Z & M Care Limited

# Z & M Care Limited -12 Lyndhurst Road

## Inspection report

12 Lyndhurst Road
Hove
East Sussex
BN3 6FA

Tel: 01273323814

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22 January 2019

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13 March 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? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service:
12 Lyndhurst Road is a residential care home for people living with a learning disability and/or autism and other complex needs. It is registered to provide personal care for up to seven people; at the time of inspection the home was full. Accommodation is provided over three floors and communal areas include a lounge and dining room and kitchen. People have their own rooms with access to gardens at the rear of the home. The house is adjoined with a care home that accommodates 37 residents. People have free access to the adjoining house next door which is owned by the same provider.

People's experience of using this service:
We spoke with people and we observed they were comfortable in the presence of staff and in their home. Throughout the inspection, we observed positive interactions between people and staff. Staff spent time with people as and when they wanted. Staff respected people and enabled people to be independent. People were treated with dignity, patience and kindness. People were supported to achieve good outcomes.

People were safe and were supported by staff who were trained to recognise the signs of any potential abuse. Staff had been trained in safeguarding and knew what action to take if they had any concerns about people's safety or welfare. People's risks were identified and assessed appropriately. Staff knew how to keep people safe in an emergency such as a fire. At the time of the inspection no accidents or incidents were recorded. Lessons were learned from previous inspections and external assessments and audits were used to improve the service. There were sufficient staff to meet people's needs, to enable them to engage with activities, access the community and to live their lives independently. People were supported by staff whose suitability was checked at recruitment. People's medicines were managed safely.

Before they came to live at the home, people's needs were fully assessed to ensure that staff could meet their needs appropriately. Staff completed training and were experienced in their roles to provide effective care to people. Staff received regular supervisions and an annual appraisal.

People contributed to the planning of menus and staff knew people's dietary requirements. People had access to a range of healthcare professionals and services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were comfortable in the company of the managers and support staff. Staff felt supported by the managers and felt confident that any suggestions or concerns would be listened to and acted upon. People were asked for their feedback about the home through surveys, questionnaires and at meetings if they wanted to attend. A range of quality assurance systems, done internally and by external professionals, measured and monitored the quality of care and the service overall.

People received personalised care that was tailored to meet their individual needs, preferences and choices.

Care plans were detailed and guided staff about people's needs and how to meet them. Staff encouraged people in decisions relating to their care, staff supported people to make choices and to live their lives as they wished. No complaints had been received at the time of the inspection. No-one living at the home required end of life care at the time of the inspection.

This service met the characteristics of Good. More information is in the 'Detailed Findings' below.

Rating at the last inspection: Good. The last inspection report was published on 25 July 2016.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

## 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?**

Good

The service was 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.

# Z & M Care Limited -12 Lyndhurst Road

**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 checked 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.

Inspection team: There was one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: 12 Lyndhurst Road provides accommodation with personal care and support for up to seven adults with learning disabilities. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin 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' – Registering the Right Support Policy.

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: We gave the service 24 hours' notice of the inspection visit because it is a small service. We needed to be sure that the manager and people would be in.

What we did: We reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at

the service. A notification is information about important events which the provider is required to tell us about by law. We reviewed the information submitted in the provider's information return. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with four people who lived at the service. Due to the nature of people's complex needs, we were not always able to ask people direct questions. Some people chose not to talk with us and we respected this. We spent time observing the care and support people received and interactions between people and staff.

- Notifications we received from the service
- Three staff files and records relating to the management of the home
- Two people's care records and medicine records
- Audits and quality assurance reports
- Four people using the service
- Six members of staff
- Minutes of meetings with staff, people and survey outcomes

Following the inspection we spoke by email to the local authority contracts and monitoring team about the service, they gave us permission to quote them in this report.

Good

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes

● A safe environment was provided for people, for example handrails were installed on all flights of stairs. A new updated call bell system was installed, there was a call bell in each bedroom and bathroom. Staff told us that most people understood this but one person was getting used to it so the previous call system was working and they would not remove that until all people were comfortable to use the new system.

People were supported to understand how to keep safe and to raise concerns when abuse occurred.

● Staff had completed training in safeguarding and knew how to recognise the signs of potential abuse. Staff knew what actions to take and said they would report any concerns to the registered manager, care manager or local authority.

● The registered manager, deputy manager and care manager understood how to notify the local authority and the CQC about any safeguarding concerns. Notifications were completed as required.

●Staff knew how to keep people safe in the event of an emergency such as a fire. Staff are trained in fire safety and in using equipment to keep people safe.

