

Mr & Mrs M Stevens

Zion House

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 inspected Zion House on 21 and 29 July 2015. This was an announced inspection. We told the provider two days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at home to speak with us. The service was last inspected in July 2014. During that inspection visit we found the service was not identifying and updating training for staff. The registered provider sent us an action plan stating what action it was taking to improve how it identified and updated staff training. We found that improvements had been made and therefore the provider had met the relevant legal requirements in this area.

Zion House provides care and accommodation for up to eight people who have a learning disability. When we initially visited the service four people were on holiday therefore we made a second visit on their return to observe how people were being supported and to speak with people using the service. Eight people were living at the service during this inspection visit.

The service is situated in a rural position but with transport available to attend community facilities and events. People at the service live together in a purpose built extension to the main house. It is divided into three separate units but all interconnecting. This gives people the opportunity to live communally but have their own space available to them.

Summary of findings

The service had a registered manager in place. 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.

During the previous inspection we found staff were not having their training needs identified and some training was out of date. The registered provider had taken steps to put in place a training package which meets the requirements of the new Care Certificate framework. This system replaced the Common Induction Standards with effect from 1 April 2015. Staff told us, "There is a new training system just starting. The manager has talked to us all about it and I am looking forward to getting started". Another member of staff said, "I am up to date with most things but the new training programme looks like it will be more interesting".

People were treated with kindness, compassion and respect. The staff at the service took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking with staff on duty. Comments included; "It's great living here. (Staff) are very kind with me". Also, "I love living here, I get everything I need and feel safe".

Staff were competent in how they were providing support to people. They were very familiar with what support and care people needed. Staff supported people to make meaningful decisions about their lives and respected people's decisions and wishes. People were supported to lead full and varied lives and staff supported them to engage in a wide variety of activities. Relatives told us,

"They are always doing something. There is never a dull moment". Also, "All the staff go over and above. My mind is at rest and I feel that my (relative) is safe and well cared for".

The service was meeting the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. People had been included in planning menus and their feedback about the meals in the home had been listened to and acted on. We saw one person actively involved in meal preparation. People dined together in each shared unit. It made dining a social experience by eating together and sharing conversation between themselves and staff. Comments included; "Custards my favourite and we get what we like". Also, "I like helping to get things ready they (staff) show us what we need to do".

Some people told us they were involved in their care planning and reviews. Relatives told us they were also involved in the care planning and review process. People had individual support plans, detailing the support they needed and how they wanted this to be provided. A care coordinator told us, "This is a good service which makes sure people are involved in their own care planning and reviews".

Zion House was well-led and people's relatives told us they were kept informed about any changes in the service. They told us they felt their comments were listened to and acted upon. The service had an open and positive culture with a clear focus on enabling and supporting people to become more independent.

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?

The service was safe. Staff were confident they could keep people safe whilst supporting them to take day to day risks.

People's medicines were managed safely and there were safe arrangements in place to assist people with their finances.

Staffing levels met the care needs of the people that lived at the service.

Good



Is the service effective?

The service was effective. Staff were well supported through a system of regular supervision. Staff training had been reviewed and improved to ensure people were cared for by staff who were competent in their roles.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Zion House worked well with other services and health professionals to ensure people's care needs were met.

Good



Is the service caring?

The service was caring. People were treated with respect and their independence, privacy and dignity were promoted.

People and their families were included in making decisions about their care.

Staff worked to help ensure people's preferred method of communication was identified and respected.

Good



Is the service responsive?

The service was responsive. Care plans were detailed and informative and regularly updated.

People were supported to engage with the local community and to access a variety of recreational activities and employment.

There was a system to receive and handle complaints or concerns.

Good



Is the service well-led?

The service was well led. The staff team told us they were supported by the registered manager.

There was a system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

The registered provider routinely worked in the service and dealt with any issues of quality quickly and appropriately.

Good



Zion House

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 checked 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 20 and 29 July 2015 and was announced. The inspection was carried out by one inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with six of the eight people who lived at the service in order to find out their experience of the care and support they received. We spoke with the registered manager and three care staff.

We looked around the premises and observed how staff interacted with people during the evening inspection visit. We also looked at three people's care records, staff training records, recruitment records and other records associated with the management of the service including quality audits.

Prior to and following the inspection visit we spoke with two care coordinators and two relatives.

Is the service safe?

Our findings

Relatives told us they were very happy with the care and support the service provided. They said, “Just perfect, couldn’t wish for anything better for my (relative)”. Also, “(Provider) always keeps me informed of any changes and it puts my mind at rest”. People using the service told us they liked living there. Comments included, “I love living here. I live here with my friends”. Also, “It’s my birthday soon, we are having a party. I like living here everyone is kind”.

We made a second visit to the service because people had been on holiday during the first visit. All eight people were available to speak with. People were relaxed and at ease in each other’s company. The service was divided into three small units. Each unit had individual living and dining space, as well as individual bedrooms. People usually spent time in their own area of the service, however there were no restrictions for people to move around and share other spaces. People told us they felt safe and received the level of support they needed. They said they had everything they needed for them to be well supported. For example one person had specialist equipment to support them with their mobility.

