

Zebra Care Homes Limited

West Hill Place

Inspection report

12 Burrows Close
Woburn Sands
Milton Keynes
Buckinghamshire
MK17 8SN

Tel: 07827279614

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09 March 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced inspection on 9 March 2016. The service provides care and support to five people with learning disabilities and/or autistic spectrum conditions.

During our inspection in February 2015, the provider had not met three regulations. This was because people's medicines had not always been managed safely and staff did not receive effective and up to date training. Additionally, the provider's quality monitoring processes had not always been used effectively to drive improvements. Following the inspection, the provider had sent us an action plan telling us that they would make the required improvements by the end of June 2015. During this inspection, we found improvements had been made in all areas we had identified.

The service had 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 felt safe and there were systems in place to safeguard them from risk of possible harm. People's risk assessments had been updated so that staff had the information they needed to support people safely and minimise any risks. There had been significant improvements in how people's medicines were being managed and systems had been put in place to ensure that new processes were consistently followed.

There had been improvements in the quality of training provided to staff so that they acquired the skills and knowledge necessary to support people appropriately. Staff received regular supervision and they had effective support from the manager and the senior support worker.

Staff understood their roles and responsibilities to seek people's consent prior to care being provided and they acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA).

People said that staff were caring and respectful, and they were supported well to maintain their health and wellbeing.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They enjoyed happy and fulfilled lives because they had been given opportunities to pursue their hobbies and interests.

The provider had a formal process for handling complaints. They regularly sought people's feedback in order to improve the quality of the service.

There was significant improvement in how the service assessed and monitored the quality of the service

they provided, with evidence that regular audits were being carried out.

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.

People felt safe and staff knew how to safeguard them from the risk of harm.

There was sufficient staff to support people safely.

People's medicines were now being managed safely.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided and staff understood their roles and responsibilities to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People said that staff were kind and caring towards them.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity. They supported people to acquire and maintain independent living skills.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans

were in place to meet their individual needs.

The provider had a system to handle complaints and they acted on people's comments to improve the service.

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided effective support to staff and promoted a caring culture within the service.

People and their relatives had been enabled to routinely share their experiences of the service. Staff felt valued and encouraged to contribute towards improving the service.

Quality monitoring audits were now being completed regularly and the findings from these were used effectively to drive improvements.

West Hill Place

Detailed findings

Background to this inspection

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

This inspection took place on 9 March 2016. We telephoned the service on the morning of the inspection to ensure that there would be someone there when we arrived. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, including the report of our previous inspection and the related action plans. We also reviewed notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke in a group with everyone who lived at the home. We also spoke with two staff, the registered manager, and a relative of one person by telephone. Following the visit to the home, we spoke with a relative of another person by telephone.

We looked at the care records for three people who used the service, the recruitment and supervision records for three staff, and the training records for all the staff employed by the service. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service provided.

Is the service safe?

Our findings

During our inspection in February 2015, we had found that people's medicines had not always been managed safely because staff did not always follow the pharmacist's instructions and this could have resulted in errors. Also, there were missing signatures in some of the medicine administration records (MAR) and it was unclear whether people had been given their medicines.

During this inspection, we found that significant improvements had been made to how people's medicines were being managed. The manager had put a system in place so that staff numbered the dosette boxes as soon as they had been delivered. This ensured that they reduced the risk of making errors because they now gave the medicines in the date order as labelled by the pharmacist. In addition to further training being provided, all members of staff's competency had been assessed to ensure that they administered people's medicines safely. A member of staff said, "The training in medication administration has been really good." Staff had guidance in each person's medicine file that prompted them to complete all the necessary checks before giving anyone their medicines. This minimised the risk of errors occurring. As well as a memo that the manager had sent to staff to remind them about auditing the medicine records, staff had also been given information on how to manage medicine errors. The booklet was titled, 'Guidance for handling medication errors in care homes'. A review of everyone's MARs showed that these had been completed correctly, with no unexplained gaps.

