

Zero Three Care Homes LLP

Zero Three Domiciliary Care

Inspection report

1 Exchange Court
London Road, Feering
Colchester
CO5 9FB

Date of inspection visit:
13 October 2021
14 October 2021
18 November 2021

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24 December 2021

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

About the service

Zero Three Care Domiciliary Care is a domiciliary care agency registered to provide personal care to people living in supported living accommodation. The service provides specialist care to people with a learning disability. Many people using the service have a diagnosis of Autism, neurological difficulties and/or other complex needs. At the time of the inspection the service was supporting eight people, all of whom received personal care. Support is provided in six individual flats and one 3-bedded house currently shared by two people.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. Zero Three Domiciliary Care had been developed and designed to ensure people using the service live as full a life as possible and achieve the best possible outcomes. The provision of planned, inclusive, person centred support had truly transformed the lives of the people providing opportunities and life experiences which had previously not been accessible to them.

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

The registered manager was passionate about ensuring the service provided person-centred care. They led by example and were highly visible and approachable in the service for people, relatives and staff. Staff emulated the culture of the service and were dedicated to empowering people to achieve the best possible outcomes.

The values of the service placed people at the centre of its decision making. There was an open and transparent culture which enabled people, relatives and staff to voice their opinions and focused on continuous improvement. The service had a clear vision for what it wanted to achieve, and a detailed strategy was in place to put this into practice. Staff felt respected, valued and supported by the leadership of the service. Without exception, relatives told us the service was exceptional.

Staff supported people to maximise their emotional and physical potential through a collaborative and supportive approach to care. This enabled people to work towards attaining individual goals and personal aspirations. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had been assessed to ensure the service could meet their needs. Care assessment and planning records were detailed to enable close monitoring of peoples' care, progress and future planning. Information about people's likes and dislikes and how staff should support them were in place. The service

was proactive in its response to concerns or complaints and people and relatives were given the opportunity to feedback their experiences.

Staff had completed training which provided them with the knowledge to assess, monitor and support people. Staff had built effective working relationships with other health and social care professionals involved in people's care to ensure they received a high level of care and support.

Staff were provided with safeguarding training and understood how to keep people safe.

Risks in people's daily lives were assessed and mitigated with a focus on positive risk taking. There was an open and transparent culture in relation to accidents and incidents and they were used as opportunities to learn and lessen risks.

Safe staff recruitment procedures were in place. Staff recruitment processes were designed to meet people's individual needs. There were enough staff numbers and flexibility to provide the care and support required by people to meet their individual needs.

Medicines were safely managed, and effective infection control procedures were in place.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The registered manager had worked for the provider for a number of years and had been involved in previous CQC inspections at different locations. They had used the lessons learned from this to develop an exceptional service which enabled people with very complex needs to move out of residential settings and have their own tenancies, offering them choice and an alternative to more institutional care.

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

Rating at last inspection

This service was registered with us on 12/06/2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Zero Three Domiciliary Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Due to the COVID-19 pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 13 October 2021 and ended on 21 October 2021. We visited the office location on 14 October 2021.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, locations manager, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from three professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to safeguard people against the risk of being abused or harmed.
- Staff and managers had completed appropriate levels of safeguarding training for their roles and understood their responsibility to report any concerns.

Assessing risk, safety monitoring and management

- Detailed assessments informed staff how to support people and minimise risk in their daily lives. Feedback from staff included, "Updates are explained and shown to staff to read and sign and ensure they are fully aware." And, "Care plans are all in the office for us to read through and any updated risk assessments would be talked through and available for us to see. We also sign to say we have read these."
- Risks specific to people's health needs were assessed. For example, guidance was in place to support staff to manage conditions such as epilepsy. Care plans included a clear seizure management plan outlining to staff potential warning signs and the action needed to support the person during and after a seizure.
- Some people had very complex behavioural needs. Care plans included detailed guidance for staff about the person they supported, potential trigger factors and the action to take to keep people and those around them safe.

Staffing and recruitment

- Robust systems were in place to ensure staff were recruited safely and included checks on staff suitability to work in this type of service.
- Staff recruitment considered people's individual needs and preferences. This meant people received care and support from care staff who understood their needs and had developed meaningful relationships with them. The registered manager told us, "How things work is governed by the person and their needs. Staff get the opportunity to build relationships and really get to know people. It is different for everyone. Some people like new people other people struggle with the change."
- There were enough well-trained staff to meet people's needs. The staffing allocation took into consideration staff skills, confidence, qualifications and competence in order to meet people's individual needs.
- The complex needs of people meant it was important they were supported by a consistent staff group who had completed specific training. In response to this, the provider has developed and employed a group of staff to provide cover for such situations.