Assessing risk, safety monitoring and management

● People's risks had been identified and assessed. Risk assessments were written in a person-centred way.

● People had a range of risk assessments including eating, accessing the community, travelling alone, challenging behaviour, medicines, money management, personal care and communication.

● Premises were managed safely. Internal environmental checks were completed. Cleaning materials were kept securely. External contractors serviced and reported on fire, electric, gas and health and safety as needed. The provider was accredited with CHAS (The Contractors Health and Safety Assessment Scheme).

●People had access to a kitchen, staff told us that people were risk assessed to use the kitchen and there were no known risks.

Staffing levels

●Staffing levels were sufficient, rotas showed this and staff confirmed that there were sufficient staff to meet people's needs.

●The number of staff required was assessed based on people's support needs and included providing staff to accompany them on activities and going out or health appointments.

● Robust recruitment systems ensured that new staff were safe to work in a social care setting. Staff files showed that checks had been made with the Disclosure and Barring Service which considered the person's character to provide care.

●The registered manager told us that agency staff were not ever used as having a consistent well-known staff group was important to meet people's needs.

Using medicines safely

● Medicines were managed safely. When we asked a person if they felt safe living here they said "Yes. They look after me, they give me my tablets in the morning."

● Medicines were ordered, stored, administered and disposed of as required.

●Staff enabled people to be independent where they could be in taking their medicines. For example, we observed a person who is diabetic taking their own blood reading, showing the staff the results to note them down before and after their evening meal. This helped staff keep track of their sugar levels and enabled the person to be as independent as possible.

●Staff had worked with health professionals and two people to reduce their medicines when first moving to the home.

●Two people applied their own topical creams and one person asked staff to help them. People had body maps in a skin integrity care plan so staff knew where creams needed to be applied.

Preventing and controlling infection

● Staff were seen to use protective personal equipment, aprons, gloves and antibacterial gel were available throughout the home. People were encouraged to clean their rooms and staff helped to clean where the person gave them consent. When we asked a person if they thought the house is clean and tidy the person told us, "yes', they [staff] tidy my room".

● Staff completed training in infection control and food hygiene.

Learning lessons when things go wrong

● Lessons were learned when things went wrong.

●Since the last inspection, a new fire alarm system and improved fire doors had been installed in response to an external fire assessment. In addition to internal audits done by managers, the provider invested in external pharmacy audits and quality assurance consultants to assess the quality of the service.

Good

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

● People's needs were assessed before they came to live at 12 Lyndhurst Road. The care manager and a support worker ensured that people's needs could be supported by staff. They also looked at the 'mix' of people at the home before accepting any referrals from the local authority. The care manager explained how for one person they care manager visited the person several times to get to know them and invited the person to visit the home to meet people living there and see the home before staff at the home agree the suitability of the placement and gave the person time to consider whether the home was right for them.

●Staff support people to use independent advocates. Staff arranged best interest decision meetings involving health and social care professionals such as a social worker, relatives or advocates with the person's permission and involved the person.

Staff skills, knowledge and experience

● Staff had the knowledge, skills and experience to support people effectively and meet their current needs.

● Training had been identified that was considered essential for staff to complete. Additional training was on offer including learning disability, diabetes and mental capacity.

● Staff were encouraged to study for vocational qualifications in health and social care. New staff followed the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector. Many staff completed a national vocational qualification in prompting independence and care.

● Staff received regular supervision and an annual appraisal, records confirmed this. Staff told us they felt supported in their roles.

Supporting people to eat and drink enough with choice in a balanced diet

● Healthy, balanced, eating was promoted and people's weights were monitored monthly with their permission. One person had been referred to the dietitian and was weighed weekly. The provider had won a Healthy Choice Gold Award from the local authority.

● People were involved in planning menus. Pictures were used to aid people to understand what they would like to eat. Staff knew people's dietary requirements such as low cholesterol and diabetes, for example one person had a sugar free birthday cake made for them for their birthday.

●People had access to warm meals and packed lunches from the kitchen in the home next door, people could choose whether they had their meal in their house or join people next door. We observed two people after returning from the day centre having a meal brought through to their lounge so they could have their evening meal together.

●People also had access to a large kitchen in their home. People could use the kitchen to make drinks, including hot drinks and have snacks. Staff and people held cooking sessions together.

