

Crownwise Limited

Bellevue

Inspection report

167 Brigstock Road
Thornton Heath
Croydon
Surrey
CR7 7JP

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25 July 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We undertook an announced inspection on 25 July 2017. At our previous inspection on 30 April 2015 the service was rated 'good' overall and in the key questions; 'Is the service safe?', 'Is the service caring?', 'Is the service responsive?' and 'Is the service well-led?'. They were rated 'outstanding' for the key question 'Is the service effective?'.

Bellevue provides a supported living service to up to 26 people across a main house and three bungalows. At the time of our inspection 21 people were using the service. The service supported people with mental health needs, learning disabilities or both.

Since our previous inspection a new registered manager had been appointed. The new manager was registered on 4 January 2016. 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.

We found that whilst people received their medicines as prescribed, safe medicines management practices were not consistently followed. Accurate stocks were not always undertaken and accurate records of medicines administered were not always maintained. We recommend the provider consults national guidance on safe medicines management.

There were sufficient staff to meet people's needs and safe recruitment practices were maintained. Staff adhered to safeguarding adults procedures and raised any concerns about a person's safety with the registered manager. Risks to people's safety were regularly reviewed and risk management plans were in place.

Staff had the knowledge and skills to undertake their role and attended regular refresher training courses. Staff supported and encouraged people to attend healthcare appointments, in relation to their physical and mental health. There continued to be ongoing liaison with the community mental health team in regards to people's mental health needs. Staff continued to support people in line with the Mental Capacity Act 2005 and provided any support required with people's nutritional needs.

There continued to be trusting relationships between staff and people. Staff respected people's decisions and enabled them to make choices regarding their care and how they spent their time. Staff respected people's privacy and maintained their dignity. Staff encouraged and supported people to maintain friendships and relationships with family members.

Staff sessions had been introduced to review people's care. This included discussing in detail a person's diagnosis and medicines, and how this may affect their behaviour. The provider had started to deliver mindfulness sessions to provide people with additional tools and techniques to manage their mental

health. The provider supported people to develop their skills, including offering paid employment to some people. Care plans were detailed and regularly updated providing staff with information about people's support needs. Complaints continued to be taken seriously and managed appropriately.

Systems continued to be in place to review the quality of service delivery and action plans were developed to encourage continuous improvement and ensure accurate records were maintained of all areas of service delivery. Mechanisms were in place to obtain feedback from people, relatives, staff and visiting professionals. The registered manager adhered to the requirements of their registration with the Care Quality Commission.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some areas of the service were not safe. Improvements were required to ensure accurate records were maintained of all medicines administered and in regards to stock checks. We recommend the provider consults national guidance on safe medicines management and administration.

There were sufficient staff to meet people's needs. Staff safeguarded people from harm and were aware of historic and current risks to people's safety.

Requires Improvement 

Is the service effective?

The service was effective. Staff continued to receive training to ensure they had the knowledge and skills to support people. Staff adhered to the Mental Capacity Act 2005. Staff supported people to have their health needs met and liaised with community mental health professionals. Staff provided people with information about healthy eating and provided any support required with meals.

Good 

Is the service caring?

The service was caring. Staff had a trusting and respectful relationship with people. Staff empowered people to make their own decisions. Staff respected people's privacy and did not enter their rooms without their permission.

Good 

Is the service responsive?

The service was responsive. Staff met to discuss people's needs and identify how their diagnoses and medicines may affect their behaviour so staff knew how to support them. The provider delivered mindfulness sessions to provide people with tools and techniques to destress and manage any anxieties. Staff linked with other organisations to provide people with additional information about how to self-manage different health diagnoses. Staff supported people to develop their skills to help with education and employment.

Complaints were listened to, investigated and dealt with, as much as possible to the satisfaction of the complainant.

Good 

Is the service well-led?

Good ●

The service was well-led. The provider had systems in place to review the quality of service provision. There were mechanisms in place to obtain feedback from people, relatives, staff and visiting professionals. Staff felt supported and empowered to make suggestions to improve service delivery and these were listened to by the registered manager and provider.

Bellevue

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 inspection took place on 25 July 2017 and was announced. The provider was given 72 hours' notice because the location provides a supported living service and we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications received. These are notifications about key events that occur which the service is required to send us by law.

During the inspection we spoke with three people using the service, one person's relative and four staff, including the registered manager. We reviewed four people's care records and four staff records. We looked at medicines management and records relating to the management of the service. After the inspection we received feedback from one community mental health team supporting people using the service.

