

# Mr & Mrs M Stevens

# Zion House

## Inspection report

Higher Trevellas  
St Agnes  
Cornwall  
TR5 0XS  
Tel: 01872 552650

Date of inspection visit: 10 July 2014  
Date of publication: 29/01/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an announced inspection. We told the provider two days before our visit that we would be coming. This was because we wanted to make sure people would be at home to speak with us.

Zion House provides accommodation and personal care for up to eight people with a learning disability. There were eight people living at the home on the day of the inspection visit. The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. We saw people were happy living at Zion House. The atmosphere was friendly and relaxed and we observed staff and people who used the service enjoying each other's company. Staff knew the people they supported well.

# Summary of findings

Two members of staff had been working at the service for a year but had not undertaken an induction or completed all of the mandatory training. This meant people could not be assured they were supported by staff with the appropriate skills or knowledge. Safeguarding training for the staff team had not been updated since 2010 which meant staff may not have been aware of recent legislation or working practices. You can see what action we told the provider to take at the back of the full version of the report.

Individual care plans were up to date and contained relevant and personalised information to guide staff

when supporting people. Risk assessments were appropriate and informative. This meant staff had the information they needed to support people well and in the way they wanted .

We saw people led busy lives and were encouraged to take part in activities both in and outside of the home. People were supported to use public transport to access the local community which helped them retain and develop their independence.

The service had a positive and family orientated culture. The views of people living at Zion House and those of the staff team were actively sought out by the registered manager. Quality assurance systems had failed to identify the gaps in staff training.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. There were enough staff to support people and they were knowledgeable about people's individual needs.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The registered manager had an understanding of the legal requirements laid out by the Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's human rights were respected.

Risk assessments were specific to the needs of the individual, gave staff clear guidance and were regularly reviewed.

Good



### Is the service effective?

There was not an effective system for identifying when staff training required updating. Two members of staff had not completed an induction.

Safeguarding training had not been refreshed since 2010. This meant people could not be assured of being supported by staff with up to date information and knowledge.

The service worked with external health professionals to help ensure people had access to good healthcare when they needed it.

Staff knew the people they supported well and had a good understanding of their needs.

Requires Improvement



### Is the service caring?

The service was caring. Staff responded to people in a compassionate and timely fashion.

People's privacy and dignity was respected. There was a relaxed and friendly atmosphere in the home.

Good



### Is the service responsive?

The service was responsive. People were consulted about their care and support. This meant the service knew how people wanted their support needs met.

Activities which met people's individual needs were available for people at day centres and in the local community.

Good



### Is the service well-led?

The service was well-led. There was a positive and open culture amongst the staff team and people living at the home.

People and staff told us the registered manager was approachable and they were able to discuss anything with them.

Good



# Summary of findings

Zion House was able to take the views of staff and people who used the service into account because there were systems in place to ensure those views were heard and acted upon.

# Zion House

## Detailed findings

### Background to this inspection

We visited Zion House on 10 July 2014; we told the provider two days before our visit that we would be coming. This was because we wanted to make sure people would be at home to speak with us. On the day of our visit we spoke with the eight people who were living at Zion House, three care staff and the registered manager. We observed care and support in communal areas and saw a range of records about people's care and how the home was managed. Following the inspection visit we spoke with two relatives and a health care professional.

The inspection team consisted of a lead inspector and an Expert by Experience and their supporter. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a particular type of care service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR

was collated from records held by CQC and information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and those that had not been reviewed for a while.

During the inspection we looked at care plans for three people, three staff files and documents in respect of the homes quality assurance systems.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People we spoke with who used the service told us they felt safe at Zion House. During our inspection we spent time in the communal areas with people and staff. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter. We heard one person refer to an occasion earlier in the week when they had been upset, they commented; “I don’t want to talk about that now.” We saw staff reassured them and moved the conversation on. This demonstrated staff were able to support people when they became anxious and help them feel secure. Relatives we spoke with told us they were happy with the care and support their family member received. One person said: “They’re in very capable hands.” A health care professional we spoke with told us they had; “...no reservations about the quality of care.”

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) with the registered manager. They demonstrated an understanding and knowledge of the requirements of the legislation. The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. While no applications had needed to be submitted the registered manager understood when an application should be made, and how to submit one. We did not observe any potential restrictions or deprivations of liberty during our visit.

We spoke with three members of staff about safeguarding and what they would do if they suspected abuse was taking place. All told us they would have no hesitation in reporting any issues to the manager and were confident these would be acted on. All of them said they would take their concerns outside the home if they were not satisfied with the response from the manager. However, one person was not able to identify who they might raise concerns with other than their manager, for example the local authority or CQC. This meant that people could be at risk if staff were not aware who to report possible abuse to outside of the service.

