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

The inspection took place on 7 March 2016 and was unannounced.

Schumey's Corner is a small service providing intensive support for up to two people who have a learning disability and complex support needs. The service does not provide nursing care. At the time of our inspection there were two people using the service. The people live in a small detached house, each occupying one floor of the property. There is a shared entrance and garden but no other communal areas.

A registered manager was in post at the service. 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.

Staff knew how to keep people safe. Risks were well assessed and steps were taken to minimise potential risks. There were sufficient numbers of staff to meet people's needs and keep them safe. On-call arrangements worked well. There were systems in place to manage medicines and people were supported to take their prescribed medicines safely. The provider had a robust recruitment process in place to protect people from the risk of avoidable harm.

People were enabled to make their own decisions about their support and life-style. Staff followed processes in place to ensure decisions were made in people's best interests, involving family and outside professionals as appropriate.

People were supported to purchase and prepare food and drink of their choice. People's health needs were managed by staff with input from relevant health care professionals.

People received support that was personalised and tailored to their needs. They led full lives both in the service and in the local community.

People were treated with kindness, dignity and respect by staff who knew them well. People had confidence that the manager would investigate and address their concerns.

There was an open culture and the manager demonstrated effective leadership skills. Staff were enthusiastic about their work and they felt able to express their views. The provider had systems in place to check the quality of the service.

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.

Staff knew what to do to protect people from abuse.

Measures were in place to manage risk.

There were enough staff to meet people's needs.

Is the service effective?

Good

The service was Effective

Staff had the skills to meet people's needs.

People were supported to make their own choices where they had capacity. Decisions made on people's behalf were done in their best interest.

People were supported to have a balanced diet. Staff supported people to access health and social care services as required.

Is the service caring?

Good

The service was caring.

Staff knew people well and treated them with kindness and compassion.

People were treated with respect and staff respected their privacy.

Is the service responsive?

Good

The service was responsive.

Support was personalised around individual needs.

People were supported to develop their interests and skills.

People knew who to speak to if they had any concerns.

Is the service well-led?

Good

The service was well led.

The service was run efficiently by a competent and caring manager.

There was an open culture where staff and people felt supported and listened to.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

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.

The inspection took place on 7 March 2016 and was unannounced.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service and observing how people were cared for. Where people at the service had complex needs and were not able verbally to talk with us, or chose not to, we used observation as our main tool to gather evidence of people's experiences of the service. We spoke to four care staff, which included staff predominantly based at Schumey's Corner, and met with the registered manager. We also spoke with a health and social care professional to find out there view on the service.

The provider owns a larger service in close proximity to Schumey's Corner. The service is run by the same manager and staff team so as a result; we inspected both of the services at the same time.

We reviewed a range of documents and records including the care records for both the people who used the service. We also looked at three staff files and documents relating to the employment of staff, complaints, accidents and incidents and the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with staff, "They're all right, whoever comes to me helps me." We observed that people were comfortable when with staff, for example they approached staff when they had any queries.

Staff were able to describe different forms of abuse and knew what to do if they felt a person was not safe. Where people were assessed as being vulnerable to abuse there was detailed guidance in place and staff recorded any changes in behaviour or injuries so that these could be monitored over time. Staff explained how they might recognise possible abuse where people were not able to communicate verbally, for example through observing changes in mood. Staff felt comfortable raising concerns and there was information available to staff with advice on how to report concerns. A member of staff gave us an example of how they had raised an issue with the manager when they felt a person was at risk.

The safety of people and staff was prioritised within the service and staff knew how to minimise risk. A member of staff told us, "The people are definitely safe here, we get a lot of training on keeping them safe." Staff had carried out risk assessments which outlined how to minimise risk and which were reviewed as needed. The risk assessments were detailed and covered individual situations or activities. For instance, a risk assessment had been carried out when supporting a person with cooking. The assessments were very detailed and staff took into account a number of factors before setting out, such the exact nature of the activity. Where there were specific risks to a person the staff had worked with them to minimise potential harm. There were practical measures in place which were understood and negotiated with people which minimised restrictions on them but had been developed to help them keep safe .