People told us that they felt safe and they were happy living at the home. One person said, "I like it here." Another person said, "It's a nice place to live in." A third person said, "Everyone is safe living here. I will talk to the manager if I am not happy about anything." A relative of one person told us, "[Relative] likes it there and is always happy to go back after a weekend with us." Another relative said, "He is safe there."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. We saw that information about safeguarding people was displayed in the office and this included guidance for staff on how to report concerns. Staff had received training in safeguarding people and this was up to date. Staff we spoke with demonstrated good understanding of safeguarding processes and they knew what to do if they had concerns about people's safety. A member of staff said, "I have never been concerned about abuse at all and all staff are confident in what they do." Another member of staff said, "Service users are safe because we have good policies and procedures in place. We have numbers to contact the safeguarding team if we are concerned about someone's safety."

People's care and support had been planned and delivered in a way that ensured their safety and welfare. The care records showed that assessments of potential risks to people's health and wellbeing had been completed. There were personalised risk assessments in place for each person that gave guidance to staff on how specific risks to people could be minimised. These included assessments for risks associated with environmental factors, the use of appliances, personal care, health, mobility, and vulnerability when accessing the community. Where required, there were risk management plans in place to help people deal

with challenging relationships they might have with other people who used the service. We saw that people's risk assessments had been reviewed and updated regularly or when their needs had changed. We also noted that the provider kept a record of accidents and incidents, with evidence that action had been taken to reduce the risk of them happening again.

We looked at the recruitment records for three staff and we saw that the provider had effective systems in place to complete the relevant pre-employment checks. These included obtaining references from previous employers, checking each applicant's employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We saw that there was enough staff to support people safely. People told us that they always received the support they needed. A relative of one person said, "They always have enough staff." The manager told us that their ongoing recruitment programme had meant that they now had enough staff and had not used agency staff for over a year. They said that staff normally covered any vacant shifts and they also had one bank staff who worked there whenever they were required. The manager said that they were also going to be interviewing for another bank staff to enable them to have adequate cover for staff leave and sickness.

Is the service effective?

Our findings

During our inspection in February 2015, we had found that the training was not always effective in enabling staff to acquire essential skills and knowledge to support people safely and appropriately.

During this inspection, we found that improvements had been made to ensure that staff had effective training. Staff told us that the quality of the training had improved and they had been able to update their skills and knowledge in a timely manner. A member of staff said, "Training has improved because a lot of it has been outsourced. I had previously raised this as an area to improve on." Another member of staff said, "I have done in-house and some external training. E-learning is fine too, but I find group training works out well." We saw that staff training was now up to date and the manager had booked staff to do their refresher training whenever it was due. The manager was also now trained to provide safeguarding training and they had started a Level 5 qualification in health and social care leadership.

Staff told us that the manager was very supportive and that they worked well as a team to support each other. A member of staff said, "The manager is great and we get a lot of support. You can go to him for anything." They also told us that they had regular supervision meetings and we saw evidence of this in the records we looked at. A member of staff said, "I get regular supervision and I find the process to be quite positive." Another member of staff said, "The manager does my supervision regularly. The new senior support worker will do training before she starts doing supervisions too." The staff records also showed that they had their performance reviewed during appraisal meetings in January this year.

People told us that staff supported them well and in a way that met their individual needs. One person said, "Staff are good, they help with anything we need help with." Others agreed with the person without making further comments. A relative of one person said, "[Relative] is 100% getting the care and support he needs." The manager was proud that they had supported a person to lose a lot of weight in the time they had been supported by the service. They said that this had been through a combination of them supporting the person to eat healthy foods and to live a more active life. The manager told us that they had ordered basic 'keep fit' equipment for use by people to increase their level of activity.

We observed that staff asked for people's consent before any care or support was provided. Some people signed forms to show that they consented to their care and support, including being supported with their medicines. Also, they had given consent to their information being shared with other health or social care professionals. However, some of the people's complex needs meant that they did not have capacity to make decisions about some aspects of their care and we saw that mental capacity assessments had been carried out so that any decisions made to provide support were in their best interest. For example, a person's capacity had been assessed in line with the requirements of the Mental Capacity Act 2015 (MCA) prior to them undergoing major dental treatment. Other mental capacity assessments we saw were in relation to people's medical treatment, personal care, and finances. The 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.

