Care Commitment. This commitment ensured people who need care and support services would always be supported by skilled people who treat them with dignity and respect. This was observed during our inspection.

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?

Good

The service was safe. The provider had systems in place to manage risks to people who used the service, including safeguarding concerns and medicines.

There were sufficient numbers of staff, with the right competencies, knowledge, skills and experience available at all times, to meet the needs of the people who used the service.

People's best interests were managed appropriately under the Mental Capacity Act (2005). The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented to ensure that people who could not make decisions for themselves were protected.

Is the service effective?

Good

The service was effective. People told us they received good care and support to meet their needs. Staff ensured people's needs and preferences regarding their care and support were met and knew the people they supported well.

Nutritional assessments were in place which identified what food and drink people needed to keep them well and what they liked to eat.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support. Staff had received training which focused on the specific needs of the people who used the service.

Is the service caring?

Good

The service was caring. People were encouraged to make their views known about their care, treatment and support, and these were respected.

Staff had developed positive caring relationships with people who used the service.

People and their relatives were positive about the care and support given and confirmed privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. People had their care and support needs assessed and kept under review.

Staff responded quickly when people's needs changed, which ensured that their individual needs were being met.

Concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led. The management and leadership of the service ensured that staff delivered good quality care which was centred on the needs of the people who used the service.

Staff told us that the interim manager was knowledgeable, and inspired confidence in the staff team and led by example.

Summary of findings

The interim manager continually strived to improve the service and their own practice. Systems were in place to monitor the quality of the service people received.

Mirabeau

Detailed findings

Background to this inspection

We visited Mirabeau on 07 August 2014. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of supporting people with learning disabilities.

We reviewed previous inspection reports and the 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 also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect. This enabled us to ensure we were addressing potential areas of concern.

During our inspection people carried on with their usual routines, going to work, shopping and accessing places of interest in the community. We were able to speak with four out of the 10 people to find out what they thought about living at the service. We also spent time observing the care people who used the service received.

We looked at records in relation to two people's care. We spoke with four staff and the interim manager. We looked at records relating to the management of the service, staff recruitment and training records, and a selection of the service's policies and procedures.

Good

Is the service safe?

Our findings

We asked people if they felt safe living in the service and what safe meant to them. Each of the people spoken with confirmed they felt safe. One person told us, "I do feel safe here." One person told us that safe meant to them getting to the hospital quickly when they were unwell.

The provider's safeguarding adults and whistle blowing policies and procedures informed staff of their responsibilities to ensure that people were protected from harm. Staff told us that they had received updated safeguarding training. They had a good understanding of the procedures to follow if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them. Where safeguarding concerns had been raised, we found the interim manager had taken appropriate action to liaise with the local authority to ensure the safety and welfare of the people involved.

We looked at two people's care plans and saw that the provider had a positive attitude towards managing risk. A range of assessments were in place that evaluated the risks of people accessing places of interest in the community and managing their healthcare needs. These assessments were detailed and gave staff clear direction as to what action to take to minimise risk. These focused on what the individual could do, and the support they needed so that activities were carried out safely and sensibly. For example, risk assessment's showed where people had complex epilepsy issues which could affect their welfare and safety whilst out in the community, two staff trained to administer specific medication to control seizures were always allocated to support them to access the community.

Specific care plans had been developed where people displayed behaviour that was challenging to others. These had been written following assessment by the provider's own psychologist, providing guidance to staff so that they managed people's behaviours in a consistent and positive way which protected their dignity and rights. Behavioural charts were completed and reviewed regularly at meetings with the psychologist, staff and where appropriate the persons relatives. Staff confirmed they were asked to read and comment on the revised behaviour plans, and had a good understanding of how to support people to manage their behaviour. For example, staff responded well when supporting a person whose behaviour was challenging towards others. Staff acted in a calm manner and supported the other people to move to another room to protect them from harm and give the individual space to calm down, in accordance with their behaviour management plan.

