Zero Three Care Homes LLP

Mirabeau

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Mirabeau is a care home providing intensive support for up to ten people who have a learning disability or who are autistic and have complex support needs. The service does not provide nursing care. At the time of our inspection there were ten people using the service, seven people lived in the main building and three people in a linked annexe called "The Garden Room."

When we last visited the service it was rated good.

At this inspection we found the service remained good.

People were supported to stay safe and staff were provided with detailed guidance to effectively minimise risks to people's safety. There were sufficient, safely recruited staff to meet people's needs both in the service and out in the community. Medicines were safely administered by appropriately trained staff.

Staff were well supported and received specialist training to meet people's individual needs. Staff supported people to maintain good health and wellbeing and enabled them to access other health and social care professionals when required. People were able to choose what they ate and drank in line with their preferences.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. Management and staff understood their responsibility in this area. Staff were committed to ensuring all decisions were made in people's best interest.

Staff knew people well and treated them with kindness, good humour and respect. There was advice in place to enable staff to communicate with people and support them to make decisions about the care they received.

Care at the service was highly person centred. Detailed assessments had been carried out and personalised care plans were in place. Staff carried out on-going observation and recording which was analysed to ensure support met people's individual needs. People were supported to have an active and enjoyable life and to maintain communication and relationships with family members. There was a complaints process in place and the manager welcomed feedback and open communication with families.

The manager promoted stable leadership and a calm, positive atmosphere which benefitted people who used the service. People were not enabled to make decisions about the way the service was run. We have made a recommendation about greater involvement of people. The provider had systems in place to check the quality of the service and made improvements, where necessary.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Mirabeau

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. This was a comprehensive inspection.

The inspection took place on 27 April 2017 and was unannounced. The inspection team consisted of two inspectors.

We reviewed the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We also looked at concerns we had received. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. All of this information helped us to plan what areas to focus our attention on for the inspection.

We focused on speaking with people who lived at the service and observing how people were cared for. A significant number of the people at the service had very complex needs and were not able verbally to talk with us, or chose not to, so we used observation as our main tool to gather evidence of people's experiences of the service. We met with six care staff, the deputy manager, the registered manager and two area managers. We had contact with four family members by phone or by email. We also spoke with one health and social care professional to find out their views about the service.

We looked at five people's care records and examined information relating to the management of the service such as recruitment, staff support and training records and quality monitoring audits.

For a more comprehensive report regarding this service, please refer to the report of our last visit which was published on 27 January 2015.

Good

Is the service safe?

Our findings

We observed people were at ease in their interactions with staff. Families told us people were safe with staff. One family member said, "As a parent I know I can trust them."

Staff knew how to recognise signs of abuse and they understood their responsibility to report any concerns to senior staff and, if necessary, to the relevant external agencies.

Detailed and personalised risk assessments outlined required actions and guidance to minimise risk. Staff analysed incidents to understand why they happened and to enable them to make recommendations on how things could be done differently. For example, staff noticed a person became distressed in the car when they took a different route from normal and so the care plan was amended to advise staff to avoid unnecessary changes in routes. Staff knew what action to take if an emergency situation arose and they told us that they felt supported by the on-call system that was in place.

Staffing was managed flexibly to ensure people's needs were met. There were sufficient staff to support people to complete activities within the service and to enable people to access activities safely outside the service.

There was an effective recruitment process in place for the safe employment of staff. Checks were in place to confirm that staff were of good character and suitable to work with people who needed to be protected from harm or abuse. Staff confirmed they did not start working until the necessary checks such as satisfactory Disclosure and Barring Service (DBS) checks had been obtained. The provider did not use agency staff and any gaps were filled by staff from other services in the organisation, who understood the services policies and philosophy and could provide continuity of care.

People's medicines were managed safely by well trained staff. Staff followed protocols for medicines which were administered as required, for example when people became anxious and monitored how regular this medicine was taken. Staff and people were supported by the organisation's clinical leads at key meetings, such as GP visits, where decisions were being made about medicines.

Detailed audits took place and where errors occurred there were clear and open processes to manage this safely. For example, where a medication error had occurred staff had contacted the GP and increased supervision overnight. Medicines were stored and disposed of safely.

Good

Is the service effective?

Our findings

People were supported by staff who received detailed input and training to develop their skills. A family member told us, "I'm very happy with the care that my relative receives from the staff at Mirabeau." Three family members told us new staff took time to develop skills and people were affected by staff turnover but they also felt senior staff provided good support, where necessary.

New staff completed an induction programme which included a broad range of training courses as well as completing shadowing more experienced staff members. The manager completed observations of practice on new staff to ensure that they had the necessary skills before they supported people on their own. A new staff member told us, "I feel really lucky, I have been so supported."

Training was provided face to face and included managing challenging behaviour through de-escalation techniques and other training tailored to people's needs. Staff told us training was beneficial to their role. Staff members told us that they felt well supported and confirmed that they had regular planned supervision sessions and an up to date annual appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found people were being supported appropriately, in line with the law and guidance. Assessments were detailed and personalised according to specific restrictions on people.

Staff supported people to have sufficient to eat and drink and to have a balanced diet. There was a set menu, however people could chose to have something different. Specialist nutritional needs were well catered for.

Staff supported people to maintain a healthy lifestyle and referrals to healthcare professionals, such as GPs and speech and language therapists, had been made in a timely manner. Staff responded well to people's changing health needs. A family member told us, "My relative has never looked healthier or happier."