The manager had also taken appropriate steps to refer people for assessment if the way their care was provided could result in their liberty being restricted. 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). Four people had authorisations in place because they required constant supervision by staff in order for them to remain safe.

People told us that they enjoyed the food provided by the service and we saw there was adequate choice of nutritiously balanced food, including fresh fruit and vegetables. One person said, "The food is nice." They further told us that they were going to have chicken curry with rice for their evening meal. People told us that they were involved in planning the weekly menus and a member of staff confirmed this when they said, "People we support are given choices about everything including food. We just had a menu planning meeting today and they have chosen what they want to eat for the rest of the week." One person cooked their own food, apart from Sundays when they had a roast meal with everyone else. Staff cooked meals for the other people, but they encouraged them to help prepare food as much as they could. People told us that they had enjoyed the 'tasting buffets' organised by the staff so that they could try different foods. One person asked the manager when they would arrange another one and they all started talking about how they enjoyed barbecues too in the summer months. The manager told us that these would be organised in the following weeks.

Staff supported people to access other health and social care services, such as GPs, chiropodists, and opticians. There was evidence that they worked collaboratively with other professionals to ensure that people's health needs were being met, including supporting people to attend their appointments. We saw that where required, some people also received mental health support from community learning disabilities teams, made up of psychiatrists and learning disabilities nurses. A person's bathroom was undergoing adaptations so that it was big enough for them to use their walking frame. This also meant that there was room for staff to support the person safely.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "Staff are nice." A relative of one person said, "Staff are all lovely and they give [Relative] appropriate support. They have always ensured that [Relative] comes home for weekends when we are unable to pick him ourselves." Another relative said, "I have found the staff to be absolutely marvellous. I can't fault anything." They further told us about how staff had supported their relative when they had been admitted to hospital. They added, "The staff were very supportive and stayed there with him throughout the time he was in hospital."

We observed pleasant and respectful interactions between people and staff. It was evident that staff knew people they supported really well because they always had something relevant to talk about with each person. They took time to spend a few minutes speaking with each person and we saw that people usually sat in the kitchen/diner, where they could speak with staff while they were cooking. The atmosphere was homely, relaxed and friendly. A relative of one person told us that they had always felt welcomed when they visited the home. They added, "I can walk in there anytime and any day and I am always welcomed."

We saw that people had been involved in making decisions about how they wanted to live their lives and in planning their care. Staff told us how they supported people to maintain their independence as much as possible. A member of staff told us about one of the people they supported who was quite independent and was able to go out without support. They were proud that as a service, they had helped the person to achieve this level of independence which allowed them to have an active life in the local community. They added, "He meets weekly with his keyworker to review if there is anything else we could do for him." We observed that staff treated people with respect and promoted their dignity. They treated everyone as an individual, valued people's views and acted on these to provide a person-centred service. In order to protect people's privacy and confidentiality, we saw that copies of their care records were held securely in the office.

Most of the information given to people was in 'easy read' format so that they could understand it in order for them to make informed choices and decisions. When they started using the service, everyone had been given information about the service provided and where they could find other information, such as the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. If required, people could also have the support of an independent advocate.

Is the service responsive?

Our findings

People's needs had been assessed and appropriate care plans were in place so that they received the care they required and that met their individual needs. Each person had a personal profile, which detailed their likes and dislikes, skills they have, and their hobbies and interests. We saw that people also had personalised care plans that identified areas they needed support with. For example, each person's care plan showed what support they needed with their personal care, health needs including nutrition and medicines, psychological or mental health needs, cultural and social activities. It was evident that people received person-centred care and that staff had reviewed and made changes to the care plans when their needs changed. Each person's keyworker also completed monthly reports to show what progress they had made during that month. A relative of one person told us that their relative was well supported and they had never been concerned about their care. They added, "Excellent care. The best I have seen so far." Another relative said, "They provide very good care. They always phone to tell me if there are any issues."