●Staff interacted well with people at meal times and engaged in positive conversation. We observed people engaging in conversation with each other.
Staff providing consistent, effective, timely care within and across organisations
● Links had been established with health and social care professionals.
Staff had a communications book, staff would write daily updates to each other about changing needs for any of the people living there.
● The manager's and support workers worked closely with the local authority and community health and social care professionals.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to live healthier lives and had access to a range of health and social care professionals and services.
● People were supported by staff where there was a need, one person travelled to optician's appointments independently and asked staff to attend dentist and GP appointments with him as he preferred this. We observed the person talking to one staff member about an upcoming dentist appointment and asking if they would come with them.
● One person had diabetes and told us staff helped them to control it through their diet. Another person monitored their blood sugar throughout the day and a district nurse visited them once a day to give an Insulin injection.
● Care records included a 'My Hospital Care Passport' which provided information in an accessible format about people's care needs, likes, dislikes and preferences.
● People received annual health checks that staff arranged with people and staff had worked with people and their GP to review and reduce medicines when first moving to the home.

Adapting service, design, decoration to meet people's needs
● People's needs were met by the design and decoration of the home.
● People chose how they wanted their bedrooms to be arranged, including furnishings and decoration. People's individual timetables were on the noticeboard, posters were in the living area and people's rooms were personalised.
●A lounge and dining room was also converted to a 'cinema room' every Sunday, people from the care home next door visited to watch films.
● People had free access to the care home next door including gardens at the rear of the home. People were observed to have complete freedom to move between houses. The adjoining home had a 'pub' space and several communal rooms such as two different lounges and a sun room.

Ensuring consent to care and treatment in line with law and guidance
●One person had a power of attorney for finance and a financial care plan. The person had an independent advocate from MENCAP who helped to support them with finances
●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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
●We checked whether the service was working within the principles of the MCA; we found the service was compliant. At the time of our inspection no people were subject to DoLS.

●One person had a power of attorney for finance and a financial care plan. The person had an independent advocate from MENCAP who helped to support them with finances.

Good

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported

- We observed staff were kind and caring with people and responsive to their needs. Staff supported people in a friendly, warm and compassionate way. One person told us "Staff are nice."
- When people became anxious or upset, they were reassured in a calm way.
- Staff told us that a person had recently become distressed at the possible breakdown of a relationship, a staff member the person trusted helped them to write a letter to their loved one.
- Staff displayed a compassionate approach with people and it was clear that positive, caring relationships had been developed between people and staff.
- The service was supported by a small committed staff group, many of whom had worked for the service for up to 20 years. Due to this staff and people knew each other well and formed genuine respectful friendships. A support worker told us "I really enjoy supporting the people, I love the residents, I've known four of them for 22 years."

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

- We observed people were encouraged and supported to express their views and to be involved in decisions relating to their care.
- People made day-to-day choices about what they would like to eat and drink, what they wanted to do and when then wanted to get up or go to bed. One person told us "staff help me shower' and 'they [staff] gave me a shave". A support worker told us "My philosophy is: I am a visitor, this is their home, it's so important for their care to be person centred, the things we do are arranged by the people, what we do is driven by them."
- Staff communicated with people in a way that suited them and in line with their care plans.
- Care plans showed that people could choose the gender of staff that support them, especially when providing personal care such as having a shower or bath. Where a person had a preference, this was met by staff.

Respecting and promoting people's privacy, dignity and independence

- People had their own rooms and their privacy was respected.
- Staff understood how to treat people with dignity whilst encouraging their independence. A support worker described how they supported one person to take their shower, brush their teeth and to get dressed and helped only when needed.
- We observed staff knocking on people's bedroom doors and seeking their permission before entering. A person told us staff knock the door before entering their room.
- The service followed data protection law. The information we saw about people was kept confidentially.

This meant that people's private information was kept securely.

● Staff respected people's wishes, for example, we observed a person being asked by staff if they want to join in with the music activity, the person declined and this was respected by staff, also staff did not persist in asking the person. After this we saw staff passing the person and checking if they were alright.

Good

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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

Personalised care

● People received exceptionally personalised care and support specific to their needs and preferences. We saw that people decided who provided their care and support, and when. Each person was respected as an individual.

● Each person had a care plan which provided information for staff about their care and support needs in a person-centred way. Care plans described the support each person needed throughout the day in relation to their day and night-time routines. For example, there was information about people's behaviours, social history, accessing the community, physical and mental health. Care plans were reviewed to ensure information about people was current and accurate.

● The needs and wishes of individual people was at the heart of the service's culture and values. People and staff felt respected and listened to. Staff worked together at all levels to provide a person-centred service. People chose what they would like to do on a daily basis, staff supported people to live their life how they wanted and their care and support was designed to support this.

