

Zero Three Care Homes LLP

Massenet

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

About the service:

Massenet is a care home providing personal care and accommodation for up to seven people who have a learning disability or who are autistic and have complex support needs. The service does not provide nursing care. At the time of inspection there were seven people using the service.

People's experience of using this service:

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 a life as any citizen and Massenet ensured this was the case for the people who lived there.

Feedback we received about the service was universally positive and staff and the management team were well thought of. Relatives told us they would recommend the service to others as in the words of one relative, "We are incredibly happy with the way [named person's] life is unfolding. We feel very connected to the home whenever we call or visit; [named person] is content and they [the service] accommodate [named person's] needs and they understand our concerns; we are very very pleased"

Robust recruitment practices were in place to ensure the suitability of new staff. Staff knew people well and had a good understanding of their needs and how to keep people safe. Safe systems for the management of medicines were in place. Only staff who had been trained and assessed as competent administered medicines.

Staff enjoyed working at the service and felt well supported. There were systems in place to monitor and support staff to ensure they had the skills and knowledge to provide effective care and support.

The registered manager and staff team understood 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 support this practice.

People were supported to eat and drink enough which met their needs and preferences. The service ensured people had access to health care advice and treatment when promptly when this was needed. The environment was well maintained and suitable for the needs of the people who lived there.

Staff were kind and caring and had formed positive, trusting relationships with people which helped people develop the confidence to achieve their goals. The service had introduced new ways of working based on best practice principles which demonstrated their commitment to supporting people to live full lives through the introduction of new opportunities and experiences which encouraged people to be as independent as they could be.

The service was well-led by a registered manager and deputy who provided a positive role model to staff. The culture of the service was person-centred and empowering. Robust quality assurance systems were in place to monitor the safety and quality of the service and drive improvements.

Rating at last inspection: Good. (Last report published July 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led

Details are in our well led findings below.

Good ●

Massenet

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team was made up of two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Massenet is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced inspection.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. We assessed the information providers send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan and inform our inspection.

During the inspection we spoke with the registered manager, the deputy manager and three other members

of the care staff team. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five relatives of people and also contacted healthcare professionals who worked in partnership with the service. We looked at four people's care records including their medication records and daily notes. We looked at two staff files. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, minutes of meetings and quality audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection, this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to protect people from the risk of abuse or harm and these contributed to people's safety.
- Staff knew how to protect people from harm and had received relevant training in this subject.
- Records showed any safeguarding concerns were recorded and reported to the local authority and Care Quality Commission (CQC) when necessary.
- People's relatives told us the service kept their family members safe from the risk of abuse and took appropriate action when required. A relative told us, "Safe, absolutely, we have no concerns; we are kept informed of any safeguarding issues; they [the service] do it by the book."

Assessing risk, safety monitoring and management

- Individual risks to people were identified and risk assessment reviews were carried out to keep people safe. Staff we spoke with were familiar with the risks to people and knew what steps needed to be taken to manage them. A staff member told us, "For one person we check the garden thoroughly before they use it as we are aware of the specific risks there might be to this person."
- Feedback from relatives confirmed risks to people were well managed. A relative told us, "[Named person] has epilepsy and has one to one support; they have a monitor in their room at night; staff are always watchful of them."
- On call arrangements were in place to support staff out of hours if they needed additional support or advice.
- People had personal emergency evacuation plans to ensure all staff and emergency services could support them safely to evacuate the building in the event of an emergency.
- Regular health and safety checks including gas safety, fire tests and drills and legionella testing had been completed.

Staffing and recruitment

- The service made sure there were sufficient numbers of suitable staff to support people. People had one to one support and sometimes two to one if required. Throughout our inspection we observed staffing levels were meeting the needs of people and there was always someone available to provide support.
- Staff spoke positively about staffing levels and said they had time to provide safe and caring support. One staff member told us, "There is enough staff around, people are definitely getting their one to one's."
- Relevant recruitment checks had been completed upon staff prior to their offer of employment. These included checks upon staff's identity, conduct in previous roles, employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent

unsuitable people from working with people who use care and support services.

Using medicines safely

- Medicines systems were well organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage disposal and administration of medicines.
- Staff had received training and had been assessed by the registered manager or deputy to be competent to safely support people to take medicines.
- There was an up to date medicines policy to provide guidance for staff and appropriate 'as required' protocols for people's individual medicines were in place.
- The service applied the principles of STOMP which aims to stop the overuse of anti-psychotic medication for people with learning disabilities or mental health conditions. We saw this had a positive impact on some people who had seen a reduction in the use of this type of medication.

