

Zero Three Care Homes LLP

Fiorano

Inspection report

Walden Road
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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

About the service

Fiorano is a residential care home providing accommodation and personal care to people who have a learning disability or autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to eight people. Six younger men were using the service when we inspected. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were enough staff on duty to enable people to remain safe and receive care in a timely way. Staff were safely recruited, they knew how to keep people safe from avoidable harm. Accidents and incidents were analysed to prevent re-occurrence. People were supported to take their medicines in a safe way. The environment was safe, and people had access to appropriate equipment where needed. The premises were clean, and staff followed infection control guidelines.

People were supported to have 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 had access to health professionals when needed. People were supported to maintain a healthy diet and support was planned to meet the assessed nutritional and health needs. Staff received specialist and accredited training to ensure they could meet the needs of people living at Fiorano. Staff also received intensive supervision and support so that they could learn and reflect on their practice to ensure people

with very high support needs received safe care and treatment.

Staff were kind, caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this. People were observed to have good relationships with the staff team. Staff actively ensured people maintained links with their friends and family.

People were supported to pursue their hobbies and interests including volunteer work roles within the local community, and holidays abroad. The provider had a clear complaints system, relatives told us they felt able to raise concerns, and that these were dealt with quickly.

The registered manager provided staff with leadership and was visible and approachable. Staff were motivated and enjoyed strong team work. Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received.

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

Rating at last inspection

The last rating for this service was good (published 3 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Fiorano

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

This inspection was carried out by one inspector.

Service and service type

Fiorano is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we received from the service by way of notifications. Notifications are required by law and identify incidents that had happened in the service and the actions taken in response, including safeguarding and serious injury.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided and carried out observations of people receiving care and support. We spoke with the registered manager and one member of staff.

We reviewed a range of records. This included two people's care records and medicine records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

Following our inspection visit to the service, we spoke to and received feedback from a relative of a person living at Fiorano.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse.
- Staff received training and were confident in telling us how they would report their concerns internally and externally to local safeguarding authorities.
- People's relatives told us they felt their loved one was safe living at Fiorano and trusted staff to keep them safe. We spoke with one person who told us they felt safe both at the service and when being supported by staff when accessing the local community.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The staff assessed risks to the person's safety and well-being. Plans were put in place to mitigate these risks and staff were familiar with them. This included risks associated with health conditions, security of the service and the use of oxygen for one person.
- The service had a system to record and analyse any accidents or incidents. This helped to identify any trends or themes. Staff completed detailed charts following any incident known as a 'Functional Analysis'. This detailed collation of what happened during and prior to any event, was used to reflect on whether anything could be learnt or done differently.
- Staff told us there were lessons learned when things went wrong. The registered manager took appropriate actions following incidents and learning was shared with staff.
- Risk assessments and care plans were updated after accidents and incidents to ensure that measures in place were effective and enhanced people's well-being.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEPs) in place so that staff knew how to assist people in an evacuation. There were checks to fire alarms, water, gas and equipment within the service.

Staffing and recruitment

- There were enough staff on duty to keep people safe. Additional staff were available to support people when accessing the community.
- On the day of the inspection we saw that staff were quick to respond to people's needs. Staff had time to spend with people and did not need to rush their care or support.
- We saw all staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

Using medicines safely

- People's medicines were managed safely. We saw that medicine administration was completed in accordance with good practice. The service promoted and followed the principles of STOMP. This is a best practice national project aimed to reduce the risk of over medicating people with a learning disability, Autism or both.
- Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. Staff could describe to us how they would assess when people needed these medicines. This helped to ensure that people received their medicines as prescribed.
- Medicines were reviewed as necessary with the GP and specialist nurses.

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the premises, there was no lingering malodour.
- Staff followed robust and clear hygiene procedures when supporting people to prepare food. The food standards agency had awarded the service the highest available rating of five stars.
- Staff used personal protective equipment (PPE) appropriately when delivering personal care to people.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Thorough assessments were completed to establish if people's needs could be fully met, before they moved into the service, and where required, by staff who had specialist training. The registered manager used principles of good practice in the assessment of people's needs and was clear in the types of need the service could support.
- Care plans were detailed for each identified need a person had. Staff had clear guidance on how to meet those needs. People's relatives told us they were involved in creating these and contributed experiences from people's life histories.
- Care and support plans were regularly reviewed which helped ensure that staff could continue to meet people's changing needs.