● Where people displayed behaviour that could be perceived as challenging, there was guidance for staff on the triggers to look for and how to de-escalate difficult situations. Positive behaviour support was used and staff understood why people might become upset or anxious. Staff used techniques they had learned and were positive and proactive in managing any behavioural issues.

● Relatives and friends could visit the home at any time. Staff helped people to stay in touch with relatives through phone calls and visits. People were supported to maintain romantic relationships and friendships. One person told us they had a girlfriend that visits and that they speak to a relative by phone and another person told us they have a friend that visits.

● In line with 'registering the right support' people were part of their communities. People were engaged in activities that were meaningful to them. Two people had part time jobs, one person volunteered to be a travel buddy with other people living with learning disabilities and several people volunteered and contributed to a local Speak Out group.

● People also go to the park, do inhouse activities such as music and world culture sessions, photography, exercises and pub games. People had participated in arts and crafts sessions inhouse, a tablecloth that three people contributed to were used in the adjoining house on a main dining table and cards and art made by people were displayed in a 'gallery space' in the adjoining house.

● The adjoining home had an activities coordinator for five days a week, these structured activities were freely available to the people in 12 Lyndhurst Road. An activities board showed photos of people from 12 Lyndhurst Road participating in activities in the adjoining home.

● The registered manager was aware of the Accessible Information Standard (AIS). All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the

information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. People's communication needs were assessed and met in a way that met the criteria of the standard. This included recording people's communication needs in their care plans. Information within care plans was written in an accessible format with pictures and symbols used to good effect to aid people's understanding. The provider had developed guidance for staff about how to meet AIS, this was informed by NHS England's guidance.

● Staff worked with a local charity to arrange the opportunity to go on a holiday in the UK and a holiday abroad. People had been on holiday's abroad together with a staff member to accompany them.

Improving care quality in response to complaints or concerns

● The provider's complaints policy was available in an accessible format for people to understand.

● At the time of this inspection, no formal complaints had been received.

● We observed people asking staff questions and giving feedback.

End of life care and support

● No-one living at the home needed end of life care.

● Staff encouraged people to discuss their end of life wishes, where people had wanted to make their end of life wishes known these were documented.

Good

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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 with openness; and how the provider understands and acts on duty of candour responsibility

- People were supported to be independent and to have opportunities to live a meaningful life. People made day to day decisions about what they did and staff supported this.
- The care and support people received was designed in a person-centred way and delivered to a high standard.
- We observed that people could raise issues or requests with staff including managers when they wished

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

- The registered manager and care manager spent time with people and staff to ensure a high standard of care was delivered. The deputy manager had oversight of and dedicated time for operational matters, leaving the care manager to have oversight of and dedicated time to ensure people's needs were met and service delivery. The managers had confidence in the support workers. The registered manager is also the provider who played an active role in the management of the service.
- All managers understood the regulatory requirements that needed to be met to achieve compliance. The rating achieved at the last inspection was on display at the home. Notifications that the registered manager was required to send to CQC by law had been completed.
- Staff were supported with their continual, professional development by the provider.
- Staff were complimentary about the support they received from the care manager, a support worker told us "[care manager] is very approachable, I can phone him on the weekends."

Engaging and involving people using the service, the public and staff

- People were asked for their views about the home through questionnaires, resident meetings and by staff. Residents would meet with staff informally as and when the need arose. Questionnaires were in an accessible format, for example, with the use of symbols or pictures. People's responses were positive, there were responses such as "I make all the choices I want" and "My home is clean and comfortable". Feedback from questionnaires were shared in newsletters.
- Staff felt that any suggestions or concerns would be listened to and acted on.
- Staff meetings took place and records confirmed this.
- The provider was accredited with 'Investors in People.'

Continuous learning and improving care

● A range of audits had been developed to measure and monitor the service overall. There were audits in relation to medicines, health and safety and fire safety. The provider engaged external companies to do audits and assessments to identify improvements. The provider worked well with the local authority contracts and monitoring team who had recently undertaken a visit to assess the service.
● Audits were effective in identifying any issues or underlying themes to drive improvement. Audits had recommendations and plans that showed when actions were completed.
● A recent local authority monitoring visit had identified no concerns. A local authority commissioner told us that the "service engages well with forums and will contact us for advice and support or signposting."

Working in partnership with others
● Staff worked well with the falls prevention team, speech and language therapist and social workers.
● Before people moved into the home, the care manager liaised with local authority social care professionals when considering whether people's needs could be met at the home.
● The local authority commissioner also told us that staff were engaging with the clinical commissioning group about preventing falls and hospital admissions.