Staff confirmed that they had attended training to recognise what could cause people's behaviour to change and techniques to manage these behaviours. Risk assessments were in place where restrictive practices were used to keep people safe. Records showed that appropriate decisions were being made about how and when restraint was used and these were being regularly reviewed. Staff told us they mostly used techniques that diverted people's attention, without having any physical contact. This meant that restraint was only used as a last resort.

The interim manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults who use the service by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who consider whether the restriction is appropriate and needed. The interim manager informed us that they had previously made a DoLS referral for one person where they were restricted from leaving the service, for their safety. Following new guidance she advised that a further nine DoLS applications were to be made to the local authority to ensure that restrictions on people's ability to leave the service and for occasions when restraint was used, were appropriate.

The requirements of the MCA were understood by staff. Information in people's care plans showed that mental capacity assessments and best interests meetings had taken place, when decisions needed to be taken on behalf of someone who was deemed to lack capacity.

The management of people's medicines had not been looked at since the service was registered with the Care Quality Commission (CQC), under the Health and Social Care Act 2008 in October 2010. In the last 12 months, CQC had also received one safeguard alert raising concerns about medicines. Therefore we looked at how people's medicines were being managed to ensure they received them safely. We checked the stock of two people's medicine against their Medication Administration Records (MAR) charts and found that these were accurate. This meant they were receiving their prescribed medicines

Good

Is the service safe?

correctly. The medicine plans included a current list of their medicines and guidance for staff about the use of medicines prescribed to manage their behaviour. These plans had been developed in conjunction with the provider's own psychologist and enabled staff to make decisions when these medicines should be administered in a clear and consistent way.

The interim manager and senior staff completed regular medicines audits to check that medicines were being obtained, stored, administered and disposed of appropriately. Training records confirmed that staff had received up to date medicines training, to give them the competency and skills needed to administer medicines safely. These measures ensured that staff consistently managed medicines in a safe way.

Three staff files looked at confirmed a thorough recruitment and selection process was in place. This ensured staff recruited had the right skills and experience to work at the service. Staff confirmed that all relevant checks, including a criminal records check and appropriate references, had been obtained to ensure they were suitable to work with people who used the service.

Staffing levels were sufficient to support people as required, including any additional hours funded by the local authority. The interim manager explained that the local authority funded additional support hours, based on people's individual needs. This additional funding ensured that there were always enough staff to provide two members of staff to support people when out in the community. Staff spoken with told us there were enough staff to meet people's needs. Comments, included, "Always enough staff to support people and keep them safe" and "Staffing levels are good, we have a good balance of staff to manage people's behaviours well, I would be happy to have a relative of mine live here."

Good

Is the service effective?

Our findings

People told us that they were happy with the care and support they received. One person told us they liked living at Mirabeau. They commented, "Here is nice, it's better than where I was before, I know their [staff] names here."

The Providers Information Return (PIR) stated that people recruited to work at the service were chosen for their qualities, not just past experience. Staff told us when they had started working at the service they had completed a thorough induction. This had included an introduction to the people who used the service and their role within the organisation. Additionally, staff were expected to complete the provider's, 'Staff development plan', which covered all of the Common Induction Standards (CIS). The CIS is a national tool used to enable care workers to demonstrate high quality care in a health and social care setting. At the end of the induction period the member of staff had a meeting with the interim manager to discuss their learning and understanding of their roles and responsibilities and to ensure they were ready to practice as a support worker.

Staff had completed a range of training that ensured they were able to carry out their roles and responsibilities. Training had been provided so that staff were able to meet the specific needs of the people who used the service. For example, staff received training relating to autism, behaviours that challenged and communication. They had also received training to manage people's epilepsy and where needed the administration of buccal midazolam. This is a specific medication to control seizures. Staff told us that the induction and ongoing training programme gave them the skills and knowledge they needed to carry out their roles.