Is the service safe?

Our findings

A relative told us their family member felt safe and secure at the service, and they appreciated the CCTV which had been installed in communal areas, the front door and the driveway to the bungalows. The relative said it reassured their family member that they knew staff could see who was approaching the service and that no-one was able to enter without having a key or a staff member letting them in. A person told us they felt safe at the service because they were able to lock their door. However, we heard that some people had raised with their community mental health professionals that they did not always feel safe at the service due to other people's risk behaviour.

People received their medicines as prescribed. However, safe medicines management processes were not always consistently followed. We saw for some people's medicines that daily running totals were taken on stocks of medicines. However, we saw the records of stock did not always tally with the number of tablets present. This meant at times accurate records were not maintained of the stocks of medicines and the number of medicines could not be fully accounted for. We also saw staff had signed as administering two medicines that were no longer in stock and that no records were maintained of an important medicine to support with a person's mental health. We discussed these concerns with the registered manager who assured us they would address them with the individual staff members involved and remind staff of the importance of maintaining accurate records in regards medicines administration.

The majority of people at the service self-administered their medicines. They had been assessed as being able to manage and administer their own medicines safely. The staff supported those that were not able to manage their own medicines by ensuring their medicines were stored securely and observing people taking their medicines. However we observed for some people that staff were supporting them with some of their medicines but not all. It was unclear as to what medicines they were assessed as being able to self-manage and where and why they needed assistance with others. We spoke with the registered manager about this who said they would re-review the support in place and re-assess some people's support levels in regards to medicines management.

We recommend the provider consults national guidance on safe medicines management.

There were sufficient staff to keep people safe and meet their needs. The service was staffed 24 hours a day with three staff available during the day and one staff member available at night. In addition, a staff member was available on call at night to provide additional support when required. We observed staff responding promptly to people's request for support and made themselves available if people wanted to have someone to talk to.

The provider continued to follow safe recruitment practices. This included obtaining references from previous employers, undertaking criminal record checks and checking people's eligibility to work within the UK.

Staff continued to adhere to their responsibilities to safeguard people from harm. Staff assessed the risk of

people being abused, this included in regards to financial abuse and potential exploitation when out in the community. Staff were aware of the reporting process if they had concerns about a person's safety and the registered manager told us they had a good relationship with the local authority's safeguarding team if they needed any advice.

Risks to people's safety continued to be assessed and management plans were updated in response to any changes in people's needs. Staff were aware of people's history and any previous risk behaviour they displayed. This information was used to identify current risks and develop appropriate management plans. Staff were aware of how people's risk behaviour impacted on their mental health, for example in regards to non-compliance with their medicines and substance misuse. They were also aware of what behaviour people showed if their mental health was deteriorating, including an increase in self-neglect behaviour. Staff supported people to mitigate these risks.

Staff supported people to understand and self-manage some risks at the service, in particular in regards to fire safety. There were regular fire drills and the staff had trained some people in fire safety, including how to raise an alarm and what to do if a fire occurred. One of the service's rules was for people to not smoke in their rooms or any other areas of the building. However, some people chose to smoke in their rooms. Staff provided them with information about the risks of smoking in their room and provided one person who often smoked with fire retardant bedding and curtains to reduce the risk of a fire occurring.

Is the service effective?

Our findings

One person told us, "[The staff] know their job and are very professional about it." Staff had the knowledge and skills to undertake their role. Staff told us the registered manager was very knowledgeable and was able to provide them with any advice or guidance they required. The registered manager liaised with the provider and the registered managers from the provider's other services to identify staff's training needs and develop a training programme. The registered manager told us the training programme was tailored to each service to ensure staff had the skills and knowledge to support the individuals using the service. Records showed staff had completed the provider's mandatory training. This included courses on challenging behaviour, personality disorders, managing violence and breakaway techniques, health and safety, fire safety, safeguarding adults, the Mental Capacity Act 2005 and food safety.

Staff received regular supervision and annual appraisals. These sessions were held to review their performance, enable staff to discuss any concerns they had and give them the opportunity to ask any questions about how to further support people. The registered manager also used these sessions to identify any additional training staff required and check on their compliance with the provider's mandatory training.

Staff continued to support people with their health – both their physical and mental health. People told us they were registered with a local GP and staff helped them to make an appointment if they required this. Staff encouraged people to visit local clinic appointments including diabetes clinics and for people to attend their annual health reviews. Staff also discussed with people having their other primary health care needs met including visiting a dentist and optician. If people needed support accessing these services staff arranged this for them. Staff also supported people to attend specialist healthcare appointments when necessary.

