

Z & M Care Limited

Z & M Care Limited -12 Lyndhurst Road

Inspection report

12 Lyndhurst Road
Hove
East Sussex
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Date of inspection visit:
29 June 2016

Date of publication:
25 July 2016

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

This inspection took place on the 28 and 29 June 2016. Z&M Care Limited, 12 Lyndhurst Road was last inspected on 10 January 2014 and no concerns were identified. Z&M Care Limited, 12 Lyndhurst Road is located in Hove. It provides accommodation with personal care and support for up to seven adults with learning disabilities. Accommodation was arranged over three floors. On the day of our inspection, there were seven people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "Very safe, because there are lots of people to look after me". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of a fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of people, which included diabetes management and the care of people with dementia. Staff had received both one-to-one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, "Training is good, it's always available. The registered manager is always chasing us to go on more training".

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Special dietary requirements were met, and people's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People's individual care plans included information about who was important to them, such as their family and friends and we saw that people took part in lots of activities in the home and in the community. Activities included bowling, music nights, cooking and film nights. People were also encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported and they were encouraged to be as independent as possible. We observed friendly and genuine relationships had developed between people and staff. One person told us, "They [staff] are very kind".

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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 were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good ●

The service was effective.

Staff had a good understanding of people's care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their role and responsibilities. This was continually updated, so staff had the knowledge to effectively meet people's needs. They also had formal systems of personal development, such as supervision meetings.

Is the service caring?

Good ●

The service was caring.

People felt well cared for, their privacy was respected, and they were treated with dignity and respect by kind and friendly staff.

They were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in a range of recreational activities both in the service and the community. These were organised in line with peoples' preferences. Relationships with family members and friends continued to play an important role in people's lives.

People and their relatives were asked for their views about the service through questionnaires and surveys. Comments and compliments were monitored and people were aware of how to make a complaint.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Good ●

The service was well-led.

People commented that they felt the service was managed well and that the management was approachable and listened to their views.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

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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.

The inspection took place on 28 & 29 June 2016. This visit was unannounced, which meant that the provider and staff did not know we were coming.

One inspector and an expert by experience in older people's care undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group. The provider had also 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 observed care in the communal areas and we spoke with people and staff. We observed how people were supported during their lunch. Some people had a limited response to our questions, so we spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, three staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with three people living at the service, three care staff, the registered manager, the care manager, the deputy manager and the chef.

Is the service safe?

Our findings

People said they felt safe and that staff made them feel comfortable. One person told us, "Very safe, because there are lots of people to look after me". Another person told us, "I'm very safe and happy". Everybody we spoke with said that they had no concerns around safety.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service.

We spoke with people and staff about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The care manager said, "We review risk and allow people to take risks. We have people who smoke and we risk assess to allow them to access the garden and conservatory when they want to smoke. Some people go out and about and others are assessed to make their own teas and coffees". We saw examples of people being assessed to have kettles in their rooms, accessing the local community with friends, having their own front door key and using local public transport.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The care manager told us, "We look at the appointments and activities we've got planned for the week and introduce extra staff as we need them. We look at the care needs of the people and we cover that with the right staff". We were told agency staff were not used and existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. A member of staff said, "Yes, we have enough staff. I'm never left alone". Another added, "There are plenty of staff, its fine. There is always cover available when staff are off".

In respect to staffing levels and recruitment, the care manager told us, "We recruit when we need to. We're

looking for staff with compassion, who are caring and have the right attitude". The deputy manager added, "We also look for flexibility and a willingness to learn". Documentation in staff files supported this, and helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs.

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

We looked at the management of medicines. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "I think they [staff] treat me very well".

Staff had received training in supporting people, for example in safeguarding, food hygiene, fire evacuation, health and safety and equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example, diabetes, the care of people with dementia and epilepsy. The care manager told us, "Staff have a 12 week induction period, receive mandatory training online and face to face training with the Local Authority. The induction has been adapted to be in line with the Care Certificate". The Care Certificate is a nationally recognised identified set of standards that health and social care workers adhere to in their daily working life. The deputy manager added, "There has also been specific training around epilepsy, diabetes and dementia". Staff told us that training was encouraged and was of good quality. Staff also told us they were able to complete further training specific to the needs of their role, such as a diploma in health and social care. One member of staff told us, "I did a dementia course, as the needs of people are changing in the home. The dynamic has changed throughout the years". Another added, "Training is good, it's always available. The registered manager is always chasing us to go on more training".