We noted that people enjoyed very busy lives, and that they had been supported to pursue their hobbies and interests. Some people attended day centres during weekdays and one person had work experience at a bowls club. Additionally, people were also able to enjoy a variety of recreational activities and they were very keen to tell us about the activities they enjoyed. One person told us that they played football for a local football team. Other people told us that they enjoyed going shopping, watching films at the local cinema, bowling, watching football and going to the pub for meals and drinks. A person had recently started fitness sessions including rowing and ballroom dancing and they told us that so far, they were enjoying these. On the day of the inspection, one person went shopping to buy some food items and groceries for the home. Another person went to the bank with a member of staff. We saw that a theatre trip to see 'Chitty Chitty Bang Bang' had been booked for May 2016 and people we spoke with were looking forward to this. A relative of one person told us that their relative lived a full and busy life. They said, "[Relative] has a full social life, more than mine definitely."

The provider had a complaints procedure in place so that people had the information necessary for them to raise any complaints or concerns they might have about the service. Everyone we spoke with said that they were happy with how staff supported them and there was nothing they would like to change about their home. They all told us that they would speak with the manager if they had concerns. There had been no recorded complaints in the 12 months prior to the inspection. A relative of one person said, "I have never been concerned about anything at all." A member of staff said, "I have no concerns at all about the service we provide. We do not get complaints because we deal with issues as they arise."

Is the service well-led?

Our findings

During our inspection in February 2015, we had found that the provider's quality monitoring systems had not been used effectively to drive improvements.

During this inspection, we found that significant improvements had been made in how the manager assessed and monitored the quality of the service provided. The service's registered manager was now supported by a senior support worker to ensure that they regularly completed audits to assess the quality of the service they provided. These included checking people's care records so that they contained the information necessary for staff to provide safe and effective care. Also, medicine administration records (MAR) were now being checked by the manager to assure themselves that people's medicines were being managed safely and administered in a way that promoted effective treatment. As well as the manager's internal audits, the provider periodically visited the service to complete audits. The provider's quality monitoring report, completed in July 2015, showed that their sources of evidence for assessing whether the service was safe included observations, talking to people who used the service, and talking to staff. Their assessment process had been aligned to the Care Quality Commission's key questions so that they could assess whether they were meeting the regulations. An improvement plan following that audit included updating staff training, policies and procedures, and dealing quickly with potential environmental hazards. For example, a loose toilet seat was repaired shortly after the audit. A recent review by the local authority had rated the service as 'excellent' in most areas they assessed.

Staff we spoke with were happy with how the service was being managed and they were complimentary about the support they received from the registered manager and the senior support worker. A member of staff said, "The manager is really approachable and supportive. The new senior support worker seems to be fitting in well. We have a good, solid team." They further told us that the manager promoted a caring and supportive environment within the service and staff were encouraged to contribute towards the development of the service. We saw that they had regular team meetings, where a variety of relevant issues were discussed. A member of staff told us that they always discussed ways in which they could make people's lives better and more interesting for them. They told us of an initiative they had discussed to support three people to deliver a local magazine. They felt this would help them to become more involved in the local community. The manager also produced a newsletter for staff to give them updates on relevant issues including new guidance, policies, training, and they also highlighted some learning themes from news about issues happening in other care services.

Additionally, there was evidence that the provider sought feedback from people who used the service and their relatives so that they continually improved the service. We saw the results of the questionnaires completed by people who used the service and their relatives during the middle of 2015 and early 2016 which showed that everyone was happy about the quality of the service provided. People who used the service had been given an easy read questionnaire and the majority of them had been supported by staff to complete the forms. We saw that comments from questionnaires completed by people's relatives were very complimentary and these included: 'staff have a sense of humour'; 'they are flexible, which meets people's changing needs'; 'very good care and activities'. The manager had also met with people's relatives to discuss

the content of the report following our previous inspection. Although both relatives we spoke with told us that they were very disappointed with our previous report, staff said that this had resulted in positive changes to the service. An example they gave us was that the quality of their training had greatly improved. Everyone we spoke with this time described the service as either 'very good' or 'excellent' and the evidence we saw supported this view.