Staff were knowledgeable about the people they supported. For example, one member of staff told us how one of the people living at Zion House would be unlikely to complain or speak up if they were unhappy or worried

about anything. They described to us how they would know, by observing their behaviour whether there was something wrong and how they would support that person to share their worries. Family members told us staff knew their relatives well. One commented; “I’ve always been delighted, [my relative] has all her needs met.”

We looked at care records for three of the people living at Zion House. We saw they all contained risk assessments which were specific to the needs of the individual. For example we saw assessments had been completed regarding one person’s planned holiday and associated activities. Another person had a risk assessment in respect of them using public transport. We spoke to the individual about this and they explained that they did not feel confident about travelling on public transport alone. They said staff had helped them to start using the bus with someone else living at the home and they were now happy doing this. They explained what they would do if the bus was late and told us they had a special card with contact details on that they could use in an emergency. We saw they were confident and aware of what to do if plans went wrong. Risk assessments were regularly reviewed and offered clear guidance for care staff on how to minimise identified risks. This showed us risks were clearly identified and managed.

One person we spoke with told us how they were supported to use a bank account. They told us they had a bank card and a Personal Identification Number (PIN). They described to us how they kept their card and PIN safe in a lockable storage facility in their room. This demonstrated how the service worked to help ensure people had control over their finances whilst minimising the associated risks.

One family member told us that their relative was sometimes not able to go out in the evenings as there was not enough staff to support them. We discussed this with the registered manager who told us there were three members of staff on duty at all times. They assured us people were able to go out if they wished and if necessary more staff would be put on the rota to support people’s activities. On the day of our visit we saw there were sufficient staff on duty to meet the needs of people who lived at the home. We saw staff were able to spend time chatting with people about their day as well as attending to people’s personal care needs. We saw the support was unrushed and staff were able to give one to one support when required. The registered manager told us the home

## Is the service safe?

was fully staffed and they never needed to use agency staff. As she lived very close to the home she was usually available to give additional support if necessary. People who lived at Zion House told us there were always enough staff on duty to support them.

We saw the recruitment records for three members of staff. We saw these contained evidence of Disclosure and Barring

checks, two references, including one from a previous employer, application forms and details of job offers. We saw interview notes had been kept which recorded the suitability of the applicants and showed us the manager had oversight of the process. This indicated there was a robust recruitment process in place to help keep people safe.

# Is the service effective?

## Our findings

We spoke with the registered manager about the training available for staff. We saw from records staff training was not up to date for all staff. For example safeguarding training and training for the Mental Capacity Act had not been provided for staff since 2010. We discussed this with the registered manager who told us they were not aware that it needed to be updated but agreed they would arrange this. Staff told us they were confident about the requirements of the legislation outlined by the Mental Capacity Act, however they were not aware of recent changes to the law.

In total the service employed nine members of staff. Most of the staff team had worked at the service for a number of years. We looked at three people's training records. One person had not had any food hygiene training although they supported people in the kitchen. They had not completed any training to meet the specific needs of people using the service such as learning disability awareness, autism awareness or person centred planning.

Two part time care workers had been working at the home for a year. The registered manager told us neither of them had undertaken an induction or any of the essential training for the home apart from Moving and Handling and First Aid. They told us they were confident both members of staff were competent and they received regular supervision. We did not witness any poor working practises during the inspection. However we found people were at risk of receiving care from staff who were not competent to meet all of their support needs because they had not received appropriate training. The service is in breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw during our visit that care staff knew the people they supported well. For example we saw one person bring out some photographs and heard staff talk with them about the people in the photographs and reminisce with them about their past experiences. One person told us; "Staff always listen when we want to talk." Relatives we spoke with told us they considered staff to be capable and competent. One commented; "They seem to be able to cope with everybody, they seem to know what they are doing."

We saw from the staff files that supervision was provided regularly. Staff we spoke with told us they felt well supported by the manager. One commented; "It's the best place I've ever worked."

The registered manager told us about how people were involved in choosing their food. We were told people's preferences were recorded in care plans and staff knew these well. People who lived at the home told us the food was good, and they were involved in choosing meals. We observed one person going to the fridge to show staff what they wanted to eat for their evening meal. We spent time with staff and people using the service whilst they discussed the evening meal. We saw some people chose to have a takeaway meal. We asked people what happened if they were not hungry at meal times and they told us they could choose to eat later if they wished. We saw fresh fruit was available in the communal areas and people were regularly offered drinks or supported to get their own throughout the day. This demonstrated people were involved in decisions regarding their diets and there was flexibility around mealtimes.