The property had been designed with people's needs in mind. There was a 3 bedroom annexe to the main building which was used by people who benefitted from a calmer environment. There was a sensory room which was regular used by people for therapy and relaxation. A trampoline had been installed at ground level which minimised risk and increased people's independence as it reduced the amount of supervision needed.

Good

Is the service caring?

Our findings

We observed that staff knew people well and were caring towards them. A family member told us, "There is a great atmosphere at Mirabeau" and "I feel they treat my relative as family, which is comforting for me." Staff had developed positive relationships with people over time. A staff member told us, "People have been here a long time. It means we know people really well here. I like to think that they know me well as well."

Staff recognised people wanted to have fun as well as having their clinical needs met and worked hard to create a relaxing environment. A member of staff told us, "I love coming to work. It's always fun and enjoyable." The manager had introduced safe display frames with photos of significant events and pastimes. This helped personalise what was a fairly stark communal area.

Staff tried where possible to enable people to have greater independence. We observed a member of staff supporting a person to access their computer by giving them the keys to unlock the cupboard. Staff recorded in daily notes when people had made decisions about their care, such as about the clothes they wore. There was guidance on how best to communicate with people to ensure they were able to make choices about their care. For example, a person's plan instructed staff to keep eye contact with a person and limit the amount to information in one sentence.

We were given examples of where staff had arranged for advocates for people to ensure their voice was heard when decisions had to be made, for example about where they wanted to live. An advocate supports a person to have an independent voice and express their views.

People were treated with dignity. A family member told us, "I have never seen any member of staff treat the residents with anything other than respect." Staff spoke of and wrote in daily records about people with respect, even when there had been a difficult interaction or incident. As well as recording when people's behaviour had been disruptive, staff also recorded positive times, which provided a more balanced portrayal of people's strengths and weaknesses.

Good

Is the service responsive?

Our findings

People engaged in daily routines which were personal to their needs and preferences. A family member told us, "My relative is a very active person and needs to be kept busy. The staff are great at taking them to active events." Daily records showed activities had been well thought through. We saw a person liked cars and staff had recorded. "[Person] went to Halfords to buy some screen wash for the cars."

People had their needs and risks assessed and the required support was outlined in detailed care and support plans. The information outlined in the plans reflected the discussions we had with staff about peoples' needs. There was a folder with vital information about each person, which staff told us was very useful, especially for new staff, as it provided key information quickly. People's care plans were vast and often written in a clinical way. There had been limited attempts to develop some elements of the care plans to make them more accessible to people using the service, in line with good practice.

Regular meetings were held to discuss individual people's needs. Some were attended by the organisation's clinical psychologist and other specialist staff and were used to monitor on-going issues and provide guidance to ensure staff were working consistently and effectively. Advice from these meetings was practical, for example, when a person regularly chose to knock over drinks, staff were recommended to try a "messy" activity.

Staff recorded daily activity in great detail and this information enabled staff to develop personalised care. Care plans were reviewed and amended on an on-going basis by staff and managers and included families and outside professionals.

People were enabled to keep in touch with families, in an appropriate and personalised way. For example, staff would make daily contact at an agreed time with one relative and for another relative, staff provided weekly reports.

The provider had a clear policy in place for responding to concerns and complaints. There was a complaints log in place, and we saw examples where the quality of service had been improved following a complaint from a family member. A family member told us, "When I have had a problem I have always felt that all the staff, including the house manager, Psychologist, etc. have listened to me and acted on my concerns."

Good

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been in post since 2015 and prior to that had been a senior at the service, which provided consistency for people, families and staff. All the families we spoke to were extremely positive about the professionalism and support from the manager.

Staff tailored individual care around each person, for instance activities and individual rooms were personalised. However, there were a number of examples where the provider and staff had made decisions which could have been led by the people living at the service. For example, the provider or staff had chosen colour of the communal walls, the photos on display and new plants for the garden. Staff told us that a number of people would have been able to take part in these decisions, for example they had an interest in taking photos or gardening. There was greater potential for the provider to promote a culture where people were empowered to have a say about key decisions in their own home.

We recommend that the service seek advice from a reputable source, regarding innovative and creative ways to enable people to be consulted about decisions affecting the running of their service.

There were a number of systems in place to measure quality. Parental view questionnaires were completed annually and resulted in changes in people's care. There were a series of audits carried out by senior staff and area managers. The audits had clear dates by which any actions had to be completed. The service had also been audited by the local authority and their pharmacist in the last year. The provider's regular quality assurance reports did not refer to any actions required by external audits which meant there was not a clear overview of whether these had been implemented. When we spoke to the manager it was clear they had made the necessary improvements but they acknowledged systems could be improved to better monitor when they had completed any required actions.

Staff described the management team as calm and relaxed and by leading by example they promoted a calm atmosphere, which we observed during our visit. The manager promoted excellent communication between staff at the service. Staff told us that whilst their role was challenging they used de-briefing sessions to "off-load" onto senior staff. They told us, "We always get support, their door is always open."

There was a pride amongst staff about what they had achieved at the service since it had opened. The deputy manager told us they were most proud about, "How well the guys have settled into their lives." During our visit we observed that the manager had instilled an ethos which focused on the wellbeing of the people at the service. The positive feedback which we received from families demonstrated the impact of the manager in enhancing people's quality of life.