Using medicines safely

- Systems were in place to ensure staff supported people with their medicines safely. This was confirmed in

records we reviewed.

- Staff had been trained and assessed as being competent in the safe management of people's medicines.
- Regular medication audits were completed. Where any errors had been identified, action was taken to help ensure the issues did not reoccur.
- The service followed the principles of STOMP (stopping over medication of people with a learning disability). This is a national project aimed at improving the quality of life of people with a learning disability, autism or both by stopping the over the use medication. The service promoted alternatives to medication, such as active support and positive behavioural support (PBS). Staff were trained to understand the use and side effects of medication and worked with families and other professionals to achieve positive outcomes.

Preventing and controlling infection

- Staff had completed training in infection control and food hygiene and understood their roles and responsibilities in keeping people safe and preventing the spread of infection.
- Staff had received additional training in relation to COVID-19 and were aware of the actions needed to keep people safe. For example, wearing personal protective equipment (PPE) and, where appropriate, supporting people to wear masks in the community.
- The provider's infection prevention and control practices, policies and COVID-19 contingency plan was being continually reviewed and updated in line with government COVID-19 guidance.

Learning lessons when things go wrong

- The registered manager monitored incidents to identify trends or concerns and appropriate action had been taken to reduce future risks.
- Any lessons learnt were shared with the staff team to mitigate the risk of reoccurrence. This ensured learning was effectively used to drive improvement and reduce future risks.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were holistic and included detailed information about people's physical and emotional needs. People, their relatives and other professionals involved in their care and support were consulted throughout the assessment process to ensure people's preferences, lifestyles and life choices were met.
- Staff empowered people to make choices about how they wished to live, including using assistive technology to support their independence and wellbeing.
- People's individual needs and preferences were continually assessed and reviewed. This information was used to develop each person's care plan and ensure it reflected their current care and support needs. For example, where people's dependency needs to access the community had changed this was clearly documented in their care plans.

Staff support: induction, training, skills and experience

- There was a positive approach to the training of staff. This ensured they had the necessary skills to support people. Where required, person specific training, such as epilepsy and Attention Deficit Hyperactivity Disorder (ADHD) training, had also been completed.
- Staff were complementary about the standard of training and support systems in place. One staff member told us, "We have training regularly which covers all aspects of care." Another said, "Zero Three Care have given me enough training for my job, and it is updated regularly through the year. If I needed anything additional it's available."
- New staff completed an induction programme. This included shadow shifts and in-house training relating to the individual needs of the person they would be caring for. Staff told us, "I have had an induction for every career step I have made to make me more aware of my job and my role and what is expected of me. This included training, observations and supervisions."
- Supervision included formally organised one to one sessions, appraisals and team meetings. This provided staff with the opportunity to discuss and receive feedback about their work practice and identify any training needs.

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

- Where required, people were supported with their nutritional needs.
- People's care plans detailed the support they required to eat and drink safely and their preferences in snacks, meals and drinks. For example, staff supported one person with their meal preparation and cooking using verbal prompts when it was time to move onto the next step of the process.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Records included information about each person's health needs and guidance for staff to show how these were met and affected their daily lives.
- Staff supported people to access a range of external health care professionals to improve their well-being. For example, a person had become more independent in the bath following an assessment for bathing equipment by an Occupational Therapist. This focus on working in partnership with other agencies enabled people to access the support they needed to maximise their independence.
- Health and social care professionals confirmed the positive impact the service had on transforming people's health and well-being.
- Each person had a hospital passport. A hospital passport contains important information about a person with a learning disability, including personal details, the type of medication they are taking, how the person communicates, their likes and dislikes and the level of support they require. This information is important in ensuring people with a learning disability get the same access to health care and treatment as everybody else.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights and choices were fully promoted and supported by staff. The service valued people as individuals and supported them to have maximum choice and control of their lives.
- Care plans included detailed explanations of all restrictions. All assessments were kept under review. This ensured people were supported in the least restrictive way possible whilst maintaining the safety of people and staff.
- To ensure people understood the decision made and the restrictions in place assessments were also written in an easy read format.
- Staff had an excellent understanding of the MCA. They had completed training and understood how it impacted on the care and support they provided. Comments from staff included, "We always assume people have capacity and work towards them making decisions in their best interest, even though independently they can make unwise decisions we support them to try and make a safe choice." And, "Within our care we do have people who lack capacity. We always ensure we have their best interests at heart and a person-centred view."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received personalised care and support from staff who were dedicated to achieving the best outcomes for them. We saw evidence of staff helping a person complete a task by sharing ideas and information which helped raise their self-esteem.
- Relatives praised the ability of staff to support people with complex needs and effectively communicate and adapt their approach to help reduce unnecessary stress for people. Staff used picture boards to help people identify different emotions and de-escalate feelings of anxiety and frustration.
- Without exception, relatives spoke about how staff treated people in a caring, respectful and dignified manner. As a result, positive and meaningful relationships had developed with staff and the people they supported. The registered manager said, "Giving people the opportunity to build relationships with the staff supporting them is such an important part of a person's care."
- Relatives praised staff for the imaginative way they encouraged people to participate in activities. For example, one person loved superheroes. To encourage them to go on walks and maintain their interest they would say, "Come on let's go on a bat trail!"
- Comments from relatives included, "He has a life now and a reason to get up. Every day he knows he's going to do what he wants to do." And, "His keyworker [staff name], is the best friend he's never had before. He is supported brilliantly to take trips out and do all his own shopping." And, "[The registered manager] was keen to make sure the care staff get on with him as much as the other way around. It means they have a really positive relationship."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us how staff placed the needs of people using the service at the forefront of all decision making. People were at the heart of the service and were supported to have maximum choice and control of their lives. One relative described how since being supported by the service their family members life "seems to be full again".
- The service had enhanced the lives of people, maximising their independence and giving them the opportunity to develop interests and new life skills such as, car safety and house maintenance checks.
- For many relatives the lock down period during the COVID-19 pandemic had been a particularly difficult time. A relative explained how their family member had begun to be supported by the service just before the COVID-19 restrictions came into force, "We never thought it would work but it has been amazing! Never in my wildest dreams did I think he would move somewhere and be as happy as he is. He considers there his home now. He knows we are here if he needs us, but the flat is his home and the care staff are his friends."
- Feedback from relatives included, "[Person's name] is treated with dignity and respect and wherever