Risks were managed well within the property. There were evacuation procedures in place with plans for each person should they need to be supported to leave the building in an emergency. Adjustments had been made to the property in response to risk assessments, for example window restrictors had been fitted throughout the property.

The provider had a safe system in place for the recruitment and selection of staff. Staff were recruited with the right skills and experience to work at the service. Staff told us that they had only started working at the service once all the relevant checks had been completed. We looked at recruitment files for three staff and saw that references and criminal records checks had been undertaken and the organisation's recruitment processes had been followed. The service did not use agency staff but sourced cover from the wider organisation where necessary. This meant that disruption to people was minimised when replacement staff were required at the service.

Staffing levels were tailored to the needs of the people at the service and as a result on some periods during the day there were no staff on duty. We discussed this with the manager and were assured that there was personalised provision in place for the two people at the service. For instance, staff at the nearby service provided an effective on call response and we saw records where a staff had been contacted by a person when they needed support . Any potential isolation for staff working at such a small service was minimised

due to constant contact with the nearby larger service. We observed that staff were supported throughout the day by the manager and other members of staff at the larger service.

People received their medicines safely and as prescribed from appropriately trained staff. Staff told us they had only started administering medicines after receiving training. In addition, they received refresher medication training every two years and competency assessments took place to evidence they had the skills needed to administer medicines safely. Records of people's medicines were completed appropriately and we noted that they were accurate and legible.

We saw that there was a protocol for medicines in place for each person. When people had been prescribed medicines on an as required basis, for example for pain relief, there were protocols in place for staff to follow so that they understood when a person may require this medicine. For example, staff were instructed to discuss with a person before making the decision to administer extra medicines.

The member of staff on duty told us that they did not administer medication as they had not had the relevant training. Therefore if they were the only person on duty then a trained colleague would come to the service to support people to take their medicines.

Medicines were stored in a locked cabinet in the staff room and the member of staff was able to clearly explain the medication signing in and out procedure. Regular medication audits were completed to check that medicines were obtained, stored, administered and disposed of appropriately. We saw records of observations carried out for staff who were administering medications, to ensure they were meeting the required standards and supporting people to receive their prescribed medications safely.

Good

Is the service effective?

Our findings

Staff were skilled in meeting people's needs. Staff knew what to do to resolve issues with the minimum disruption to the people's daily routines. We observed that when people were anxious staff supported them appropriately and calmly, which helped diffuse the atmosphere.

A member of staff said they felt they were supported to develop their skills, "[The organisation] look after you and give good training – they even pay you to be on the training." Staff told us that they had received training and that this helped them understand people's support needs and to be confident in their role. New staff received a thorough induction and we saw that the registered provider's mandatory training was up to date. The organisation had a computerised system to track staff's training needs and support the manager in ensuring staff had the necessary skills.

The provider and manager were committed to supporting the physical and mental health needs of staff. Staff were well supported with regular meetings, supervisions and annual appraisals. A supervision is a one to one meeting between a member of staff and their supervisor. Annual Appraisals were used as an opportunity for staff to reflect on their practice and consider different approaches to their work. The manager told us they observed staff at work and we were given examples of where they had supported staff to improve their skills or practice as a result.
Staff felt they had ample opportunities to discuss concerns on a daily basis, and if they were on their own on duty they could ask for advice at any point from their colleagues or the manager. We saw examples in care and staff records where staff had discussed with their supervisor any concerns and queries they had about the needs of the people they were supporting. These discussions were very open about the challenges staff sometimes experienced when providing support. We noted that where necessary additional clinical input was put in place when specific concerns arouse at the service. We felt that staff were enabled to carry out their daily tasks in a supportive working environment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training in the Mental Capacity Act (MCA) 2005 and DoLS legislation and guidance. They had a good knowledge of capacity and giving people choice. We observed staff being pro-active in offering choice to the people at the service, for example about when they went out. In addition, we observed that staff sought peoples' consent before

providing care. The registered manager had completed personalised capacity assessments relating to a wide range of activities and support provided to each person. Where decisions were made on people's behalf staff had consulted with professional and families to ensure decisions were made in the person's best interest. Attempts were made within this service to promote independence and so where possible any restrictions were kept to a minimum.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People who could not make decisions for themselves were protected. The manager had made the necessary Deprivation of Liberty Safeguard (DoLS) applications for people living at the service. We noticed that where people's needs fluctuated, Mental Capacity Applications and DoLS were reviewed to ensure any changes in people's circumstances were captured. The monthly audits tracked when DoLS had been submitted to, and authorised by, the authorising authority. There were triggers in place to highlight when renewal dates were due.