Staff support: induction, training, skills and experience

- People living at Fiorano had very high support needs. Staff received comprehensive and specialist training to meet these needs. This included accredited training in de-escalating people's behaviours during periods of distress, including through distraction and being guided away from a particular area. Following these incidents staff received comprehensive de-briefing and reflection to enhance their learning.
- The registered manager told us they and their team benefitted from 'cascade days', a multi-disciplinary approach including clinicians which shared learning and experiences in thematic areas, such as communication. This was used when discussing individual people's specific support needs.
- People were supported by staff who had received training relevant to their roles. Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own.
- Staff completed the Care Certificate, a nationally recognised qualification for staff new to working in care.
- Staff told us they felt supported. They received regular supervision and checks of their competency. This included feedback about their performance and enabled them to discuss any concerns, training and development.

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

- People had a good choice of food and drinks provided. Staff monitored people's intake where required to promote people's health and wellbeing. We saw that staff had identified and responded to a period whereby a person experienced a rapid decline in the weight due to an underlying health condition. The staff response had enabled the person to recover this loss very quickly.
- The registered manager had implemented the use of 'visual menus', which used photographs for people to use, putting together their own menus and cooking for themselves with support to promote

independence.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff could promptly identify when people's needs changed and seek professional advice. Detailed records and monitoring of people's welfare were used to inform community healthcare professionals so timely and effective action could be taken.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure the care and support provided was effective and in people`s best interest. This included working with the local hospital learning disability nurse to create health action plans.
- Relatives told us that healthcare appointments were arranged as necessary and the information on the outcomes of visits shared with them where they had the legal authorisation to know this.

Adapting service, design, decoration to meet people's needs

- Fiorano had been purpose designed and built to meet the specific needs of the people it supported. This included ensuring the premises were accessible, safe but homely and personal.
- The modern decoration reflected the younger population it supported, and people had been encouraged to personalise their own living spaces.
- There were multiple communal spaces that people could use in groups or on their own. People had access to extensive outdoor space and gardens which they shared with another similar service on the same site. This included trampolines, a hot tub spa room, seating areas and hobby workshops.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Mental capacity assessments were carried out where needed to establish if people had capacity to make decisions affecting their lives. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in people's care plans.
- We saw staff asking for people`s consent before providing them with support. People were offered choices and encouraged to express their wishes. A relative we spoke with who had been appointed as a power of attorney by the Court of Protection, said that the service always ensured they kept them up to date with important information and involved them in any decision-making processes in the persons best interests.
- Staff had received training regarding obtaining people's consent and the principles of the MCA and could demonstrate to us that they understood this and applied it to their work when supporting people.
- The registered manager ensured that applications to deprive a person of their liberty had been made where required, and that staff worked in accordance with any conditions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We saw caring interactions between care staff and people. Staff greeted people when they saw them, offering support and reassurance where necessary.
- A relative we spoke with told us that staff were kind, caring and sensitive towards their family member. They also said their family member needed support from staff with all aspects of the personal care and dressing, and was, "Always well groomed". Our observations of staff interactions confirmed this. We saw a thank you card from one relative after staff had cared for them through a period of poor health. They had written ' "Thank for your brilliant work, I now have my son back."
- People were respected as individuals and we saw that staff had recognised and celebrated their identities. For example, on each person's bedroom wall, staff had created a poster with the title, 'What we like about [person]'. Staff had recorded messages and descriptions, including pictures, of what they admired about the person. They included, 'his smile', 'his dance moves' and 'his strut'.