Some people at the service were supported by professionals from the community mental health team. Staff liaised with them to ensure they were both informed about any changes in a person's mental health and how this affected the level of support they required. Information was included in people's care records about triggers to people's mental health deteriorating and crisis and contingency plans were available so staff knew what to do if a person needed additional support or treatment. Staff identified when a person was relapsing and liaised with the health care professionals involved in their care to support a hospital admission. The registered manager informed us over the last two years there had been a reduction in the number of people requiring hospital admission as their mental health had remained stable.

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.

Staff continued to support people in line with the MCA. Everyone using the service had the capacity to make decisions about their care and staff respected the decisions people made. The majority of people also had

the capacity to manage their finances. Some people had appointees for their finances and staff were aware of who this applied to and who to contact if they had any concerns regarding a person's finances.

There were no restrictions on people's liberty. People were given a key to their rooms and to the front door. People were free to come and go as they pleased and there were no curfews in place.

The majority of people managed their own meals and were comfortable shopping and cooking for themselves. Staff provided them with information about healthy eating so people could make informed choices when choosing their meals and staff provided support if people required it in the kitchen. If people did not want to cook for themselves they had the option of paying a small fee and having staff cook a meal for them. The provider had introduced a free breakfast at the service which people could help themselves to throughout the day. Staff told us the reason for this was to ensure people had something to eat prior to taking their medicines and ensure people were eating something during the day.

Is the service caring?

Our findings

One person said, "It's great. I'm quite happy here." They also said the staff are "very supportive". They told us, "I don't see staff all that much but they come round for tea or coffee and we have a chat." Another person told us, "The staff are very friendly... They are very kind and considerate." A relative said, "The staff are lovely. They take care of [their family member]." They also told us, "I'm more than happy for him to be here. It's nice to see him smiling again. He has a laugh with the staff."

Staff were respectful of people's privacy. Staff did not enter people's rooms or the bungalows without people's permission. Some people needed reminding to adhere to their personal care or to undertake domestic duties such as laundry to maintain their dignity. This was done by staff discreetly and staff were respectful of people's personal space. Staff made themselves available if people wanted to talk but also respected a person's decision if they wanted to spend time in their room.

Staff supported people to maintain friendships and relationships with their family. Since our last inspection the registered manager received referrals for seven people to move to the service from another provider. The registered manager accommodated four of these individuals to live together in one of the bungalows. This enabled people to continue to live with people they knew. The seven individuals talked with each other and organised amongst themselves how they spent their time and allocation of domestic duties. The group food shopped and cooked together, sitting down to eat with each other and staff told us they were often invited round by the group to join their evening meals with them.

People continued to be supported with their religious and cultural preferences. Staff asked people about their preferences. We saw that information was included in people's care records about their faith and how they practiced that faith.

Staff continued to respect people's decisions. One staff member said, "We respect them and they respect us back." People were able to decide how they spent their time, what they engaged in and what support they received. Staff told us they had open discussions with people and gave them information to help them to make informed decisions, for example in relation to substance misuse or their lifestyle. People undertook their own preferred daily routines and staff supported people in line with preferences.

Is the service responsive?

Our findings

One person told us, "[The staff] help with everything I do. If I have a problem they sit down with me and talk through things." Feedback received from a community mental health team was that staff were "very supportive of [people's] presentations and worked together with [people], families and CMHT/Social services to resolve conflict and issues of managing violence and aggression." They also said staff were, "very proactive in ensuring that [people] are moved on to appropriate placements and work together with social services."

The registered manager held meetings with staff to discuss each person at the service. A staff discussion was held where the registered manager spoke in detail about how people's diagnosis and treatment options may affect their behaviour. Staff said this enabled them to learn more about the person and understand what may be happening when they displayed certain behaviour, for example if it was a sign that their mental health was deteriorating or they had stopped taking their medicines. One staff member said, "We take it more in. [The registered manager] explains everything and we are able to ask questions and talk about it. It has been very effective." The person being discussed was also invited into the meeting to talk about their experiences so staff could further understand what it was like for the person and where they wanted support. The registered manager told us, "We treat everyone as an individual, coming along with their own needs and personalities."

The provider had recently begun to hold mindfulness therapy sessions with people using the service. Mindfulness therapy gives people the skills and techniques to acknowledge their own thoughts, emotions and feelings without over analysing them or fixating on them. This provides people with the tools to reduce their stress and anxiety levels.

