

Zapuzino Limited

Zapuzino

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

This unannounced inspection took place on 9 June 2016.

Zapuzino provides residential care for up to six older people. The home is a semi-detached house with accommodation on two floors. Three people live there and have access to a communal lounge and dining area. One bedroom has an ensuite facility and there is a bathroom on the first floor and a shower room on the ground floor. There is a small rear garden accessible to most people. At the time of our inspection three people were living there.

There was a registered manager. 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. There was one breach of legal requirements at the last inspection in March 2015. At our comprehensive inspection on 9 June 2016 the provider had followed their action plan which they told us would be completed on 22 June 2015 with regard to medicine management and this Regulation had been met.

People told us they felt safe in the home. People and a relative told us the home was like a family where they were treated with respect and kindness. Staff knew how to keep people safe and were trained to report any concerns. People were supported by staff that were well trained and had access to training to develop their knowledge.

People were provided with personalised care and were supported to make their own choices and decisions where possible. Staff knew what they valued and how they liked to be supported. People's care was regularly reviewed and progress was monitored and recorded. People were treated with kindness and compassion and people told us staff were very good when they supported them with their care. Healthcare professionals supported people when required.

People told us they liked the food and could choose what they wanted. Fresh fruit, fresh vegetables and homemade cakes were always available and people had sufficient drinks they liked. People had activities to choose from and there had been additional interests included recently. This year staff had brought rabbits in for people to see and touch and the new hedgehog house had proved an interesting talking point. There had been a programme of forthcoming events for the first six months of the year which included trips into Cirencester town and a local garden centre.

The registered manager and business manager monitored the quality of the service with regular checks and when necessary action was taken. People and their relative's views and concerns were taken seriously. They contributed in meetings and regular reviews of the service and improvements were made. Staff felt well supported by the registered manager and business manager who were available to speak to people their relatives and staff. Staff meetings were held and staff were able to contribute to the running of the home.

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's medicines were managed safely.

People were safeguarded from harm because staff were aware of their responsibilities to report any concerns. Risks assessments were completed which reduced risk for people helping to keep them safe and independent.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs.

People were protected by thorough recruitment practices and staff induction to the service.

Is the service effective?

Good ●

The service was effective .

The staff were well trained, knew people's individual care needs well and looked after them effectively.

People had access to healthcare professionals to promote their health and wellbeing.

People made decisions about their care. Staff understood their roles and responsibilities in complying with the Mental Capacity Act 2005 (MCA).

People had a choice of meals and their individual requirements were met.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect.

Staff respected people's personal wishes and treated them as individuals.

People were involved in making decisions about their care and support and encouraged to be independent.

Is the service responsive?

Good ●

The service was responsive.

People had personalised care and were supported to be independent.

Staff knew people well and how they liked to be cared for. People were involved in decisions about their care.

People took part in activities and went out in the community. Comments or concerns were listened to and responded to, with changes made where required.

Is the service well-led?

Good ●

The service was well led.

The home was managed well and regular quality checks ensured that people were safe and improvements were made.

The registered manager was accessible and supported staff, people and their relatives through effective communication.

The weekly and monthly discussions staff had with people and the surveys they completed enabled them to have their say about how the home was run.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 June 2016 and was unannounced.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We received 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 used this information to assess how the service was performing and to ensure we addressed any potential areas of concern.

We spoke with the three people accommodated, one relative, the registered manager, the deputy manager, three care staff and a visiting healthcare professional. We looked at three care records, two recruitment records, medicine administration records, staff rosters and quality assurance information. We spoke with one healthcare professional.

Is the service safe?

Our findings

At our comprehensive inspection on 13 and 16 March 2015 the registered person had not protected people and others who use services against the risks associated with the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care act 2008 (Regulated Activities) Regulation 2010. On the 9 June 2016 we followed up the requirement and there were safe medicine administration systems in place and people received their medicines when required. A senior care staff member showed us the medicines were securely stored. Staff medicine administration training was up to date. The medicine administration records we checked were correct. There was an updated policy for people who wanted to self-medicate. Currently people were not self-medicating. Storage of medicines was safe and the temperature of the storage room was monitored twice daily to ensure it was correct.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to keep people safe. Staff knew about the different types of abuse and what action to take if abuse was suspected or witnessed. Staff told us they would report any concerns to the registered manager or the deputy manager who was always available. They also knew to report to the local authority safeguarding team when necessary. Peoples personal money was handled safely by staff and accounted for in a booklet where two staff signed receipts were correct.

There were three people accommodated and there were sufficient staff to meet their care needs. There were always two care staff on duty with a suitable skill mix to ensure people were safe and they could respond to unforeseen events. There was always an experienced staff member on duty trained to administered medicines. The deputy manager worked part time and the registered manager was usually on call most days as they lived on the premises. Currently night staff slept on the premises as the registered manager had a foot injury. Staff shared domestic cleaning tasks, food preparation and activities between them.