possible he makes supported choices about his life." And, "The quality of care has always been of the highest standard. They are always concerned that he is able to take part in activities that he enjoys and take on board any suggestions that we might have."

- People and their relatives were respected and empowered as partners in their care. Care plans were written in consultation with relatives and where appropriate the person. They included information about people's preferences and how they wanted to be cared for and supported. This meant staff knew people well and understood their needs when providing care.
- Staff demonstrated a respectful approach towards the people they cared for and supported people's privacy and dignity.
- The management team monitored people's care and frequently spoke to family members to check their experiences of the approach of staff. Regular questionnaires were also sent out to people and relatives to provide feedback on the quality of the service.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Before receiving care from the service, staff supported people through a transition period. Staff recognised the importance of this period of adjustment and tailored it to each person's specific needs. One relative told us how photographs had been left to help their family member remember the faces of the staff who would be supporting them. Comments from relatives included, "The transition process was well managed and responsive to all our suggestions."
- The service had a truly holistic approach to assessing, planning and delivering care which enhanced people's well-being. One relative told us, "We work things out together. They tell me what they have tried, I come up with suggestions and between us we come up with a plan."
- Regular Multi-Disciplinary Team (MDT) working and reviews ensured the voices of people and their relatives were heard.
- Positive Behaviour Support (PBS) was used to encourage people to focus their energies into setting individual goals and celebrating success. Staff worked with people to implement PBS and good practice guidance. This had had a positive impact on people's quality of life, promoting independence and choice, and had reduced potential risks to people and others.
- Staff supported people to explore and achieve their personal goals and aspirations. Engagement in daily tasks such as shopping, taking part in activities and linking with the local community were an important part of people's lives. Families told us, this had not always been a possibility for some people at their previous care placements.
- Care plans were regularly reviewed and reflected people's current needs. People's choices and preferences were sought and included in their records. Goals were incorporated into people's care plans and helped the person and others involved in their care see how they were progressing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were considered as part of the assessment process and care plans guided staff about the support required to meet their needs. For example, some people were unable to communicate verbally. Their care plans included information about the use of sign language and pictorial cards displaying objects of reference such as drink, food and activities to facilitate communication with staff.
- A staff member told us, "When supporting someone with communication difficulties I use sign or Makaton. I would watch their body language and how they reacted to situations. And make sure they are aware of

their choices and are happy with these choices."

- Information such as activity timetables, care plans and policies and procedures were available in an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in activities of their choosing and which they enjoyed. One person enjoyed rollercoasters. Staff regularly accompanied them to a theme park and went on the rides with them. Another person was planning to take part in an organised fun run. Staff were supporting them with their training and a member of staff had entered the event to run with them.
- Comments from relatives included, "He enjoys regular outings, meals out, swimming and plenty of exercise." And, "Recently they organised a week's holiday at Centre Parcs for [person's name]. He had a great time. Staff often send pictures of him during the week. Horse-riding, cycling and climbing etc. This means we are often in touch and that we know he is having a good quality of life."
- Staff supported people to maintain relationships with people who were important to them. For family members who did not live close by people were supported to use video conferencing to maintain contact.