At the time of the inspection no-one had any specific dietary needs or needed to have their food and fluid intake monitored. We saw people had their weight recorded regularly so the service would be able to identify quickly if people needed extra support to maintain a healthy lifestyle.

We looked at the care plans for three people who lived at Zion House. The plans were signed by the individual and the registered manager. We saw people's care plans contained details regarding other health professionals and their contact details as well as easy read health action plans which outlined what support people needed in an accessible format. We spoke with people living at Zion House who told us they were supported to see their GP and dentist regularly. We heard one person tell the registered manager they had a swollen foot, we saw they checked it for them and offered to make a doctor's appointment for the following day.

The registered manager told us about how they kept up to date with people's changing health needs. They told us they consulted with other professionals where necessary. For example one person had recently been screened for autism and another for dementia. This information was also recorded in people's care records. This meant staff were kept up to date about people's changing needs. We



## Is the service effective?

saw from the care records that one person had recently been registered as blind. The registered manager had sought the opinions of three doctors regarding the person's subsequent treatment so they could be assured of getting the right advice. A health care professional told us the registered manager sought out advice when necessary and

took on board any ideas or suggestions. This showed us staff had the information available to them to help them support people according to the advice and expertise of health professionals.

People were supported to understand and take their medicines. For example one person told us that staff had helped them understand what their medicine was for and talked to them about when to take it.

# Is the service caring?

## Our findings

People told us the registered manager and other staff were “lovely” and “nice.” Other comments included; “She spends time with me.” “We have a right good chat.” A relative told us; “The manager’s a very caring person.” We heard staff speaking with people in a kindly manner and making sure people were comfortable. We saw relationships between staff and people were friendly and caring. People were at ease with each other and there was frequent joking and laughter.

The registered manager told us they were compiling personal life histories for everyone living at the home to ensure this information was not lost. They told us they believed this was especially important as people got older and their changing health needs began to impact on their memories and ability to relate their stories to others. This showed us people’s histories were available to staff which could help them understand what has made the people who they are today.

Care plans contained information regarding people’s hobbies, likes and dislikes and information about what was important to the individual as well as practical information. For example in one care plan it was recorded that buying fresh flowers and a particular magazine was important to the person. Another identified that a routine at bedtime was important to the person and there was a clear description of this to guide staff. This demonstrated the service identified what was important ‘to’ the person as well as ‘for’ the person which meant they were more able to offer a personalised service.

The service considered people’s individual needs and thought about how they could support people well. One person had deteriorating sight and to help the person maintain their independence tactile stickers had been placed along the wall leading from the person’s room to the bathroom. The individual showed us how they used this and told us it helped them.

When personal care was required staff offered support unobtrusively and in a manner which ensured the persons dignity was maintained. For example when one person needed some support to clean their face a member of staff offered to help discreetly and went with the person to carry out the care in private.

During our visit some people showed us their rooms. We saw these were decorated to reflect people’s personal taste. People showed us personal photographs they had on display as well as personal possessions and examples of craft work they had made. Renovation work was taking place at the time of the inspection and people were excited to tell us about their plans for their new rooms once the work had been completed. We saw from looking at meeting minutes, and people told us, that they had been involved in the decision to change the layout of the home.

Staff always asked people if they would like to talk with us and if they were happy to show us their rooms. During our visit one person who lived at Zion House offered to show us other people’s bedrooms. A member of staff noticed this and made sure we did not go into people’s rooms unless they had given permission. This demonstrated people’s privacy was respected. We spoke with one person about how their privacy was respected and they told us that if they had a visitor they could spend time alone with them in their room if they wanted. We saw doors were lockable and people had lockable storage in their rooms.

As people arrived back at the house from their activities outside of the home we saw that some chose to go straight to their rooms whilst others caught up with staff and other people living at the home to chat about the day. We saw staff and people living at the home sitting around a large table laughing and talking together. We observed staff showed an interest in what people had been doing during the day and any future plans. For example we heard people discussing a holiday and the staff who would be supporting them.

# Is the service responsive?

## Our findings

People arrived back at the home from various day activities during the course of the day. We saw from the care records and people told us that there were activities available throughout the week for people at different day centres as well as individual trips arranged by the home. For example on the day of the inspection most people were at day centres and one person had gone on a trip to an organised cream tea event. Another person told us they enjoyed an evening walk in the surrounding countryside with the registered manager's dog. We saw people were involved in local community events and some were supported to use public transport to access the local community. One person told us they were planning a holiday with three other people living at Zion House. They told us they were involved in the planning and deciding who they would like to go with. This demonstrated people were receiving personalised care which suited their individual needs.