Accidents and incidents had been recorded and were looked into to ensure preventative measures were in place. One person fell and was unable to reach their call bell so staff checked them regularly during the night with the persons consent. A person had recently fallen and the district nurse came to dress the wound. They told us they were contacted quickly to complete the wound assessment which was healing well.

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were suitable and of good character. We checked recruitment records and suitable checks had been made to ensure people were safeguarded. Potential new staff were introduced to people in the home to see how they engaged with them. Interviews were not recorded.

Individual risks were identified and minimised to maintain people's freedom and independence. The care plans had clear risk assessments for people for example; using the stair lift and moving and handling. The level of risk and what may trigger a risk was recorded. The risks were reviewed monthly and any changes were noted and action taken to minimise risks and deterioration in health and wellbeing. The home was well maintained and health and safety and fire risk assessments had been completed.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. There was a detailed contingency plan which covered emergencies for example, power failure and loss of information technology and adverse weather conditions. There were recorded evacuation arrangements for all people.

There were infection control procedures for staff to follow. The home was clean and well maintained. The staff knew about infection control and they used plastic aprons and gloves when necessary.

Is the service effective?

Our findings

People were supported by staff who had access to training and were supervised by senior staff to ensure their training requirements were met. Staff told us they had formal supervision every three months and annual appraisals. They told us they were well supported by the registered manager and the business manager and were up to date with their training. Staff had identified targets in their annual appraisals which were monitored during formal supervisions. An example seen was a staff member who had responsibility for coordinating activities and there were more activities now for people to join in with.

Staff had completed their training, for example, moving and handling, medicine administration, health and safety, food hygiene, infection control, first aid and end of life care. The training record highlighted when staff required a training update. Outside agencies and online training were both used to complete staff training and the registered manager observed staff practice as part of their supervision. The business manager had recently completed a health and social care diploma at level 5. Staff had either a NVQ level 2 or 3 qualification in health and social care.

Staff had completed training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. Staff said people had the capacity to make decisions about their care. There were no DoLS required at the service. One person told us, "I go to bed when I feel like it".

People were supported to have sufficient to eat and drink. There were no special diets or known food allergies and people were not at risk from malnutrition. A malnutrition screening tool was used to monitor people's weight and nutrition monthly. Daily records and keyworker monthly notes highlighted any changes in food intake. There was a four week menu plan but the three people accommodated decided between them the day before what they would like for their meals. Their choice were recorded in the daily diary and breakfasts included a hot choice for example scrambled eggs. The staff told us they usually made cakes and scones in the evening for the following day.

Fresh fruit and vegetables were always available. Drinks were constantly offered during the hot summer day when we visited. Two people told us, "The food here is suitable" and "I like most food here." A member of the care staff told us the food was very good. Environmental health had given the home the highest food safety rating of five stars in 2013.

People had access to healthcare professionals and their care plans recorded the visits and outcomes. A district nurse was visiting a person who had fallen the day before and was checking their wound. The nurse told us they had been contacted quickly by the service to provide healthcare for the person and they told us, "they had no concerns regarding the service". The person was comfortable in bed and staff checked on them regularly. Their relative visited and told us, "It is lovely here [the home]".

Is the service caring?

Our findings

The staff knew people well, including their likes, dislikes and personal histories which helped them to talk about topics that interested people. People were treated with dignity and respect. We observed the staff and registered manager talking to people and their relatives. We saw they were friendly and welcoming. All three people told us the staff were kind to them. Comments in the surveys completed by people six months ago included what the best part about living there was, "Talking to staff" and "Feeling part of a family." One person commented, "Quite happy being able to do as I like". A relative commented, "Your care and kindness has made the transition into residential care a very happy and smooth experience." A healthcare professional told us, "This is a lovely family home." A member of staff told us they always ask people if they want staff to stay with them when the doctor visits as people may need support or prefer a private consultation.

People chose what to do and were encouraged to be independent, for example people told us they could get up and go to bed when they liked. People had personalised their bedrooms with pictures and photographs of their families. We observed people were relaxed and communicated with the staff in a friendly manner. People took pleasure in talking about and patting the house cat and registered manager's dogs.

The staff completed shopping for people and accompanied them to appointments when required. Each year one person had the pleasure of visiting their home town in Devon with the registered manager. They told us they went to the grammar school there and had happy memories about Devon.

Each person had a member of staff (keyworker) responsible for ensuring their rooms were how they wanted them and completing their care records with them. Staff told us they chat to people and play games with them. A staff member had a 'weekly chat' with everyone to make sure they were happy and discussed any news they had. The registered manager had a monthly 'afternoon chat' with people and recorded what was highlighted. The registered manager told people they could freely use the house telephone when they liked and were asked about any additional activities they might like to do. People told us they liked playing bingo and completing adult colouring books.