People were supported to have a balanced diet but also to enjoy meals out and occasional treats. One person told us, "That day is my lunch day out and I can have the lunch that I want. On another day I went to the shop with my key worker and bought pork steaks." People's individual choice and requirements were catered for, including allergies. Staff were able to describe in detail people's food and snack preferences. We observed preparations for the evening meal and saw that this was freshly prepared by the person, with support from their key worker. People were regularly weighed and any changes in weight monitored. Staff told us that they encouraged people to achieve a balanced diet, one member of staff told us, "We always offer options and put a few veg in there."

We saw from people's notes that staff liaised with people's health professionals as necessary. The service maintained regular contact with the GP and healthcare professionals involved in maintaining people's health and wellbeing. People's health and wellbeing was monitored regularly and there were specific arrangements in place where necessary, for example the dentist visited the service to support people with their dental hygiene. Where people had specific health needs there were details in their care plans on how best to support them. There were hospital information forms in place, outlining people's needs and preferences, should they be admitted to hospital.

Good

Is the service caring?

Our findings

Our observations confirmed that people were cared for by staff that treated them with kindness and compassion. A person said to us, "Staff talk to me nicely." People knew their key workers well. They told us about the things they did with their key workers and it was evident that they trusted them and felt at ease with them and other staff. Staff had known people for some time and knew their histories and understood what was prompting them to respond in particular ways. When people became anxious, staff were kind and patient and talked gently about concerns.

Positive relationships were valued and promoted. People were matched where possible with staff they got on well with. A person showed us the photos of their holidays with their key worker and we could see they enjoyed spending time with them. Staff spoke with affection about the people they cared for. A member of staff said, "I love the job, it's so rewarding to be able to help people."

Staff supported people to make choices about their daily lives. Where people could not do the things they wanted to because of their needs or circumstances, staff were creative about helping them achieve a good quality of life by considering alternative ways of doing things. Staff displayed a humane approach to working with people when they chose not to accept support. We felt staff were not task focused and demonstrated flexibility and creativity towards keeping people safe and happy.

Staff supported people to understand and remember complex or detailed information by developing personalised ways of communication and prompts. For instance, where a person needed assistance with developing menus and remembering to have a balanced diet, there was a board on the kitchen wall with pictures with suggested meals for each day of the each week.

People's privacy and dignity was maintained. A member of staff was able to describe how they maintained people's dignity when supporting them with personal care, for example when they were having a shower. Staff demonstrated an awareness that the service was people's homes and in particular that there were two distinct units in the property. We observed a member of staff call up the stairs to check whether it was convenient for us to visit. Confidentiality was maintained, for example people's records were kept in a locked room.

The manager told us that advocacy services would be provided if a person required and we saw examples of this in people's care records. Advocacy services are available for people who may need support from an independent person to speak on their behalf.

Good

Is the service responsive?

Our findings

Support was personalised and developed individually for each person. The organisation had recruited a clinical psychologist and a clinical team that supported staff to develop plans relating to people's behaviour. People had individual sessions with the clinical team, if they wished to. Staff received significant training in this area and had opportunities to meet with the team to discuss people's needs. Each person had a detailed behaviour plan in place to support staff to meet their needs if they became anxious or distressed. Staff recorded what triggered different behaviours and plans outlined the actions staff could take to support people to meet their needs. This information was analysed regularly and any concerns were flagged up as necessary.

