

Zebra Care Homes Limited

West Hill Place

Inspection report

12 Burrows Close
Woburn Sands
Milton Keynes
Buckinghamshire
MK17 8SN

Tel: 07827279614

Date of inspection visit:
26 February 2019

Date of publication:
17 April 2019

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

West Hill Place provides accommodation, care and support for up to six people with autism and learning disabilities. There were five people using the service at the time of the inspection.

The care service had 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 as ordinary a life as any citizen.

People's experience of using this service:

- The staff and the registered manager were passionate about providing people with support that met their individual needs, health, wellbeing, goals and aspirations. People were at the centre of their care and each person was treated as an individual. Care was bespoke and tailored to meet their exact needs. Staff were responsive to people's changing needs and ensured they received the best care possible, challenging other professionals when required. People could take part in a range of activities and outings of their choosing.
- People's independence was promoted. Each person was respected as an individual and their aspirations and wishes were followed. Staff helped people to gain independence at the pace that suited them, and consistently looked for opportunities for people to take part in the activity they wanted to.
- People felt safe within the service and staff understood safeguarding procedures.
- Administration and storage of medicines was safe.
- Risk assessments were in place to manage risks within people's lives.
- Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.
- Staffing support matched the level of assessed needs within the service during our inspection.
- Staff were trained to support people effectively.
- Staff were supervised well and felt confident in their roles.
- People were supported to have a varied diet.
- Healthcare needs were met. Staff and management supported people to access the healthcare they required, and made sure people received the appropriate care.
- People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.
- Staff and management treated people with kindness, dignity and respect and clearly understood the people using the service.
- People were supported in the least restrictive way possible.
- Care plans reflected people's likes, dislikes and preferences and personality.
- People and their family were involved in their own care planning as much as was possible.
- A complaints system was in place.
- The service had a registered manager in place, and staff felt well supported by them.
- The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

Rating at last inspection: Good (report published May 2016)

Why we inspected

This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe
Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our Well-Led findings below.

West Hill Place

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type

West Hill Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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. Inspection site visit activity started on 26 February 2019 and ended on 26 February 2019.

What we did:

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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During our inspection visit we spoke with three people and observed how staff interacted with them. We also spoke with two staff members and the registered manager. In addition, we looked at the care records of two people and records in relation to the management of the service. These included quality assurance checks, staff training, complaints and accident and incident information.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person told us, "I have lived here for years now, I feel safe here." All the people we spoke with said they felt safe with both the environment and the support that staff gave them.
- Staff had received the necessary training to enable them to recognise and take action to protect people from abuse. Staff had access to guidance and management support to help them to raise any concerns to the appropriate agencies, including the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people's well-being and health were assessed and measures were in place to mitigate risks. Staff understood the risk management plans and were comfortable supporting people. Risk assessments included risks associated with behaviours that may challenge others, health conditions, the environment, going into the community and activities.
- Risks were assessed in a way which understood and promoted independence.

Staffing and recruitment

- There were enough staff on shift to safely support people. People we spoke with told us that staffing levels were good, and staff that worked with them were consistent. The staff understood at which times people required more support, and followed the assessed plan of care. The registered manager told us that staffing levels had been consistent, and no agency staff were required to fill any shifts.
- We saw all staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

Using medicines safely

- People continued to receive their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.
- Where people were prescribed medicines to take 'as and when required', there was sufficient detail to guide staff on when to administer them safely and consistently.

Preventing and controlling infection

- The home was very clean, tidy, and well maintained. All staff said they had the equipment they required to manage the control of infection, such as gloves.
- People told us the home was always cleaned to a good standard, and they were encouraged to clean their own rooms. Staff were trained in infection control procedures.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. For example, after a person had been involved in an incident where they had fallen, new pictorial guidelines to support the person to stand and move were created and given to staff to follow. The registered manager reviewed and analysed information around incidents, to identify any trends and put actions in to place to minimise future risks when required.

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

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

- Assessments were completed to ensure people's needs could be fully met, before they moved into the home.
- Care plans were detailed for each identified need people had, and staff had an excellent knowledge of each person and how to deliver their care and meet their needs.
- Care and support plans were reviewed, which ensured staff continued to meet people's changing needs.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. All staff had undergone specific training in supporting people who may present behaviour which challenges, as well as autism awareness. All other mandatory training was kept up to date.
- The staff we spoke with were confident in their roles, and felt the training equipped them for the job.
- Staff told us they felt well-supported. They received supervision and support from the registered manager. This included feedback about their performance and enabled them to discuss any concerns, ideas, training and development.

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

- People were well supported to maintain a healthy diet. One person told us, "I cook for myself now three days a week, then eat what the staff cook for the rest of the time. It helps me learn to cook for when I get my own place."
- People told us they enjoyed the food on offer, and were involved in choosing the menus and options, as well as shopping for the food itself. One staff member said, "[Name] had a very limited diet when they first came here. Now they eat all sorts."
- Staff understood any dietary requirements people had, and care plans explained what people's needs, likes and dislikes were with their diets.

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

- The registered manager and staff understood people's healthcare requirements and ensured people got the access to healthcare they required. This included input from physiotherapists, specialist dentists, and audiology.
- Staff supported one person with their ongoing changing health needs. This included supporting them so they could use a mobility scooter and safely access the community when they wanted to.
- People's healthcare needs were documented within their files and regularly updated.

- Throughout the inspection we observed staff responding to people's needs in a timely way and sharing relevant information so they were kept up to date with people's current needs.
- Staff told us they had a flexible approach to people's support, which enabled people to attend activities, or access the community as they required. This included support to manage relationships with family members and friends when required.