Staff received support and professional development to assist them to develop in their roles. Feedback from staff and the registered manager confirmed that formal systems of staff development including one to one and group supervision meetings as well as annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. One member of staff told us, "I get supervision all the time, and an appraisal". Another added, "Regular supervision is adhered to very strictly".

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. Staff told us they explained the person's care to them and gained consent before carrying out care. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu based on people's choices and people could eat at their preferred times and were offered alternative food choices depending on their preference. People were complimentary about the meals served, and weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as diabetes. We saw that details of people's special dietary requirements, allergies and food preferences were recorded to ensure that the chef was fully aware of people's needs and choices when preparing meals.

People had clear healthcare plans and staff told us that people had regular health checks. The registered manager described how people were observed in relation to their general wellbeing and health. Each person had a profile detailing how they communicated their needs. This included how they expressed pain, tiredness, anger or distress. Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns. One member of staff told us, "I would recognise if somebody was poorly. I would look for emotional change, whether they were eating or drinking differently. We take note of the mental and physical side of things". Care records demonstrated that when there had been a need identified, referrals had been made to appropriate health professionals, such as dieticians and GP's. If people needed to visit a health professional, such as a GP or an optician, a member of staff would accompany them.

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "They [staff] are very kind". Another person said, "I'm very happy here".

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner. We observed staff being caring, attentive and responsive and saw positive interactions with good eye contact and appropriate communication. Staff appeared to enjoy delivering care to people. One person told us, "All the [staff] are very kind and friendly". A member of staff told us, "I like the varied needs of the residents. It's never boring, because we are always learning. I have a good rapport with the residents". Another added, "I love it here, I love the residents. I like this care home. It's nice and secure, respects people's choices and gives them a good way of life".

Staff demonstrated a strong commitment to providing compassionate care. From talking with people and staff, it was clear that they knew people well and had a good understanding of how best to support them. For example, one person became very emotional when talking with us. Staff were aware that this may happen and ensured they were on hand to assist and reassure this person, and help them relax. We also spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food. Most staff also knew about peoples' families and some of their interests. For example staff were talking in depth with one person about current affairs and to another about an international football tournament.

People looked comfortable and they were supported to maintain their personal and physical appearance. People were well dressed and wore jewellery, and it was clear that people dressed in their own chosen style. For example, some chose to dress casually, whilst others wore smart clothes. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. A member of staff told us, "We provide good care based on choice and dignity. It's very person centred and respect is very high between residents and staff". The care manager added, "We have a dignity champion and we ensure that doors are closed and curtains are shut when personal care takes place. All our documents are secure and we talk with staff in supervision about dignity, privacy and confidentiality".

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend

their day. One person told us, "No one upsets me, I can get up when I want". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "I always ask people what time they'd like to get up and when they'd like to have a bath. They get up and go to bed when they want. I'm not here to intrude, I'm here to support. They tell me what to do". The deputy manager added, "People come to me and say 'Can we do this' and I say, 'Of course, it's your choice'. Staff know not to put their choices on to the individual, but to respect theirs".

Staff supported people and encouraged them, where they were able, to be as independent as possible. The care manager told us, "The staff always encourage people to do things for themselves". We saw examples of people being encouraged to be independent, one person told us, "They take me to the shops". Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One member of staff said, "We encourage people to shower and help with personal care, and to get familiarity with routines". Visitors were welcomed. The deputy manager told us that friends and family could visit at any time and were welcome to join their loved ones for a meal.

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. One person told us, "I like to play skittles and go to the shops".

People had very detailed assessments and care plans, so there was good quality information to help staff to meet people's needs and to understand their preferences. The staff focussed on people's individual needs and it was evident that a lot of time and effort had been taken to get to know people's likes and dislikes and how they liked things to be done. For example, one person's care plan stated, 'It is important that staff know I can and want to make a snack for myself at midday'. Another care plan stated, 'I often take time to absorb information. Give me time to express myself'. A member of staff told us, "I read the care plans and we get to know the residents by taking the time to talk with them as well". Another added, "I read the care plans. They reflect people's needs and choices. Everything is written in a person centred way". Each person had a key worker assigned to them. One member of staff told us, "The overriding factor of key working is continuity of care and meeting the needs of the people, and we do that. Some people's health is declining and we change and adapt to that". The overall aim of key working is to ensure the provision of holistic care and support to meet the individual needs of the person and their family.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. The care manager told us that staff ensured that they read people's care plans in order to know more about them. We spoke with staff who confirmed this was the case and gave us examples of people's individual personalities and character traits that were reflected in people's care plans. For example, we saw that one person particularly enjoyed watching DVD's and video tapes. A member of staff told us, "[Person] likes his tapes and movies, so I brought 'The Goonies' DVD in for him. He really liked it, so I bring in DVD's regularly for him".