Staff were aware of the service’s safeguarding and whistle blowing policy and said they felt able to use it. Staff were confident they knew how to recognise signs of abuse. They told us they would report any suspected abuse and felt assured they would be taken seriously by the registered manager. Information for people and staff was available with the appropriate contact details and telephone numbers should staff or people witness or suspect abuse. The processes in place ensured safeguarding concerns would be recognised, addressed and actions taken to improve the future safety and care of people living at Zion House.

The registered manager and staff supported people to take day to day risks while keeping them safe. We saw care plans contained risk assessments which were specific to the needs of the individual. For example we saw assessments had been completed regarding one person’s safety in the community due to their sight loss. This was specific to road safety and the need for supervision to keep the person safe. Risk assessments were regularly reviewed

and offered clear guidance for care staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

Staff felt there were sufficient trained staff on duty to meet the needs of people who lived at the service. Staffing levels were based upon the needs of people using the service. For example more staff were on duty during the evening and weekends, because people living at the service were all there. During the daytime people were out at local centres or on work programmes. Staff told us they were flexible in how they worked so that they could support people carrying out activities in the community.

Staff told us they had time to spend with the people living at the service. They were able to spend time chatting with people about their day as well as attending to people’s personal care needs. The support was unrushed and relaxed.

There were appropriate storage facilities available for all medicines being used in the service. Medicines Administration Records (MAR) were completed appropriately. We checked the number of medicines in stock for one person against the number recorded on the MAR and saw these tallied. Only staff who had received medicine training were allowed to administer medicines to people. One staff member said, “I don’t give medicines to people yet as I haven’t had the training, but I am completing it soon”. In discussion with staff we found them to be knowledgeable about the medicine that needed to be administered. There was clear guidance for staff when administering ‘as required’ medicines (PRN), about how to administer these medicines, and who to inform that they had been given. This demonstrated there was clear guidance to help ensure a consistent approach from the staff team.

There was a thorough recruitment process to help ensure new employees had the appropriate skills and knowledge required to meet people’s needs. We looked at the most recent recruitment files and found they contained all the relevant recruitment checks to show people were suitable and safe to work in a care environment. We spoke with a member of staff recently employed and they said they found the recruitment process was thorough and fair.

There had been major changes to improve the environment for people during the previous twelve

Is the service safe?

months. The registered manager was in the process of making changes to the health and safety risk assessment for the environment, in response to the changes. Fire safety records and maintenance certificates for the premises and equipment were in place.

Is the service effective?

Our findings

During the previous inspection we found staff were not having their training needs identified and did not have regular training updates. The registered manager provided us with an action plan detailing how they were going to improve training for staff. During this inspection the registered provider showed us what they had done to improve this. A new training system had recently been introduced which was in line with the Care Certificate framework. This replaced the Common Induction Standards with effect from 1 April 2015. Staff training needs had been identified and reflected the services policies and procedures. Staff also said they were encouraged to undertake training which supported them in their roles. Staff said they felt supported and they had the opportunity to discuss their performance and development with the registered manager. One staff member told us, “We have a new and more up to date range of training available to us. I think it will be very useful”. This showed the registered provider had met the relevant legal requirements in this area.

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff talked about people knowledgeably. This demonstrated a depth of understanding about people’s specific support needs and backgrounds. Staff rotated working in each of the units in order to have current knowledge of people’s needs and any changes which might affect the level of care and support people needed.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. The Deprivation of Liberty Safeguards provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. There were no current DoLS authorisations in place for people using the service at the time of the inspection visit.

People, told us they liked the variety of meals prepared for them. One person said, “I can have what I want and I like

helping to get it ready”. Another person told us they also had a choice of snacks and drinks. One person asked for a ‘cappuccino’ coffee. The member of staff said it was no trouble and made it for them. We saw a person assist care staff in the preparation of their lunch time packed lunch for the following day. People told us that staff cooked the main meals but they were able to prepare their own snacks and drinks, with support as necessary.

People had access to good quality food and there was plenty of choice. Each unit had its own kitchen and supply of food. There were variations in each unit because people had made different choices. Fresh fruit was readily available with fruit bowls on kitchen tables. People’s preferences in respect of food were recorded in care plans and staff knew these well.

Staff had access to the registered manager on a day to day basis. Staff told us they felt well supported by the registered manager and regularly discussed how they provided support to help ensure they met people’s needs. There was a formal programme of supervision which provided staff with an opportunity to review their work practice, professional development plans and any concerns regarding working practices. Staff told us supervisions were useful for their personal development as well as helping ensure they were up to date with current working practices. This showed staff had the training and support they required to help ensure they were able to meet people’s needs.

People had good access to a range of health support services. Each person had a health plan in place which covered the person’s physical health and mental welfare. The health plans were detailed and identified if a person needed support in a particular area. People’s care records contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Records showed individual appointment and visit records which included reasons for visits and actions to be taken. Staff told us this was a very useful tool for them. The registered manager and staff told us how the service dealt with people’s changing health needs by consulting with other professionals where necessary. This meant the person received consistent care from all the health and social care professionals involved in their care.

Is the service caring?

