

Zero Three Care Homes LLP

# Schumey's Corner

## 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 ●

# Summary of findings

## Overall summary

We inspected Schumey's Corner on the 19 November 2018. The inspection was unannounced.

Schumey's corner is a residential care home for up to two people with learning disabilities. At the time of our inspection two people were using the service. The service was divided into two living areas with one person using the upstairs and one person using the downstairs, so they were supported to live independently. The service was set in a residential area with easy access to the local community and had a large garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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 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.

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences for care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Schumey's Corner

## Detailed findings

### Background to this inspection

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

This inspection visit took place on the 19 November 2018 and was unannounced. The inspection was carried out by one inspector.

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 they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection visit we spoke with the two people living at the service. We spoke with the registered manager, area manager and one care worker. We reviewed a range of records held in relation to people's care and the running of the service.

# Is the service safe?

## Our findings

People felt safe living at the service. One person said, "It is alright here, the staff are good to me."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff knew to raise concerns with a senior person and there was a whistle blowing procedure for staff to follow. People were also encouraged to discuss and raise any concerns they may have. The registered manager worked with the local authority to investigate any safeguarding concerns to keep people safe. People were supported to manage their own money and the registered manager had systems in place for staff to support people with their finances.

Detailed risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. For example, staff had been working with one person to reduce their anxiety around health concerns which had led them to frequently seek unnecessary medical intervention. Staff had worked closely with people to make sure they were safe living at the service and one person showed us how they made people sign in before entering the service and checked their identification.

People received care from a consistent staff team. There was a highly experienced staff team who knew people well and worked with them to support their independence. Staff told us there were enough staff available to support people with all their needs, including trips into the community. The registered manager had an effective recruitment process and staff recruited were suitable for the role they were employed for.

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements, the provider had a procedure for the registered manager to follow for these to be attended to. There were regular health and safety checks of the environment and fire evacuation drills. The registered manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.

Medicines were managed and administered safely. Only trained and competent staff administered people's medicines. The registered manager ensured staff training was kept up to date and observed medication practices. Regular audits were completed and policies and procedures were up to date.

## Is the service effective?

### Our findings

People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care. Staff told us they had been supported to achieve nationally recognised training certificates. One member of staff said, "I recently completed training on managing epilepsy and all my other training is up to date."

The registered manager told us the provider invested in training for staff to ensure they had the skills they needed to support people. Training was delivered face to face by experienced trainers. If necessary, bespoke training was supplied on specific conditions so staff could understand these and work with people to promote the best care available. New staff were supported with a full induction and staff told us they received regular supervision with the registered manager to discuss any learning needs or support required. All staff received a yearly appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. The registered manager was aware of their responsibilities under the Act and people had capacity assessments in place. This told us people's rights were being protected.

People had enough to eat and drink. Staff supported people with shopping and cooking to ensure they had enough to eat and drink. One person told us they were following a healthy eating plan and had lost weight. Staff told us they helped people cook food from fresh including casseroles and healthy meals.

People were supported to access healthcare as required and the service had good links with other healthcare professionals, such as GPs, dentist and the learning disability team. Each person had a health passport to take to hospital appointments and people were supported to have annual health reviews.

The environment was appropriately designed and adapted to support people. The house was divided into two living areas with one person living on the top floor and one person on the ground floor. People had personalised their living space to their own taste. There was a large garden they shared together.

## Is the service caring?

### Our findings

Staff continued to provide a very caring environment. People told us they got on well with staff and felt supported by staff.

Staff knew people well including their preferences for care and their personal histories. Care records contained all the information staff would need, to know people, what is important to them and their likes and dislikes. We saw that people were supported as individuals to follow their routines and maintain their independence. Staff were very keen to ensure people had choice and options over their life and could build on their independence. One member of staff told us, "I try and help them to maintain their focus for example when dealing with money, as they may get muddled sometimes." We saw that staff were concerned about people's wellbeing and wanted to support them to have fulfilled lives.

We saw staff had good relationships with people and they were relaxed and chatty in each other's company. People were treated with dignity and respect, and their privacy was also respected. Faith needs were supported and one person was assisted to access religious support. People were encouraged to maintain contact with friends and family and to build their social networks within the community.

People and their relatives were involved in the planning of their care and support needs. People had a keyworker who worked closely with them to keep all their care needs relevant to them and up to date. Every month the keyworker summarised with the person what they had done during that month. They then planned with them if there were any additional activities or plans they had for the next month. This was very much person led with looking at ways they could achieve their goals.

Advocacy services were available should people feel they needed this support. Advocates act as an independent person to support people with important decisions about their care needs.



## Is the service responsive?

### Our findings

People continued to receive care that was individual and personalised to their needs. We saw from care records that people had person centred care plans which were very inclusive of people's views and wishes. This enabled staff to support people in the way they wished to be supported and to live full and active lives. Support plans were regularly reviewed so staff had the most up to date information to support people.

The service remained responsive. Staff told us how they worked with people's changing care needs to ensure they had all the assistance and equipment they needed to support them. They had helped one person whose care needs had changed obtain additional equipment to help them maintain their independence such as walking aids. They had also adapted their living accommodation with additional grab rails and a ramp for access.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw from care plans that people's sensory and communication needs had been assessed and were being supported. This showed the service was acting within the guidelines of accessible information for people.

People enjoyed varied pastimes and engaged in meaningful activities. People were supported to be part of the local community and both people had taken part in employment opportunities. One person had also become involved with their local church and joined in social activities with them. The registered manager told us they had also held a coffee morning at the church to raise money for a charity. Both people were active in the community and had built their own social networks.

The registered manager had a complaints procedure in place. Any complaints were logged, investigated and responded to by the registered manager in a timely manner.

There was nobody receiving end of life care at the service, however the registered manager knew how to access support with this if required.

## Is the service well-led?

### Our findings

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 understood their responsibilities and they were supported by an experienced team and the provider's representatives. There was a clear vision and culture that was shared by the registered manager and staff. People were supported to achieve their goals no matter what they were or how unattainable they seemed. Staff told us, "I want to support people to achieve the life they want."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt very supported by the registered manager and said they felt they had a good team. Staff had regular handover meetings each shift to discuss people's care. Staff were always able to contact a senior member of staff if they had any concerns as the provider had an on-call system for their services. This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service on a daily basis through their interactions with people. People were also encouraged to express their views and opinions at keyworker meetings and resident meetings. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The service had been developed as a small family home in the middle of the community. The registered manager told us the home was inclusive in the local community and they had built good relationships within the community.

There were effective arrangements for monitoring the quality of the service and the registered manager carried out a number of audits to give them a good oversight of the service.

The registered manager understood their registration requirements including notifying us of significant events that happened at the service. They were also aware of their duties under the new general data protection regulations. We found people's information was kept secure and confidentiality was maintained. The latest CQC inspection report rating was on display at the service and on their website. The display of the rating is a legal requirement, to inform people or those seeking information about the service and visitors of our judgments.