People had their needs and risks assessed and any support was outlined in detailed care and support plans. Staff were aware of people's needs and how to meet them. Where staff had not been present at meetings to discuss people's on-going needs, they were required to sign to say they had read the notes from the meeting. This meant that the manager could be certain that staff were aware of any changes in people's needs and any guidance available around the support required.

People were supported to engage in meaningful activities. Staff were committed to enabling them to be independent where possible. A person told us, "The idea of this place it to work towards independent living." We observed people being fully involved in domestic tasks around the house. For instance in cleaning and shopping for groceries. During our visit, one of the people told me they had just returned from a visit to the greengrocer. The provider had also developed opportunities for people to gain work experience and develop skills in a safe environment.

People had personalised their accommodation so that it looked homely and individual, with furniture and ornaments of their choice. One person told me they had selected the colour of their walls in their living room.

In addition to the on-going monitoring carried out by the clinical team, people's care needs were reviewed regularly, with professionals and families invited as appropriate. Staff responded to people's changing needs, for instance, staff were pro-active in developing measures to assist a person to stay safe when they were out in the community. There were systems in place to ensure reviews took place regularly. A recent audit of care plans had highlighted the need for a review to be set up for a person at the service whose needs had changed.

People were enabled to take part in community life and develop local links. Staff supported people to maintain relationships that mattered to them, such as families and friends. Families were involved the care of their relative, as appropriate. The manager held regular discussions with them and their views were expressed within people's care records. The manager demonstrated a commitment to involving families by holding reviews outside of standard working hours, where necessary.

The provider had a clear policy in place for responding to concerns and complaints. People and their families told us that they felt comfortable raising concerns and giving feedback. A person told us, "If I am not happy I speak with [manager]." The manager responded positively where concerns were raised. Complaints were logged and there was a record of the actions taken as a result.

Good

Is the service well-led?

Our findings

People knew who the manager was and spoke with warmth about them, "Once you've seen [manager] you will never forget them. They talk nicely to me."

The service had an open culture where people were treated with respect. Staff met in meetings called "cascades" to discuss and update on the support being provided to people. People were able to attend meetings held with clinical staff to discuss their needs. Whilst these meetings were predominantly attended by staff, people were encouraged to become actively involved in discussing plans for their support. We felt this reflected the open culture at the service.

The service was well ordered and functioned efficiently, with clear structures put in place by the wider organisation. By merging the staffing arrangements across the services in one location, resources were managed efficiently. The manager described how care records had been improved and streamlined to enable staff to focus on people's day-to-day needs. Staff knew what their roles and responsibilities were, for example a member of staff was able to describe their role as key worker. The manager was involved in the day to day service and led by experience. They had a detailed knowledge of people's needs and we observed them speaking to a person with affection. The manager had invested a significant amount of time and effort into integrating people in the service into the local community and dealing with any issues which arose.

The provider rewarded good practice and had a "Hero of the Month" award where a member of staff in the organisation was awarded for good practice. We were also given examples where staff had felt able to share poor practice with the manager and this had been addressed effectively. Staff also told us that they had discussed poor practice as a team to work together to address their concerns. This demonstrated that the manager encouraged an open culture where people and staff were supported to speak out about their concerns.

A member of staff told us they had worked elsewhere but now stayed with the organisation as it was a good place to work. They told us, "It's a good company; they are fair and they listen." The staff team worked closely to support each other as they managed with complex challenges and significant levels of potential risk. One member of staff told us, "If a colleague is having a bad day we look out for each other, we are a very strong team and we are improving." Another member of staff said, "The team is like a family." Despite the size of the service, staff at the Schumey's Corner benefited from advice and camaraderie from the wider team.

There were effective monthly audits in place, for instance a recent audit had highlighted where some electrical maintenance which was required. There were records in the audits of discussion with people who used the service, demonstrating a commitment to involving them and gaining their views about the support they received. Any feedback was taken into account, for example as a result of people's input more board games were purchased. Relatives were involved in driving improvements at the service. The manager sought their views through an annual questionnaire, at peoples' reviews and through on-going contact.

Managers also spoke with specific members of staff during audits to gather their views about the service and their jobs.