The staff were aware that one of the side effects of anti-psychotic medicines was an increase in weight. Staff provided people with information about maintaining a healthy lifestyle increasing their exercise and eating a balanced diet to help with any potential weight increase. Staff were also aware of the link between an increase in weight, poor diet and type 2 diabetes. The staff had organised for Diabetes UK to come to the service every six months to talk about diabetes. Everyone was invited to participate in these meetings so those with diabetes could learn more about how to manage it and people without diabetes could learn about preventative measures.

Staff supported people to increase their skills, this included learning about recruitment and interview techniques. Since our previous inspection the provider had employed some people to undertake paid jobs at the service, this included domestic duties and gardening. People were subject to the same recruitment procedures as the staff. This included applying for the position, attending an interview and obtaining character references. People were also supported to engage in other education and employment opportunities. Some people using the service had regular jobs, including voluntary work at a day centre for older people and other people were participating in university and college courses. One staff member had also started holding computer classes at the service for people to learn IT skills.

Care plans were developed outlining people's life history and their current support needs. These provided staff with detailed information about their support needs. This included information relating to their mental health which had been obtained in liaison with conversations with the responsible clinician for their mental health. Information was also included in regards their social needs, any domestic support as well as any support or encouragement they required with their personal care. Staff were aware of what additional support people required when their health deteriorated and how this was to be provided. Staff held regular one to one meetings with people to discuss the support provided and relapse prevention.

A complaints process remained in place. We saw that all verbal complaints and concerns raised were recorded and investigated appropriately. As much as possible complaints were resolved to the satisfaction of the complainant. People and relatives confirmed they felt able to speak with staff if they had any concerns and that staff would take any concerns raised seriously. Records showed that any concerns or complaints raised by people were revisited during one to one meetings to ensure people were happy with the outcome and identify if their concerns were continuing, for example in regards to any disagreements with other people using the service.

Is the service well-led?

Our findings

People and relatives told us they felt the service was well-led and they had a good relationship with the registered manager. One relative told us, "If there's something wrong, it's dealt with." Staff also told us they felt well supported by the registered manager and they were approachable and accessible. One staff member said, "He's an incredible manager. His knowledge is so vast." We heard staff were encouraged to express their opinion and suggest new ideas. For example a staff member had suggested the employment of people at the service and to build links with Diabetes UK, and these suggestions were listened to and implemented. One staff member told us, "I think it's a really good place to work. The provider allows staff to come up with ideas and solutions."

Processes continued to be in place to review the quality of service provision. The provider undertook quarterly quality audits. We viewed the findings from the latest audit undertaken on 21 July 2017. As part of this audit the provider obtained feedback from people and staff, they reviewed what support had been provided to people in the previous month as well as reviewing compliance with the provider's policies and procedures. They reviewed the quality of care records and ensuring care plans and risk assessments were regularly updated. The latest audit did not identify any current concerns with the quality of service delivery, nevertheless, an action plan was produced outlining what further support could be provided and encouraged the staff to focus on continuous improvement.

In addition to the provider's quality audits, the registered manager undertook monthly audits and spot checks to review the quality of support provision. This included reviewing compliance with staff's responsibilities during supervision sessions and completing monthly medicines audits. We viewed the findings from the June 2017 medicines audits which did not identify any concerns. The registered manager assured us the concerns we identified at this inspection in regards to medicines management were not present in the previous month and they would have identified the areas requiring improvement during their July 2017. They assured us they would continue to closely monitor medicines management to ensure good practice guidance was followed.

There continued to be systems in place to obtain feedback from people, relatives, staff and visiting professionals about service provision. Staff met with people monthly at one to one meetings to obtain their views and complete a feedback questionnaire. We saw the questionnaires that had been completed showed people were very positive about the support they received and no concerns were raised. In addition monthly meetings were held with people. We saw the minutes from the June 2017 meeting which showed people were reminded about the importance of adhering to the house rules including not smoking in their rooms. Relatives and visiting professionals were asked to complete satisfaction surveys when they visited the service. The findings from the surveys and the meetings with people were discussed at quarterly staff meetings. We viewed the minutes from the last meeting which showed staff discussed the support provided to people, staff training and learning from key events that occurred, this included discussing fire safety.

The registered manager was aware of their registration responsibilities with the Care Quality Commission and submitted statutory notifications about key events that occurred as required.