Staff respected people's personal wishes and treated them as individuals. For example some people wanted to eat their meals in the lounge or their own room rather than the dining room. People were involved with choosing new colour schemes for the house decoration and shopping lists for what they may want to eat.

The records of a person who had recently had end of life care were looked at and there were clear and detailed records of the care they received and the support from the district nursing services.

Is the service responsive?

Our findings

Care plans were personalised and detailed daily routines specific to each person. For example one person did not like soap on their face and this was recorded. People's daily records told how they spent their day and what food they had enjoyed. Risk assessments were clear about the risk and what were the triggers and how to minimise them. For example it was recorded that a person could be more at risk using the stair lift when they were tired. And there was a care plan for the person using the stair lift. There was clear action recorded to prevent a skin pressure ulcer for one person and the equipment used. Staff were advised to check the person's skin and record any changes. Several visits to the dentist and chiropodist were recorded for one person and their hearing aid had been checked at the clinic .

Care staff explained the contents of people's care plans to them. People then signed their care plans to confirm their agreement. A senior care worker audited the care plans monthly with the keyworker to ensure they were complete. Six monthly care reviews were completed with people and relatives were involved in reviews.

A new activity coordinator had improved activities for people and recorded an overall review of each activity. People had enjoyed a game of snakes and ladders and colouring in pictures. Each person had a personal history record so staff knew about the things they liked doing. The activity records told us that people joined in with most activities provided which included 'pamper' sessions, musical entertainment, talking with staff, crafts, bingo and trips into town. In May this year staff had brought rabbits in and all but one person liked them. This had started a discussion about peoples own animals in their past.

There were several pictures of the new hedgehog house and people planting tubs for the patio. People had visited the local garden centre to choose plants and have afternoon tea. One person told us, "I like going out and would like to go out more often". We discussed this with the registered manager who agreed this was always possible but sometimes people changed their minds. There was a programme of forthcoming events for the first six months of the year which included a trip to Cirencester Abbey in March, a trip into town in April and a trip to a local garden centre in May.

People had access to the complaints procedure but there had been no complaints since the last inspection. A member of staff told us that people tell them about any concerns they have and they are dealt with on the day and recorded in the care plan. Staff could not recall any recent concerns raised.

Is the service well-led?

Our findings

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. People completed surveys about the service every six months. The results from January 2016 told us people and their relatives were pleased with the care provided, the meals and laundry service. A recent thank you letter said "Thank you for giving companionship over the years."

The service encouraged open communication with people, their relatives and staff. A record of weekly discussions with people was kept in a book and minutes were circulated of the registered manager's monthly 'afternoon chats' with people as a group. The meetings covered a variety of topics about the service and any changes people requested.

A member of staff told us they could make suggestions at monthly staff meetings. They said staff discussed people's care and planned outings for them. The minutes from a staff meeting in January 2016 told us about the member of staff with new responsibilities for organising activities for people. The staff also had a monthly newsletter which their comments and ideas were added to as some staff were reluctant to comment during meetings. The registered manager said they thought this was a good way to communicate with all the staff. The April 2016 newsletter for staff informed them there would be a staff recognition programme starting soon where anyone could nominate a staff member for good or outstanding achievement. The May 2016 newsletter informed staff about the new cleaning schedule for the oven and the bird cage. Staff told us if they had any concerns they would talk to the business manager, the registered manager or the senior care staff. They said they were well supported by the managers who always listened and acted upon any concerns raised.

Policies and procedures available for staff included the Mental Capacity Act, Health and Safety at work Act, The Health and Social Care Act 2014, Data Protection, Human Rights Act and the Disability Discrimination Act. There was accessible written information for staff in the office for example; with regard to advocacy, dementia care and whistleblowing. There was a service user guide and statement of purpose for the service available in the entrance porch for everyone to read.

The identified action for the health and safety risk assessments of the environment in March 2016 had been completed. Annual service checks on equipment were completed this included the bath hoist and the stair lift. Fire risk assessments were completed in March 2016 and there was no action needed.

The 2016 action plan for maintenance issues was almost complete. There was new carpet in the hall, stairs and landing areas and new wash hand basins had been fitted. The garden was to be developed and there was some minor decoration to be completed. The previous inspection report was on display in the entrance hall inside the information folder.

There was a programme of audits completed to include health and safety and care plans. We looked at a care plan audit recently completed where two areas had been identified for improvement. The business manager told us the improvements needed would be discussed with the persons keyworker who had

completed the record. People's personal money records were audited randomly by the business manager to ensure staff had recorded entries correctly to protect people. We checked an example and it was correctly recorded.