Preventing and controlling infection

- The premises was clean and well maintained and smelled fresh with no bad odours.
- Staff received training in infection control and had access to protective clothing such as gloves and aprons to prevent the spread of infection.
- Infection control audits were completed to ensure good standards of cleanliness and hygiene were maintained.

Learning lessons when things go wrong

- Accidents and incidents were monitored to see if lessons could be learned to help keep people safe. Where an accident or incident had occurred, these were recorded and analysed to identify any trends or patterns and appropriate actions were taken to prevent reoccurrences.
- Staff meetings were used to aid learning, by reviewing best practice and considering ways in which lessons could be learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection, this key question has remained good. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- Before people moved to the service, detailed assessments were completed with them, their relatives and relevant professionals to determine their support needs and preferences. Information gathered from the assessment was then used to create a person-centred support plan, which was updated as and when people's needs changed. This information considered people's strengths and included information about their physical and health needs, emotional needs, communication, and relationships, and how best to support people to make choices.
- People living at the service had highly complex needs and demonstrated behaviours that may be perceived as challenging. The staff team practiced positive behaviour support to encourage people to communicate their needs in more proactive and less harmful ways to minimise the risk of people injuring themselves or others when expressing needs or emotions.
- Staff said they had completed training to help them to manage challenging behaviours. A staff member said, "Our training is all about proactive strategies with action plans. We are really good at this proactive response and will prompt going to the garden or offer a sensory bath."
- Our observations and feedback from relatives showed staff were good at supporting people to manage their behaviours in a positive way. A relative told us, "[named person] is always happy; staff know how to avoid triggers."
- Since our previous inspection, the service had introduced a new model of practice called 'Active Support' which has been proven to improve the lives of people with learning disabilities and autism. Active Support changes the style of support from 'caring for' to 'working with', it promotes independence and supports people to take an active part in their own lives.
- Feedback from relatives confirmed the positive impact 'active support' was having on people. A relative told us, "(Named person) does things now they never did before; they are learning to make sandwiches and a cup of tea; they made me my first cup of tea recently which was lovely, it made me cry."
- Where applicable, people had an intensive interaction plan in place. This is an approach to teaching the pre-speech fundamentals of communication to adults with severe learning disability who are still at an early stage of communication. Research has proven its effectiveness and it is considered a recognised approach to use with adults with autism.

Staff skills, knowledge, and experience

- All new staff completed an induction programme which included the Care Certificate. The Care Certificate is the bench mark set for the induction standards of new care workers. A new staff member told us, "On my first day they showed me round. I read the policies, procedures and care plans. I am booked in for training and this is all on my rota. I am still shadowing the experienced staff and I have never been left on my own

yet." Another staff member said, "Training definitely prepared me for my role. It gives you more experience."

- Staff had training in subjects specific to their role, for example, supporting people with autism and learning disabilities. All observations between staff and people demonstrated staff understood how to support people in line with their needs, for example using 'active support.'
- Staff training, supervision and appraisals were up to date and in line with the provider's policies. A staff member said, "Supervision is every two months. Everyone is really welcoming, we can talk to anyone, the office door is always open for a debrief."

Supporting people to eat and drink enough with choice in a balanced diet

- The service supported people to have enough to eat and drink and maintain a healthy balanced diet.
- People were supported to make food choices through various communication methods so they were involved in choosing the food they wanted to eat.
- At mealtimes people were well supported by attentive staff, who sat with people encouraging their independence with eating and drinking. Appropriate aids such as plate guards and lidded beakers were used to help people have greater independence.

Adapting service, design, decoration to meet people's needs

- The design of the building met people's needs. Where it had been identified a person would benefit from their own space, purpose-built accommodation had been erected in the garden, separate from the main house.
- People's individual rooms had been personalised in line with their tastes and preferences.
- There was a large well-maintained garden for people to enjoy. Where people who expressed an interest they had access to an area set aside for planting.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People had health action plans with information about their healthcare needs, and how they communicated should they have needed to go into hospital.
- The service worked closely with other agencies who provided support for people's on-going care needs such as clinical psychologists, speech and language therapy and GP.
- People were supported to attend regular health checks including dentist, optician, and hospital appointments. A relative told us, "[named person] sees the GP and dentist and staff responded to my request to have their feet and shoes checked."