People were consulted about the support they received. We heard staff asking people what they wanted to do and whether they wished to spend time on their own or in a group. In discussion with the registered manager we heard how the service endeavoured to help people maintain relationships with family and friends. People told us staff arranged for them to see their families and supported them to meet up if necessary.

The registered manager told us there was a picture board in a communal area with photos of staff who were working displayed on it. This helped inform people about who was going to be supporting them. One person could not remember all staff names and was unsure as to who would be on duty later, a member of staff took them to look at the rota and find out.

The registered manager told us the home was in the process of being renovated to provide more individual accommodation for people. This was in response to the changing needs of some people. The decision had been

made to separate the accommodation into three self-contained units so people could live in smaller groups whilst still having the opportunity to maintain their friendships with the others. People had chosen who they wanted to share with according to common interests and compatible ways of living. We spoke with people about this and they all were positive about the changes and were looking forward to having new rooms. People said they had been asked about the changes and we saw this was recorded in house meeting minutes. Comments included; "When I move my bedroom will be purple." and; "I'm looking forward to the move, it's too noisy now." This demonstrated the service was able to find ways to meet people's needs and respond to changing needs.

Each person living at Zion House had a diary which was used to record what they had been doing and any observations regarding their physical or emotional well-being. They were filled in regularly and staff told us they were a good tool for quickly recording information which could give an overview of the day's events. This meant staff coming on duty had immediate access to the most recent information regarding people's needs.

People told us about how they would complain if they had a problem. No-one we spoke with had any complaints but they all said they would not hesitate to raise anything with management if necessary. One person who told us they were no longer happy attending the day centre. They said they had told the registered manager about this and they were "trying to sort it out." The registered manager told us discussions had started to try and identify an alternative setting which would be more appropriate for the person's needs. Neither of the relatives we spoke with had had reason to complain about the service but both told us they would not worry about approaching the manager if necessary. One told us; "She's very accessible and will talk through everything with me. I'm kept informed all the time." This showed that people would know how to raise a concern and would be comfortable doing so.

# Is the service well-led?

## Our findings

We found Zion House had a positive and open culture. For example staff were positive about the support they received from the registered manager. They described them as “approachable”, and one staff member said; “We talk all the time. We sit and talk about ideas and ways of doing things, we work together.” Staff also demonstrated a clear set of shared values which focussed on providing personalised care and support for people living at the home. Staff and people living at the home referred to a “family” culture, for example; “We’re like one family.” and “She’s like a second mum to me.” A relative told us; “They’re more like a family than anything else.” The registered manager told us they were proud to be running a; “Caring, family orientated home with a consistent staff team. We have retained continuity over a number of years.”

The registered manager led the team well be working to ensure staff were well supported and they were available when needed. They told us they lived adjoining the property and were effectively available at all times. Staff and relatives confirmed that the registered manager was easy to get hold of, even when they were not officially working. This meant they were aware, on a day to day basis, what was happening in the home and were able to maintain a good working knowledge of the service.

There were also formal systems for seeking staff views. Staff told us, and we saw from the homes records, that staff meetings were held regularly. Staff told us these were opportunity to discuss any issues relating to individuals as well as general working practices and training requirements.

We looked at the quality assurance systems in place at Zion House. We saw records including care documentation, risk assessments and accident and incident reports were appropriately reviewed and updated. However there was

no system to highlight when staff training needed updating and the registered manager had failed to identify the training needs of all the staff team therefore staff may not have been aware of current practice or legislation.

We asked the registered manager how they gathered the views of people using the service. They told us they had tried to do this formally at one time using an easy read questionnaire. They had found this system too formal and now held monthly house meetings where people were asked for their views about the service they received. We looked at the minutes for these meetings and saw a wide range of topics were covered including personal problems and decisions regarding group holidays and outings. One person told us they and two others had decided to go on holiday together after discussing at a meeting what kind of holiday they wanted. From looking at the minutes we identified how people’s changing needs were beginning to impact on each other and how, subsequently, people had been supported to discuss how a change in the layout of the home might overcome these problems. This showed us the meetings identified problems and found solutions which involved everybody who was directly affected.

There were systems in place to manage and report incidents and accidents. Two people who used the service had started to present behaviours which could challenge staff. The service was working with the professionals from other agencies to monitor incidents when this occurred and analyse the findings to attempt to highlight any trends or patterns of behaviour which could then be used to try and address any underlying problems which might be causing the behaviour.

We asked one person about what to do in an emergency. They described to us what they would do in the event of a fire. They told us they had practised this with staff and were clear about the necessary actions. This demonstrated the service involved everyone in planning for adverse events.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff  People who use services were not protected against the risks associated with not being supported safely and to an appropriate standard because employees did not receive appropriate training.