

Zero Three Care Homes LLP

Mirabeau

Inspection report

Sheepcotes Lane
Silver End
Witham
Essex
CM8 3PJ

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mirabeau is a care home that provides care and support for up to ten people who have a learning disability or who are autistic and have complex support needs. At the time of our inspection there were ten people using the service, seven people lived in the main building and three people in a linked annexe called 'The Garden Room.'

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Although the service was registered to accommodate more people than current best practice guidance, we found this did not have a negative impact on people's quality of life. The size of the service was mitigated by the building design which included an annexe. The care home also blended well with other neighbouring residential properties.

People's experience of using this service and what we found

Before our inspection we had concerns raised with us that there were not enough staff to meet people's needs. When we inspected, we found the provider had started to address recruitment and retention, however they had not always ensured there were enough staff on duty to keep people safe.

There were detailed and personalised needs and risk assessments which provided excellent advice to staff, based on good practice guidance. Due to lack of adequate staffing, the care plans were not always followed as required.

The registered manager was committed and understood risk, however they had not had the resources to respond to the concerns with staffing levels. The provider was working with the local authority to address concerns; however, improvements were required to ensure open and clear communication about how the service decided on the numbers and skill levels of staffing. Staff recorded incidents and accidents. The provider was addressing how they monitored this information to ensure effective action was taken to keep people safe.

There had been improvements in the administration of medicine which demonstrated the service had learnt lessons when things went wrong. The provider ensured people were protected from the risk of infection and lived in well-maintained accommodation.

Staff were extremely motivated. There was a high-quality training programme which prepared staff well to

meet people's complex needs. However, some new staff had not yet attended key training, which left them unprepared for their role and lacking in confidence.

In response to recommendations at our last inspection, the service had introduced new measures to increase people's independence and involvement in their care. Staff knew people well and communicated skilfully with people and promoted their views and choice. Feedback from families was positive about how caring staff were. Families and representatives were involved appropriately in people's lives and decisions. They felt able to complain and be confident their concerns would be addressed.

Staff worked well with health and social care professionals to meet people's needs. Meal times were personalised around people's preferences and timetables. Staff provided the necessary support to meet nutrition and hydration needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The registered manager agreed to review their applications to deprive people of their liberty to ensure they included all areas of possible restriction.

Support was personalised and reflected people's changing needs. Staff supported people to develop their skills and set achievable, person-centred objectives. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Rating at last inspection

The last rating for this service was good (published 8 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Mirabeau

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and a specialist advisor who was a learning disabilities nurse.

Service and service type

Mirabeau is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 inspection was unannounced.

What we did before the inspection

Prior to the inspection we gathered and reviewed information we held about the service, including information we had received from the provider. The provider is required to notify us of deaths and other incidents that occur within the service, which enable the Commission to monitor any issues or areas of concern.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections

Shortly before our inspection we attended a meeting arranged by the local authorities organisational safeguarding team to discuss recent incidents at the service. This meeting was attended by a number of professionals and provider representatives.

We used all of this information to plan our inspection.

During the inspection

We focused on speaking with people who lived at the service and observing how they were cared for. Where people at the service had complex needs, and were not able to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service.

We spoke with seven members of care staff and the area manager, registered manager and deputy manager. We also attended a meeting where a number of clinical staff were meeting with care staff.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision and reviewed a variety of records relating to the management of the service.

After the inspection

We had contact with three family members for their view on the service. We had feedback from four health and social care professionals. We continued to seek clarification and further information from the provider.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment; Assessing risk, safety monitoring and management

- People had personalised, high-quality, need and risk assessments and there was detailed guidance on the support people needed. Staff had a good understanding of how to keep people safe. For example, which people benefitted from going for a drive when they became anxious.
- However, the plans and guidance were not always followed due to variable staffing numbers and dependence on new, less experienced staff.
- Concerns were raised by the local authority in 2019 about staffing levels, staff training, recruitment and retention, and the safety of care staff. We found at our inspection that the provider had started to take positive action to address these concerns, and several new staff had been recruited. However, the delay in resolving the concerns in a timely manner meant the provider had not always ensured people, staff and the public had been kept safe since our last inspection.
- The registered manager described the staffing levels required to meet the needs of the people at the service. We reviewed selected incidents and found staffing had not always been at the required levels on those dates.
- There had been incidents of challenging behaviour when eight people had remained at Mirabeau throughout the whole day. Staff used diversion and supported two people to remain apart when they were anxious. We noted there were not sufficient staff on that day to ensure people remained stimulated and supported individually.
- The provider had measures to ensure when people were restricted for their safety, this was done in their best interest and the least restrictive option was used. They told us there was a form to be completed when a person's rights were infringed. We advised the registered manager that staff we spoke to were not aware of this form and we had not found it in use in the records we viewed. The registered manager assured us they would address this.
- The provider had not ensured all staff had the necessary skills to meet people's needs. The provider arranged training to provide staff with skills to work with people who display anxious and challenging behaviours. However, some new staff had not yet gone on the training but were still required to work in high risk situations, such as during overnight shifts or out in the community. We found examples where this resulted in staff lacking confidence and knowledge about how to keep people safe.
- The registered manager told us they had requested a review of staffing at night, due to the complex needs of some of the people at the service.
- Staff continued to be safely recruited.