Ensuring consent to care and treatment in line with law and guidance

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 make 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where restrictions on people's liberty were in place we saw DoLS applications had been made.
- Assessments of people's mental capacity had been completed appropriately. When people were unable to make a specific decision, for example, about their medicines or finances; a best interest decision had been made in consultation with the relevant people and professionals. Some information recorded in the best interest process was more detailed for some decisions than others. We discussed this with the registered manager who agreed they would include more detail in relation to others views as part of this process.
- Staff had received training in the MCA and during the inspection we observed staff applying the principles of the legislation in practice, for example, supporting people to make as many decisions as possible for themselves. One staff member said, "With [named person] I will set out a plan and goals on each shift; the guys are able to make their own choices."
- Feedback from relatives confirmed staff supported people to have control over their lives and make their own choices. A relative told us, "Staff always give [named person] choices, for example, drinks and a walk or a drive or a swim. [Named person] will communicate if they do not want to do something and staff don't force the issue; the staff are very very good at supporting and supervising but don't take over."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection, this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

People's relatives told us staff were kind and caring and people were well looked after. A relative said, "Life is wonderful for [named person]; staff can't do enough for them; they [staff] all sing off the same hymn sheet and [named person] is smiling and happy every time we see them." Another relative told us, "[Named person] is really happy there, the morale of the carers is very good and staff do seem to care; I've been away with [named person] on trips with the carers and it has given me insight; staff genuinely care and [named person's] wellbeing is important to them."

- People and staff had formed relationships based on trust and respect. Staff spoke with and about people in a kind and compassionate way. One staff member told us, "I love it here, it's really fun." Another staff member said, "The progression people make here is amazing; they have come so far."
- We observed numerous kind and caring interactions between staff and people. This included supporting people in a positive way when they were anxious and laughing and sharing jokes with people.

Supporting people to express their views and be involved in making decisions about their care

- Each person had an allocated key worker and had protected one to one time with them. This helped people to express their opinions and be involved in decisions about their care and support.
- When people were not able to express themselves verbally staff gauged their response from how they presented, and supported communication with various communication methods such as picture cards or PECS. PECS is a Picture Exchange Communication System, which allows people with little or no communication abilities to communicate using pictures. A staff member said, "We use gestures and have been working with PECS since the speech and language therapist set the folder up. [Named person] now uses the pictures in the PECS folder, they know where things are and will get things and make their own drinks. With have pictures for how [person] is feeling, and their specific activities."
- Relatives confirmed the positive impact good communication practices had on their family members. A relative told us, "The routines and symbols they use give [named person] control of their life."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. Support staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. Support staff knocked and waited for permission before going in to bedrooms, toilets, and bathrooms.
- Staff told us they were committed to using the providers new initiative 'active support' to empower people and promote their independence. A staff member told us, "[Person] is excelling in day to day activities like

washing, dressing and daily activities. A new staff member said, "Staff here really care there is a big drive here to get people to do stuff themselves."

- People's private and confidential information was stored securely, and staff were discreet when discussing private or sensitive information.
- Friends and family were made welcome at the service and could visit whenever they wanted. A relative told us, "[named person] has a very happy life. It is like their own home, very homely, not formal. We can visit any time and we are welcomed and given a cuppa."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated good. At this inspection, this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received responsive care and support that met their individual needs. Each person had a support plan which provided staff guidance of how their needs should be met. The support plans included people's medical conditions, communication needs, strengths, preferences and the level of support they required.
- Care and support plans had been written in a sensitive and individual way which evidenced people and their families or advocate were involved and consulted with in the care planning process.
- Staff knew people well and the level of support each person required. Staff provided support that matched what was recorded in people's support plans. For example, a staff member whilst supporting a person held them in a certain way. The care plan confirmed the person liked to be held in that way. Another person was listening to a particular style of music and this type of music was clearly recorded as their favourite.
- People's care and support plans were reviewed and updated when their needs changed. A relative told us, "At review meetings we make suggestions and they do listen, the group psychologist regularly reviews things too."
- The service supported people to enjoy a range of activities and interests that were meaningful to them including trips out, engaging in hobbies and holidays away.
- Social inclusion was encouraged and supported. People had access to private and public transport and were helped to access and be a part of their local community. A relative told us, "[Named person] does lots of activities and is very familiar with their surroundings; they are very sociable and mix well with others; they go horse riding, swimming, trampolining, reflexology and pampering, picnics and theme parks; they loved their holiday to Centre Parcs with another service user."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made accessible to people through pictorial means or an 'easy read' format if required to comply with the Accessible Information Standard.
- People's communication needs had been assessed with detailed guidance in place for staff on how to meet their needs. For example, a staff member told us one person wore ear defenders as was very sensitive to noise.
- Throughout the inspection we observed Staff using words, pictures, objects and body language as described in people's care plans to effectively meet people's communication needs.