Staff had a good understanding of people's specific needs, which ensured they experienced a good quality of life. One member of staff told us, "[Person's name] is unable to speak, but recognises key words. They have a brilliant sense of humour, but can be withdrawn and will sleep if not engaged." Another member of staff described how, "[Person's name] is not willing to leave an activity. For example, when bowling, if staff say it is time to leave, they become anxious, however if staff ask [person's name] to be helpful and unlock the door to the car, with no mention of leaving, this works well."

People spoke highly about the quality of the food and meal choices available. One person told us, "I had eggs and waffles for breakfast." Another said, "I had spaghetti for lunch and waffles for pudding. A third person told us, "We had a barbeque for [persons] birthday." We observed how people were supported at lunchtime. People had a choice of meals and were able to eat their meal where they wanted. One person told us, "I eat outside sometimes." They told us that they chose to eat their meals separately, and this was respected by staff.

People's dietary needs were assessed and monitored so that they received a balanced and nutritious diet. Nutritional assessments were in place which identified what food and drink people needed to keep them well and what they liked to eat. Staff were knowledgeable about people's dietary needs, including specialist diets, such as gluten free. Where specific risks were identified, we saw that referrals had been made to specialists for advice. For example, one person had unexplained weight loss, and was referred to the dietician. Following guidance from the dietician the person's weight had increased.

People told us that they had access to health care professionals when they needed them. One person commented, "When I had a seizure I went in an ambulance. It was fine." Each person had a Health Action Plan (HAP) which detailed how they were being supported to manage and maintain their health. For example, we saw that people had routine annual health checks and access to healthcare professionals, such as their GP, when needed. These plans had been written in an easy read style, using big lettering and pictures. This meant that people were given information about their health needs in a way that they could understand.

Good

Is the service caring?

Our findings

During the day of our inspection people carried on with their usual routines, going to work, shopping and accessing places of interest in the community. Therefore we were only able to speak with four out of the ten people who used the service to find out what they thought about living at Mirabeau. One person told us, "I am very happy here." Whilst talking with one person, we observed other staff smiling, waving and chatting with other people who used the service. This person commented, "Every time I see the staff they say hello to me."

As part of the provider's quality assurance process, questionnaires referred to as 'parental views questionnaire' had been completed providing positive feedback about the service. Comments included, "Overall I am very happy with [relatives] care, and they seem very comfortable at Mirabeau." Another commented, "My [relative] is happy, there are a good set of carers in my [person's] life."

The Providers Information Return (PIR) stated that the ethos of the company had compassion, dignity and respect at its heart. Our observations of the interaction between staff and people who used the service confirmed this. A core of staff had worked at the service since it opened and knew the needs of the people well. This continuity of staff had led to people developing meaningful relationships with them. For example, one member of staff spoke in detail about the needs of the person they were a key worker for. A key worker is a named member of staff who works with the person and acts as a link with their family, and where appropriate, to ascertain information which helps to provide appropriate care. They had a good knowledge about the persons background, current needs, what they could do for themself, how they communicated and where they needed help and encouragement.

Assessments carried out before people moved in to Mirabeau showed that people, their relatives, advocates and other relevant people were involved in the planning of people's care. Entries in the care plans showed that people's needs were being kept under review, and reflected that they and those that mattered to them, had a say in how their care was provided. One person told us that they were able to talk to staff about their care plan and commented, "I can ask staff questions." A relative had stated in the parental views questionnaire that they felt listened to at these meetings and commented, "Very good meeting, where my [relatives] whole spectrum of life is discussed."

People were involved in determining the kind of support they needed to have choice and control over their lives. We saw that staff offered people choices, for example, how they spent their day and what they wanted to eat. Our inspection showed that these choices were respected. People identified as having communication difficulties and unable to comment on decisions regarding their care were provided with communication aids. Different methods had been used, depending on the person's abilities to help them communicate their needs and wishes, such as photographs and pictures. For example, a chalk board had been fixed in one person's room for them to draw. Staff told us that this person would go to their room and draw on the board when showing early signs of changes in their behaviour. Staff told us they encouraged the person to do this as it helped to reduce their anxiety.