Systems and processes to safeguard people from the risk of abuse

- Since our last inspection there had been an increase in staff and former staff contacting external agencies

with concerns about people's safety and quality of care. On the day of our unannounced visit to the service the provider had arranged a meeting with staff to start improving communication and morale. However, further action was needed to ensure staff felt able to communicate openly and directly with the provider.

- Staffing concerns, discussed above, impacted on the risk to people from abuse from other people living at Mirabeau.
- Prior to our visit we had concerns raised that the registered manager notified the local authority about some safeguarding concerns, but this was not consistent. We found the registered manager was working well with the local authority to clarify when incidents needed to be raised as a safeguarding alert.

Using medicines safely

- People received support to take their medicines safely from well trained staff. There had been some medicine errors and effective action had been taken following these incidents to prevent them reoccurring.
- There were effective checks to ensure medicine was administered as required.
- The service had signed up to STOMP, a campaign aimed at stopping the over-medication of people with a learning disability. Staff described how they were implementing this and told us they were proud to promote people's human rights.

Learning lessons when things go wrong

- Staff were encouraged to debrief after incidents and to learn about what triggers might cause people to become anxious. Meetings about these incidents were useful.
- The learning following medicine errors had been positive and resulted improved safety in this area.
- There were different forms and systems which staff had to complete when things went wrong. It was not always straightforward to see what actions had been taken after each incident and to measure how these systems helped staff support people more safely. The provider assured us this was an area they were focusing on.

Preventing and controlling infection

- The provider had effective measures to ensure risk from infection was minimised.
- Staff supported people in this area, whilst maintaining a homely, non-institutionalised environment.

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 the same. This meant 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

- Since our last inspection the provider had promoted 'active support,' in line with best practice guidance. This involved people being supported to become more active and independent. Staff were enthusiastic about this practice and we observed active support throughout our visit. For example, staff encouraged people to be involved with domestic chores.
- The provider had an expert team supporting the service, which included a clinical psychologist and behaviour specialists. We found the clinical in-house knowledge and the development of behaviour programmes represented good practice.

Staff support: induction, training, skills and experience

- During our inspection, we observed staff were skilled at working with people, using diversion when people became anxious.
- The provider had developed a high-quality training programme, which included an intensive course to develop staff skills when working with people with complex behaviours. There were delays in new staff accessing this course, which impacted on their skill levels, as outlined in the safe section of this report.
- Staff communicated well about changes in support and best practice, for example senior staff advised staff to minimise risk by avoiding withdrawing money on a person's behalf.

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 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. 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.

- The registered manager had sought the necessary authorisations to deprive people of their liberty.
- Where decisions had to be made on people's behalf, staff had consulted the necessary representatives to

ensure decisions were made in the person's best interest.

- We found one incident where the provider was depriving a person of their liberty and the detail of this restriction had not been included in the deprivation of liberty application. This restriction was known to the relevant social care professionals. We discussed this with the registered manager who agreed to re-submit the application, and review applications for other people at the service to ensure the appropriate legal procedures had been followed.

Supporting people to eat and drink enough to maintain a balanced diet

- Meal times were flexible and personalised around people's preferences and timetables. Since our last inspection we found people were taking a more active part in meal preparation.
- Staff supported people well to meet specialist dietary need, with input from relevant professionals where necessary.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had detailed health action plan outlining the support they needed to maintain good health and wellbeing. Staff worked well with external professionals such as speech and language therapist and specialist nurses to meet people's needs.
- Staff communicated and worked well with external professionals such as speech and language therapist and specialist nurses to meet people's needs.
- The provider had responded well to new guidance about oral health and introduced a new process to ensure people received the necessary support.

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

- The property was well designed and maintained to meet people's needs.
- At our last inspection we were told there were minimal pictures on the walls in the communal areas as they might be destroyed. As this visit we found these areas were much more welcoming and decorated with colourful photos and pictures.
- People's rooms were highly personalised, and staff made exceptional efforts to ensure they reflected people's interests.

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 the same. 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

- Staff knew people well and treated them with respect and compassion. A family member told us, "[Person] calls Mirabeau 'Home' and always wants to go back, which I take as a good sign. Some of the staff treat [Person] like a family member, which is lovely for them and for us."
- Staff recognised the importance of family ties and supported people to spend time with their relatives. We found an example where staff had made exceptional efforts to support a person to have a roast dinner with their family.
- A relative described to us how staff went 'over and above' for their family member, "I cannot praise the home and care workers enough for the support and care they give to [Person] and my family. They have a number of caring and passionate young workers who fulfil their every need and beyond."