Our findings

We spent some time in communal areas observing interactions between staff and people who lived at the service. Staff were respectful and spoke to people with consideration. They were unrushed and caring in their attitude towards people. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter. People told us they felt very happy and wouldn't receive better care anywhere else. One person said, "I couldn't think of living anywhere else. I am happy here and don't want to go anywhere else". A relative told us they would not wish (the person) to live anywhere else. They told us, "I am so happy with the way (the person) has settled and has so many opportunities to live a full life".

We observed the routines within the home were relaxed and arranged around people's individual and collective needs. We saw people were provided with the choice of spending time on their own or in the lounge and dining areas. The service had a relaxed atmosphere. For example one person was enjoying using their own computer tablet. Another person was being supported to make their pack lunch for the next day when they attended a local centre. Some people were finishing their evening meal. All were being supported by sensitive and caring staff. Throughout the inspection visit we saw people had freedom of movement around the service and were able to make decisions for themselves.

People's care plans showed their styles of communication were identified and respected. For example some people responded verbally and others needed picture symbols as a visual tool to assist them. Where sight loss was an issue,

staff were explaining and describing what the person was eating and how much remained. The person's response was positive and showed staff had the patience and understanding to communicate with people effectively.

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information. This helped staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. Staff were responsible for making daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a person's care and support.

Staff told us how they maintained people's privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering and gaining consent before providing care. They told us they felt it was important people were supported to retain their dignity and independence. When we moved around the service we observed staff knocked on people's doors and asked people if they would like to speak with us.

Prior to and following this inspection visit we received information from care coordinators who had some responsibility for the wellbeing of people who lived at the service. Links with these professionals were good and we received some positive feedback from them about the care being provided. They told us they were confident of the quality of care and support people received and had no concerns.

Is the service responsive?

Our findings

Focusing on the importance of supporting people to develop and maintain their independence was a clear aim of the service. It was important to the registered manager and staff team that people who lived there, were supported to be as independent as possible and lived their life as they chose. In one instance a person wanted to see their favourite football team in the forthcoming football season and visit two horseracing events. The registered manager had already begun to make arrangements for this to be achieved. In some instances people's choices might need to be restricted due to risk factors. This was reflected in the care documentation.

Four people had recently returned from a foreign holiday. Two people were keen to show us the items they had bought and tell us of the experience's they had. This showed people had the opportunity to achieve their own personal objectives and expand their life experiences. Staff told us, "It's amazing what people do and where they go. It's just wonderful they can have the quality of life they choose to have". Another staff member said, "We get out and about every week. It's the person's choice and we support them".

People were supported to maintain relationships with their friends and family members. For example some people had regular days they spent with their relatives. Others were supported to keep in touch in other ways, this included calling them and using assistive technology.

Care plans were structured and detailed the support people required. The care plans were person centred identifying what support people required and how they would like this to be provided. Where possible relatives were fully involved in the care planning process and were kept informed of any changes to people's needs. People were aware they had a care plan and told us staff often spoke with them about what they needed or may have wanted. During the inspection visit we witnessed staff asking people what they wanted to do and how they wished to spend the evening.

In addition to care plans each person living at the service had daily records which were used to record what they had been doing and any observations about their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. An easy read version was also available for people which used pictorial symbols alongside simple and limited text. People we spoke with including relatives told us they had never felt the need to raise a complaint but had the information if they felt they needed to.

Is the service well-led?

Our findings

People were comfortable and relaxed in the service. One person said, “(the manager and staff) are good”. Relatives told us; “I just can’t fault the care and support my (relative) receives. I am very happy with the care”. Also, “I get all the information I need about my (relative). I can call anytime and my (relative) comes here. The balance is just right”. Professionals told us they believed the service was well managed. They told us, “They are very good. My client has come on leaps and bounds. I am very satisfied by the way its run and all the staff are very committed”. Staff told us they loved working at the service. Comments included, “I have another job but I would not give this up, I love working here”. Another said, “Every day is different. It’s a small group but everyone has their own personality and in general they all get on”.

There was a clear focus on what the service aimed to do for people. The emphasis was the importance of supporting people to develop and maintain their independence. It was important to the registered manager and staff at the service, that people who lived there were supported to be as independent as possible and live their life as they chose. This was reflected in the care planning documentation.

Staff told us that as well as formal staff meetings, day to day communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any

issues or ideas they may have. They felt confident the registered manager respected and acted on their views. The registered manager, who also lived alongside the service, was aware of what went on at the service on a day to day basis. The registered manager was always available and also spent time supporting people.

People and their relatives were consulted regularly both formally and informally. People talked together frequently to discuss any plans or changes. Decisions were made individually and as a group about holidays, outings, meals and any changes made to the environment. This showed people living at the service were provided with as much choice and control as possible about how the service was run for them. The views of people using the service were regularly surveyed. Relatives told us they were actively encouraged to approach the manager and staff with any concerns or ideas they might have.

The registered manager oversaw quality assurance systems to drive continuous improvement within the service. Some of the audits included medicines, accidents and incidents and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly. However, recording of these drills had ceased since building work began. The registered manager told us that now work was completed records would recommence.