People told us that staff were caring and respected their privacy and dignity. One person told us they were able to speak to staff when they wanted to and in private, and commented "I speak to [staff's name] or somebody else." Our observation during the inspection confirmed this as staff were respectful when talking with people calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs.

Good

Is the service responsive?

Our findings

People gave us a lot of examples of how they were supported to access activities and educational facilities of their choice. Comments included, "I like going on the computer, and I like playing on the Wii and watching trains on the computer. I know how to do it, I type it into YouTube," and, "I like going on the trampoline, I like going swimming, I like helping in the kitchen, and I'm going to friends for lunch; we're going to walk there." One person told us, "I'm going to get my haircut soon; [staff member] said he's going to take me to the barbers."

One person told us, "I like going bowling. I get the strikes. I can win the games." Another commented, "I'm going to Gateway social club tonight, sometimes it's a disco, other times its arts and crafts." People also told us that they attended a local college undertaking computer, arts, drama and cooking courses."

Staff told us that one person had a job at a local sporting facility during the week, and another person was in the process of enrolling on a college course. This was specifically designed to develop their employment skills with a view to job opportunities.

The two care plans looked at were reflective of people's needs. These took into account information regarding the person's interests and preferences as well as their health care needs. The care plans contained guidance for staff to manage specific health conditions, such as epilepsy, and behaviour that challenged. Regular meetings, referred to as 'cascade meetings', were held by the providers own psychologist, and included the person, their family, relevant staff and the interim manager. These meetings reviewed what was working well and any changes in the persons care and support that were agreed.

We asked staff how they were made aware of changes in people's needs. They told us that there were a number of ways in which information was shared. Following cascade meetings, revised care plans were written, which staff were able to read and make comments. One member of staff told us this was important as, "We are the ones that support people daily and know how they respond." Additionally information was shared via a communication book and people's daily records. A verbal handover session was held at the beginning of every shift where the incoming shift was updated on any relevant information. One member of staff told us that they regularly met with the person they were a key worker for, so that they were able to have a say about their care and what was important to them.

We spoke with four staff who were able to clearly describe the content of people's care plans and knew the needs of the people in their care well. Staff talked passionately about the people they supported and had a good understanding of their individual personalities and what could cause their behaviours to change. For example, one person could get upset by loud music. Staff told us that they ensured there was always a quite space available for this person to get away from the music if they chose to do so.

Staff responded in a caring way to people's needs, when they needed it. For example, we observed staff supporting a person who was feeling unwell. They spoke to the person in a reassuring tone and adopted a responsive, patient and caring approach, where the person's mood had changed. Staff spent time with this person comforting them, and gave them medication to reduce their temperature and offered drinks on a regular basis. This was done in a calm, patient, kind and caring manner to which the person responded well to, and later accepted staffs suggestion to go for a walk and have some lunch.

The provider had a range of ways in which people could feedback their experience of the service and raise any issues or concerns they may have. Feedback from relatives in the parental views questionnaires showed that the interim manager had listened and learned from people's experiences. One relative had commented, "In the past I have found my [relative] wearing other people's clothes, but this hasn't happened recently, well done. Thank you." Another person felt communication about their [relative] could be improved, and commented, "I would like to receive a weekly diary by email again, I enjoyed reading about my [relatives] activities and could ask questions when they rang me. "The manager informed us that in response to these comments they had introduced a regular newsletter and email diary to all relatives, including photographs of activities people had participated in.

The provider's concerns, complaints and compliments policy outlined clear stages of the complaints procedure with a timescale. Staff told us they were aware of the complaints procedure and knew how to respond to complaints. A 'Speaking out document' had been

Good

Is the service responsive?

developed to support people who used the service to raise concerns or complaints. A list of advocacy services was available to support people to raise concerns should they wish to do so. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights are upheld.