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

- The registered manager and staff ensured that people were involved in making decisions about their daily lives where they could.
- Where people were not able to express their views and could not be involved in decisions about their care, their relatives and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.
- We observed members of staff explaining what they were doing and asking for confirmation this was correct or should they be doing something else.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. Staff we spoke with told us that it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- Staff encouraged people to maintain their independence. The staff followed the provider's initiative of a programme called 'Active Support'. This identified how people could be involved in daily activities of living, such as laundry or cooking, that followed a structured timetable for people to become familiar with. Staff supported and prompted people to undertake tasks with an assessed level of support which promoted people's involvement and independence. Staff reported to us that this had been very successful for some people, and we observed people actively engaging and enjoying participation.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People received personalised care and support specific to their needs and preferences. We observed that staff knew people well and how a person wished to receive interaction.
- People's care plans were detailed and contained clear information about their specific needs, their personal preferences, routines, likes, dislikes and what was important to the person. Each person's care and support were regularly reviewed and updated to reflect their changing needs.
- People's relatives and other professionals were involved in person centred reviews and information was shared about people's care appropriately to support their best interests and promote positive outcomes for people.

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 care plans were designed in line with the Accessible Information Standards (AIS). This included the use of symbol-based languages and pictorial signs, which had been produced specifically for each individual. The provider employed staff who had specialist training in assessing people's needs in relation to this, and re-assessing to make changes based on staff feedback.
- We saw staff taking time to talk clearly to people at a speed that suited them. Staff checked they understood them with appropriate questions and offered choices from those discussion and questions. Care plans clearly identified how best to communicate verbally with people. For example, 'Be patient if [person] is struggling to get their words out and don't finish their sentence, use clear sentences, and use a bright bubbly manner.'

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

- In line with 'registering the right support' people were part of their communities. They used local facilities and accessed community health and leisure facilities. The service had their own vehicles which enabled people to access their community individually and regularly, and not having to rely on activities in groups.
- People were stimulated and enjoyed participation in activities they enjoyed. This included personal hobbies and interests, as well as trying new ideas that staff researched and suggested. One person had become a member of their local football team, and a volunteer worker at the local foodbank charity.
- staff were ambitious in helping people achieve personal goals. One person wanted to take a cruise holiday

to visit an area which was a lifetime ambition. Staff worked with the person in booking this at the travel agent and supported them throughout the holiday. They had helped the person create a journal of their trip, which they proudly showed and discussed with us.

- People were supported by staff to maintain regular contact with families and friends.
- Care plans we reviewed detailed people's interests, hobbies and cultural wishes. These plans clearly identified the ways in which the staff could support people to engage in them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure which had been developed with the people in mind that were using the service to support them to make a complaint should the need arise.
- Information about how to raise a complaint was given to people upon joining the service. We spoke to a relative who told us that any concerns raised were always dealt with quickly and received openly by the registered manager.

End of life care and support

- Nobody living at the service at the time of our inspection required support with end of life care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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; Continuous learning and improving care

- The service was well run. The registered manager and staff team were committed to providing high quality and person-centred care. The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
- Staff felt valued and well-supported by the registered manager. One staff member told us; "The home is running so much better now, communication has improved. People living here are enjoying it and making progress."
- The service had an on-call system, shared with the other service on the same site, so staff could call upon the management team for support as needed.
- The registered manager worked closely with their counterpart in the other service on the same site. This included deploying senior staff to support the other service, so they could become familiar with people and the staff team and be in a stronger position to support should it be required in an emergency.

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

- The registered manager understood their regulatory responsibilities. For example, they ensured the rating from the last CQC inspection was prominently displayed and there were systems in place to notify CQC of incidents at the service.
- Information from the quality assurance system, care plan reviews and incidents were used to inform changes and improvements to the quality of care people received. The registered manager was continually reviewing and learning where possible.
- The registered manager had effective oversight of what was happening in the service. Risks were identified and acted on promptly to monitor the safety and quality of the service people received. People's care records were well organised, up to date and kept under regular review to ensure the information was accurate.
- The service was well-organised and there was a clear staffing structure. Staff understood their roles and responsibilities.

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

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. A relative told us the registered manager was available to talk with them whenever they wished. They told us, "[Registered manager] is good, she is on top of everything." Surveys were sent out annually to people's relatives, to gather feedback about the quality of the service provided. We saw the results of this were very positive.
- The registered manager and staff continued to work in partnership with other services, for example healthcare professionals.