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

- The environment was accessible for people to use and the provider and registered manager had extensively planned and considered the environment to ensure it was suitable for people's current and changing needs.
- People's rooms were decorated to their own tastes. We spoke with several people who proudly showed us the decoration in their room and their items within it.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- During our visit we saw positive approaches were undertaken by staff when they supported people. Communication was open and showed that staff had an excellent understanding of people as individuals, what they liked, the things that interested them and the time each person needed.
- People were happy with the care they received. One person said, "I like all the staff. They are all kind and respect me."
- Staff we spoke with felt that people were well cared for. One staff member said, "We want the residents to lead varied lives." Another staff member said, "It's like a real home here, it's like a big family, very homely." We saw a written quote from a relative of a person using the service which said, 'The home has a friendly and welcoming atmosphere.'

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

- People told us they were supported to express their views and were involved in making decisions about their own care. One person said, "The staff always ask what I want. I am in control of my care." Staff gave us several examples of how people had expressed their views and been able to get or change the care they required. This included support around gaining independence and employment, and general day to day activities.
- A keyworker system was in place, which meant that a member of staff took a lead role in making sure a particular person's care records were up to date, and that they and their family members had been involved in their care decisions as much as they were able to be.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was always respected, and staff always knocked on doors before entering any rooms.
- Staff were respectful towards people they supported, and checked with people first before providing them with care. Staff we spoke with told us it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

Is the service responsive?

Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
Improving care quality in response to complaints or concerns

- People received bespoke and tailored care from a dedicated staff team. For example, one person had become ill and their general wellbeing and mobility had been seriously affected. The registered manager and staff had recognised the physical and behavioural changes in this person, and supported them to seek medical advice and treatment. After some initial treatment and advice, the registered manager and staff team were not happy that the person had received the correct medical support they required. The registered manager and staff were persistent with healthcare professionals that more should be done for the person, which over time, resulted in further tests, an accurate diagnosis being discovered, and the suitable treatment then being given. The registered manager then supported the person to lodge a complaint to the ombudsman about their poor healthcare treatment. The registered manager and staff team did all they could to ensure the person could remain living at the service, and did not have to seek care elsewhere. The person's home environment was adapted considerably to ensure their ongoing comfort and care. This enabled them to remain in their home and receive the support they needed from the staff team they knew.
- The registered manager and staff team, were committed to assisting people to pursue activities of interest, and be as independent as they could be. For example, support was put in place when one person wanted to go to visit and stay with a person they had developed a relationship with, outside of the service. Staff and management were proactive and flexible in their approach. They worked collaboratively with other agencies, and ensured the person could make this trip, be as independent as they could be, and remain safe.
- People could take part in a wide range of activity, and staff were proactive in supporting people to use their local community. This included looking at employment opportunities for people, for example, at the local pub and charity shop. One person had been supported by staff to look at several employment opportunities. When one option did not work out, they received ongoing support to remain positive and look for options that better suited them.
- People felt supported to be independent. One person said, "I can do a lot more things now. Staff helped me with the local bus routes, so now I go out by myself. I'm completely independent now. I take my phone just in case I need to contact staff. I want a place of my own at some point, staff are helping me with this goal. Staff have helped a lot."
- The ethos of the staff team and the registered manager was to promote people's wellbeing and independence at all times. Staff were passionate about people receiving the care and the opportunities in life that they had the right to receive.
- People were supported to feel part of their local community. During the Halloween period, staff and people set up a display outside the house, to engage with neighbours and passers-by. The registered

manager told us the people using the service enjoyed handing out treats to neighbours and local children, and people could socialise with members of their own community.

- A complaints policy and procedure was available in an accessible format for people using the service. No complaints had been made, however people we spoke with felt comfortable to raise any concerns if they had them

End of life care and support

- The people using the service were younger adults, and no end of life care was required. The registered manager knew what appropriate support would be required should anyone need this type of care.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Our observations were that the service was well managed and had an open and honest culture. The registered manager was present within the home, and knew the needs of the people in detail, and the skills of the staff team well. We saw people engage with the registered manager and were clearly pleased to see them, and felt comfortable interacting with them.
- The registered manager understood the duty of candour responsibility. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. All required notifications had been sent to the CQC, such as safeguarding incidents. We saw that when a medication error had occurred, a letter was sent out to family members to explain the incident, and what actions were being taken to ensure it did not happen again.

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

- The registered manager understood their responsibilities under the Health and Social Care Act 2008 and associated Regulations. They sent us the information they were required to such as notifications of changes or incidents that affected people who used the service .
- The registered manager had oversight of what was happening in the service. Risks were identified and acted on to monitor the safety and quality of the service people received. People's records were well organised, and kept under regular review to ensure the information was accurate.
- Staff told us they were happy with the support they got from the registered manager. One staff member said, "The registered manager is very supportive, a very good manager." We saw that staff members and the registered manager communicated openly and shared information as required.

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

- Feedback was sought from people and their relatives about the overall quality of the service and any changes that may be required, and this feedback was reviewed and analysed to make any improvements. This information was available in an accessible format for people to use and understand.
- People we spoke with told us they felt engaged and communicated with by a staff team who treated them as individuals, and understood their needs.

Continuous learning and improving care

- There were effective systems in place to monitor the quality of the service. Comprehensive audits were

undertaken by the provider and registered manager, and the systems in place to monitor the standards and quality of the service were being managed effectively.

- Team meetings were held as well as shift handover meetings to ensure that staff and management communicated and documented all important information. Staff felt they could speak up and raise concerns or share ideas at any time.

Working in partnership with others

- The service worked in partnership with several outside agencies to improve the care that people received. This included the local authority, a variety of healthcare agencies, day service activity providers and local neighbours.