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

- This was an area which had greatly improved since our last inspection. There was a focus across the service in ensuring people were involved in decisions about their care.
- Forms had been amended to prompt staff to consider how best to support people to communicate their views. For instance, one person's review described how best to ask questions to ensure their views were considered.
- Where people required additional support about key decisions, for example over plans for the future, the provider had ensured they had an advocate to help represent their views.

Respecting and promoting people's privacy, dignity and independence

- Since our last inspection we found independence was increasingly promoted across the service, in part due to the introduction of active support, discussed in the effective section of the report. For example, staff ensured people handed over money when making a purchase.
- Staff spoke about people with dignity and care plans were written respectfully.

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 as good. At this inspection this key question has remained the same. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to develop activities which were highly personalised. There had been a marked improvement in how staff captured people's views and ensured these were central to deciding what they did each day.
- People had been encouraged by staff to develop improved links with the local community, such as taking part in supported employment and education. Staff worked with people to set achievable objectives, such as "use my bus pass independently."
- Although on some days there were not enough staff to take people out, as outlined in the safe section of this report, care remained personalised and staff promoted people's interests. A relative told us, "[Person] often tells me about what they've been doing and is excited to take part in most of the planned activities."
- Care plans were personalised. The "all about me" section of the plan was written in a warm, person-centred manner and provided a balance to the extensive clinical information held about people.
- Care staff were involved in discussions with clinical staff about how best to adapt their support flexibly when people's needs changed.
- People and families were involved in reviewing care. A relative told us, "I attend my family members annual review and any other meeting that I'm invited too. I feel I am included in their life."

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.

- Staff were skilled at communicating with people and providing information in an accessible way. This usually involved staff spending intensive one-to-one time explaining or showing information to people to ensure they understood and were involved in decisions being made. For example, each person had made a decision about their holiday, using person centred communication methods.
- There were staff at the service who were skilled in specific communication approaches, such as using Makaton signs and who promoted knowledge to other staff.
- Where appropriate, staff involved specialist professionals to ensure they communicated in line with best practice methods.

Improving care quality in response to complaints or concerns

- There were processes in place to enable people and their representatives to complain. A relative told us,

"When I have felt the need to express my opinion, I feel that my concerns have been taken on board."

- Since our last inspection we found staff promoted and listened to people's voice, taking into account positive and negative feedback, such as staff preferences.

End of life care and support

- There was no one at the service who required end of life care and support and so this was not assessed at this inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found the registered manager to be clear about their role. They understood risk and how to manage it. They had tried to mitigate poor staffing numbers, such as helping out on shifts where possible, but had not always had access to sufficient resources to keep people safe. A relative echoed these findings, and told us, "Overall, I think it's well run and managed. We have very few issues and mainly (I believe) the problem lies with their high turnover of staff."
- Staff were clear about their roles and responsibilities. They knew who they were supporting and any specific tasks which needed carrying out each day.
- There were a number of quality checks at the service which picked up and addressed some of the concerns found at this inspection.
- The provider told us they were planning to recruit a quality assurance officer to increase oversight. This officer would also improve analysis of accident and incident forms, which would assist the provider in ensuring effective action was taken to keep people safe.
- The improvements since our last inspection in relation to promoting people's choice and involvement demonstrated the provider was committed to continuous learning and improving care. This gave us assurances that the provider would respond positively to the concerns raised at this inspection.

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; Working in partnership with others

- The registered manager and provider communicated well with us during the inspection about staffing challenges and the actions being taken to address this issue. However, when we reviewed the provider's analysis of specific incidents, we found a lack of openness about the impact of staffing numbers on people's behaviours and anxiety levels.
- Some professionals told us the provider did not always communicate openly about how staffing numbers were decided at the service. This meant conversations about whether there were enough staff to meet people's needs were not always carried out in partnership with key stakeholders. After the inspection, the registered manager demonstrated a commitment to resolving this concern and sent us information showing communication with professionals about how they calculated staffing levels.
- Professionals who worked with the service to meet people's individual health and social care needs told us staff worked well in partnership with them.
- After the inspection, the registered manager sent us examples of positive communication between the

provider and local authority officers, which highlighted the provider's commitment to promoting best practice when working with people with complex and challenging behaviours.

- Relatives told us they felt involved in decisions about their family members care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At our last inspection we recommended the provider consider ways in which people could be more involved in decisions about their care. We found at this inspection that people had a more active and central role at the service. Although the view of clinical specialists was still key to the care provided, people's needs and preferences were promoted in a more holistic manner.
- Staff demonstrated an exceptional commitment and passion for the people they supported and to promoting people's choice and independence. However, some staff told us before and during the inspection that they did not always feel safe and valued by some of the staffing decisions the provider made. They also felt these decisions had a negative impact on people's safety and quality of life.
- Since our last inspection we found the provider was more committed to involving staff and encouraging them to share the organisations values. The provider had carried out a survey with staff and had started to use this to address morale and staff retention. Further action was needed by the provider to continue improvements in this area.