Good

Is the service well-led?

Our findings

The interim manager was also the area manager for the organisation, but was managing Mirabeau until a new manager was appointed. She told us that she had been involved in the opening and development of Mirabeau from October 2006 and knew the people who used the service and staff well. She informed us that one of the biggest achievements had been overseeing the development of Mirabeau and increasing the service's occupancy from five to 10 people.

The interim manager told us that development of the staff had been key to providing a good service. She told us that through training they had seen staff grow in confidence and develop their skills, which ensured they delivered good quality care centred on the needs of the people who used the service. Feedback in parental views questionnaires confirmed that people living at Mirabeau were receiving a good service. Four out of 10 questionnaires had been returned at the time of the inspection, and provided positive feedback. Comments included, "I sleep well at night knowing [relative] needs are being catered for", "I am kept informed of any incidents involving [person] in a timely way," and, "My [relative] is very happy; he is always willing to go home after a visit with his parents.

The interim manager told us she worked alongside staff which provided them with the opportunity to assess and monitor the culture of the service, and identify where improvements were needed. Staff were clear about the vision and values of the service in relation to providing compassionate care, with dignity and respect, which ensured peoples equality and independence. The interim manager informed us that the provider had systems in place that quickly dealt with staff who did not live up to the organisational values, and provided an example where performance management had led to the dismissal of staff.

Staff told us the service was well organised and the interim manager was approachable, supportive and very much involved in the daily running of the service. Staff said she was very knowledgeable and inspired confidence in the staff team, and led by example. They also told us that she treated them fairly, listened to what they had to say and that they could approach them at any time if they had a problem or something to contribute to the running of the service. They said they had regular supervision where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs.

There was a strong emphasis on promoting good practice in the service. The interim manager told us that they continually strived to improve the service and their own practice. She informed us that she attended meetings with managers from other services owned by the organisation which provided a forum for discussion to help drive improvement and review new legislation and the impact this had on the delivery of the service. They also kept their own training up to date. For example, they had completed advanced training for managers in safeguarding adults and first aid.

The provider operated a 'Hero a month' award. This was awarded to a member of staff in recognition of good practice, which helped to drive improvement in the quality of the service they provided. Additionally, the provider was a member of good practice schemes and initiatives, including the Challenging Behaviour Charter and The Social Care Commitment. This is a voluntary agreement about workforce quality, which ensures people who need care and support services will always be supported by skilled people who treat them with dignity and respect.

In addition to relative's feedback, the provider had a range of systems in place to obtain feedback about the quality of the service. Feedback about the service was sought through formal meetings, such as individual service reviews with relatives and other professional's. This was supported by informal feedback via day to day conversations and communication from the staff team. Additionally, another of the organisation's area managers conducted quality monitoring visit checks on a four weekly basis to ensure systems were in place and to drive continuous improvement. These included systems for recording and managing complaints and safeguarding concerns.

The complaints log confirmed there had been one complaint made about the service in the last 12 months. We saw this had been appropriately investigated in a timely manner in line with the provider's complaints policy and used to improve the service. The outcome of the investigation led to improved communication with the complainant, and improved strategies for managing their relative's behaviour. The service worked well with the local authority to ensure safeguarding concerns were effectively

Good

Is the service well-led?

managed. Documentation showed that the interim manager took steps to learn from such events and put measures in place which meant they were less likely to happen again.

We looked at the systems in place for recording and monitoring incidents and accidents that occurred in the service. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe. Body mapping was used to indicate where injuries had occurred. Body maps are diagrams designed for the recording of any injuries that may appear on the person. Each of the forms had been reviewed by the interim manager so that emerging risks were anticipated, identified and managed correctly. Additionally, an analysis of these incidents had been completed to identify trends and patterns which were discussed at people's reviews, and changes made to their care, to minimise further incidents occurring.