Improving care quality in response to complaints or concerns

- There were systems and processes in place to respond to complaints. A complaints policy was in place with an easy read version to support people's understanding of how to make a complaint.
- At the time of inspection there were no open complaints. We reviewed the responses from the last satisfaction survey which showed relatives were satisfied with how concerns were managed. One relative stated, "Our concerns are dealt with promptly, efficiently and politely."

End of life care and support

- There was no-one living at the service who was being supported with end of life or palliative care needs.
- If people had particular needs or preferences for their end of life care such as preferred place of death or funeral arrangements these were discussed and recorded during reviews.
- The service provided people with an information pack which included information about end of life care and support to help people explore their needs and preferences.
- The registered manager advised us if people had particular end of life needs the service would provide the relevant training to staff so people's needs could be met effectively.

Is the service well-led?

Our findings

At the last inspection, this key question was rated good. At this inspection, this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service demonstrated a commitment to providing good quality, compassionate, person-centred care and support.
- The culture of the service was one which promoted independence to empower people to live full and varied lives.
- Without exception, relatives were positive about the service and its leadership and were very satisfied with the care and support their family members received.
- The registered manager understood their responsibility under duty of candour to be open and honest if things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was managed by the registered manager and deputy manager who shared responsibility for the day to day running of the service.
- Staff, management and the provider understood their roles and responsibilities and there were clear lines of accountability. The service met its regulatory requirements to provide us with statutory notifications as required.
- The registered manager set a strong example to staff to ensure they shared the vision and values of the service. The management team were visible in the service and were positive role models for staff, promoting a person-centred and empowering culture. Staff referred to a communication book as part of their daily practice which was used by management to reinforce good practice principles.
- Relatives told us the management team were approachable and accessible. A relative said, "We see the management whenever we pop in and will often have phone calls."
- The service was reliably monitored to ensure safety and quality. The management team and provider completed regular audits to ensure robust oversight of the service at all levels. Action plans were generated, and improvements carried out when issues were identified.
- There were systems in place to monitor the experience of people who lived at the service and staff practice was regularly observed to assess staff performance and the quality of care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Good communication practices and information sharing was evident at the service. Regular meetings were organised including 'clinical cascade' meetings which were used to discuss individual people's needs, goals and progress. These meetings were attended by the provider's clinical psychologist, members of staff

and where appropriate also included people's relatives.

- People had designated keyworkers who knew them and their families well and could represent their views and wishes. Regular meetings were organised between keyworkers and the management team which were used to identify goals, activities or interests the person might like and to review previous suggestions to make sure these had been actioned. The meetings were also used to reflect on successes and what might be done differently to improve people's experience.
- Annual satisfaction surveys were completed with people by their keyworkers. Where people were not able to communicate their answers, the keyworker answered the questions based on their observations and knowledge of the person.
- Satisfaction surveys were also sent out to relatives and the feedback provided was listened to and actioned to drive improvements.

Continuous learning and improving care

- The provider demonstrated a commitment to continuous learning and improvement within its services. Research and best practice guidance were used to enhance the quality of care and support people received. New initiatives had been introduced which had a positive impact on people's quality of life. This was reflected in the feedback from relatives in the last satisfaction survey. For example, one relative had stated, "Thank you so much for creating such a positive and forward thinking environment at Massenet. We truly appreciate the efforts of all your team and look forward to an equally up beat 2019."

Working in partnership with others

- The service had forged links with the local community, for example, working in partnership with local businesses to raise money for autism awareness.
- Written compliments sent in by relatives showed the positive impact of supporting people to be a part of their local community. A relative reported, "We had clinical cascade yesterday and spent time discussing [named person] and how well they are doing; the progress they have made. They have started to talk to people on phone, will interact with shopkeepers, has been ballroom dancing and sat next to a stranger on the bus."