Improving care quality in response to complaints or concerns

- A complaints process was in place which recorded the nature of the complaint, and included the steps taken to resolve the complaint and the outcome.
- Although none of the relatives we spoke with had made a formal complaint they knew how to raise concerns and had confidence in the registered managers ability. A relative told us, "If there are any concerns or if we want to discuss anything the staff and management are responsive and get back to us quickly."

End of life care and support

- The service did not routinely support people with end of life care.
- The registered manager discussed how they would work closely with people, their relatives and relevant healthcare professionals and would provide the necessary training for staff if end of life care was required.
- The initial assessment when a person joined the service included a section on end of life care. Where appropriate people's choices and wishes were discussed and recorded. This was managed sensitively in line with supporting people to manage their mental health and understanding of death and dying.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care..

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The focus of the registered manager was to provide people and their family with care and support that enabled them all to live a better life. They told us, "Our aim is to enrich people's lives by maximising their independence by involving them in making decisions about how they live their lives and the care they receive."
- The registered manager promoted an open and honest culture. Staff felt confident the registered manager would investigate and address any concerns raised. Comments included, "I have always felt when I have had a concern, I can express it."
- Staff understood and shared the vision and values of the registered manager, supporting people to maximise their potential and encouraging them to be as independent as possible. This enabled people to work towards attaining individual goals and personal aspirations.
- Staff took pride in their work and were committed to providing high standards of care and support which empowered people to develop and regain skills. One staff member told us, "Seeing how far our guys have come since we transitioned them (to the service) has been a great achievement and I am proud to be part of this amazing team." Another said, "I truly do love working with our guys and it's very rewarding to be part of such a fantastic team of staff and managers."
- The registered manager was extremely proud of the staff. They praised the contribution they had made to the service and the positive impact they had on people's lives. "I can't fault my staff. They are amazing. They have really good relationships with families. The staff just give everything."
- Relatives, staff and professionals were highly complementary about the service and the impact of the registered manager on it. One relative described the communication with the registered manager as, "Outstanding." Another said, "They are excellent. Our experience has been nothing but positive." Staff comments included, "My manager is definitely there for me at all times and I can approach her." And, "We have an amazing staff and management team and we have amazing service users which I feel very proud to support."
- Relatives told us about the positive culture within the service which had empowered and enriched the lives of their family members. The people being supported by the service had complex needs. One person had refused to engage with organisations at their previous placement. Their family explained how in the past medication had been used to manage episodes of anxiety or distress but since being supported by the service this was no longer the case. "They never overly restrict him. There has never been a need for restraint, staff use deflection instead. He really engages with staff."
- The registered manager was supported by a location's manager and senior staff. This helped to provide

further stability to the leadership of the service.

- The provider, registered manager and staff team made sure the support the service provided was of a high quality. It was person-centred, empowering and inclusive, enabling people to live meaningful lives. This included both in the service and out and about in the local community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear, supportive organisational structure. Staff understood their responsibilities relating to the duty of candour and being open and transparent.
- Highly effective governance systems were in place to monitor performance and risk and drive improvement. For example, the use of physical intervention was monitored. Each incident was looked at in detail and in conjunction with a PBS practitioner changes were made to care plans as needed. The registered manager also looked at the staff have been involved in each incident to look for any trends which may need to be addressed,
- The registered manager held regular meetings with staff providing an update as to the outcome of any internal and external quality monitoring visits. This included a constructive discussion on areas for improvement and sharing positive feedback about what was working well. This inclusive approach supported and enabled staff to continually review and shape the service to deliver positive outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager demonstrated a high level of experience and capability in their leadership skills. They were extremely knowledgeable and enthusiastic and worked hard to continuously improve the service.
- Staff were extremely positive about their roles and the support they received from the registered manager and senior staff. Comments included, "I feel as though my voice counts and I am listened to. [Registered manager] always listens to suggestions and ideas."
- The registered manager was committed to continually learning and improving the service. They had designed and implemented an innovative leadership programme to develop staff and improve care. The programme broke down staff roles into learning pieces, which included a theory and practical element and linked each section to the relevant provider policy. As well as observations of practice from senior staff members, staff observed each other. This provided a forum for reflection and sharing good practice.
- Relatives told us they had regular contact with the registered manager, locations manager and team leaders and were able to verbally feedback their views about the service.
- The registered manager and staff worked collaboratively with health and social care professionals, and commissioners of services to achieve the best outcomes for people and drive improvement. This was evident from the compliments we reviewed from health and social care professionals which identified the extremely positive work provided to assist people to achieve excellent outcomes.