There was evidence that people engaged in activities, in the service and out in the community. Activities included bowling, music nights, cooking and film nights. Additionally, people living at Z&M Care Limited, 12 Lyndhurst Road accessed daily activities at the provider's other care home situated next door. On the day of the inspection some people were out in the community doing activities and attending day services. A member of staff said, "There are plenty of activities to do and the residents can join in any of the activities in the other house next door. There are day trips and there is also a trip to Spain planned". We saw further evidence of people enjoying lots of trips and activities in photographs and detailed in people's care plans. The service also supported people to maintain their hobbies and interests and achieve specific goals. For example, one person kept a dog. They told us, "I love my dog and am happy with him". Another person had a keen interest in playing cards and we saw that they carried their playing cards with them, whilst a further person practiced embroidery. Additionally, the service had supported people to book a holiday to Spain and another trip away to a caravan site. People were given the opportunity to observe their faith and to attend the place of worship of their choice, and religious services were made available for people.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. Complaints made were recorded and addressed in line with the policy with a detailed response. The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required.

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. A suggestions box was available for people and regular meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the meetings and surveys was on the whole positive, and suggestions were received from people about holidays and activities.

Is the service well-led?

Our findings

People were unable to indicate to us whether they felt the service was well led. However, staff spoke highly of the registered manager and management team, and felt the service was well-led, and our own observations supported this. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One member of staff told us, "I am able to confide in the management. They listen to me. Their door is always open, and they are there when I need them if I need help".

People and staff were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings took place. We saw that people had been involved in choosing decorations and paint / colour schemes for their rooms and communal areas. The care manager told us, "This is their home. It's about what they want. From the feedback we got from people, we got a marquee for the garden, so they can have parties. There's also the raised beds and regular barbeques, they were all suggestions from people". We saw an example where through feedback from staff, changes had been made to the cleaning rota and storage of linen.

We discussed the culture and ethos of the service with people, the registered manager and staff. The registered manager said, "I'm proud that the residents call this their home". The care manager told us, "Freedom and independence is what we offer, and we promote a quality of life that people would have if they lived independently in their own home. I'm very proud to say that I work here". A member of staff added, "We give stability and a good base to access the local community. They can come and go, but there is support if they need it. It's a good home to work in, as the needs are so varied, so you always learn. We get satisfaction when we know their needs are met, it makes up feel good". In respect to staff, the registered manager added, "This is a friendly home, where we work as a team. Staff have gripes, but I think we have good morale and we have an open door policy". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "I have good support, managers are always on the end of the phone". Another said, "The managers have supported me in every way, both professionally and personally".

Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with the management team. The registered manager told us, "I am open to suggestions from staff on how to improve". The management team was visible within the service and the registered manager, deputy manager and care manager took an active approach. The registered manager told us, "I am very approachable". The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff said, "It's very good with management, there are no closed doors. It's positive and we have a good team that listens, which stabilises the home". Another member of staff added, "There are regular meetings with staff and management. We have very hands-on managers. There is a great emphasis on communication".

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures

could be put in place when needed. For example, after one incident, discussions took place with the Local Authority in order to determine the correct level of care for this person. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, medication, care planning and infection control. The results of audits were analysed in order to determine trends and identify areas for improvement. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and inform plans to improve the quality of the care delivered.

The registered manager informed us that they and the management team regularly attended management meetings to discuss areas of improvement for the service, review any new legislation and to discuss good practice guidelines within the sector. Up to date sector specific information was also made available for staff, including guidance around moving and handling techniques, the Mental Capacity Act 2005 and updates on available training from the Local Authority. We saw that the service also liaised regularly with the Local Authority, local learning disability services and the Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery. The service had also been awarded Investors in People (IIP) status. Investors in People is an assessment framework which reflects best practices in the workplace. Additionally, the service had achieved CHAS accreditation (Contractors Health and Safety Assessment Scheme). A CHAS compliant supplier meets nationally recognised acceptable standards of health and safety.