Beau Sejour Residential Care Home Limited

Beau Sejour Care Services

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

Overall summary

This inspection took place on 14 January 2015 by one inspector and was unannounced. The service had met the required standards at their last inspection on 18 October 2013.

Beau Sejour care home provides accommodation and personal care for up to ten people with learning disabilities who may also have physical disabilities or a sensory impairment. At the time of our inspection ten people lived at the home. There was a registered manager in post. 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.

People were protected from abuse and felt safe at the home. Staff were knowledgeable about the risks of abuse and how to report concerns. There were sufficient staff members available to meet people's individual care and support needs. We found that safe and effective recruitment practices were followed and that people's views were central to the selection of new staff members.

Summary of findings

There were suitable arrangements for the safe storage, management and disposal of medicines. We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

The CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 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, usually to protect themselves or others. At the time of our inspection applications had been made to the local authority in relation to people who lived at Beau Sejour.

People had access to healthcare professionals such as GP's and mental health specialists when needed. A range of health professionals gave us positive feedback about the care and support provided for people. We found that people received appropriate levels of support to maintain a healthy balanced diet and were supported by a staff team who had the necessary skills to provide safe and effective care. People were happy in their home and that staff treated them with warmth, dignity and respect. Relatives were also positive about the care and support provided. We saw that staff knew people well and met their needs in an individual and caring way.

People's needs were met and they were supported to take part in a wide range of meaningful activities catered to their individual needs and wishes, both at the home and in the local community. People who lived at the home and staff had been actively involved in developing all aspects of the service and how the home was run. Relatives confirmed to us that they, and the people who used the service, were encouraged and supported to have their say and were positive about the leadership provided by the manager. We saw that a system of audits, surveys and reviews were used to good effect in monitoring performance and managing risks.

The manager and provider demonstrated a clear vision and operated a set of values based on person centred care, independence and empowerment. These were central to the care provided and were clearly understood and put into practice by staff for the benefit of everyone who used the service.

Summary of findings

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.

People were protected from abuse and avoidable harm by staff who understood the risks and knew how to report and deal with concerns.

There were sufficient staff members available to meet people's individual needs and keep them safe.

Effective recruitment practices were followed to ensure that people received safe care and support.

People's medicines were managed safely by staff who had been trained.

Good

Is the service effective?
The service was effective.

People's consent to care and support had been obtained properly in line with the MCA 2005.

People's health and nutritional needs were met effectively.

People were looked after by staff who had the knowledge and skills necessary to provide safe and effective care and support.

Good

Is the service caring?
The service was caring.

People, their relatives and external professionals had many positive things to say about the way in which care and support was provided.

Staff members were knowledgeable about people's needs, preferences and personal circumstances.

People were happy at Beau Sejour and we saw that staff treated them with warmth, dignity and respect.

Good

Is the service responsive?
The service was responsive.

People who used the service and their families were involved in the assessment, planning and delivery of care.

People who used the service had a voice and staff listened to and acted on their views about all aspects of their care and how the home was run.

Good

Is the service well-led?
The service was well led.

The quality assurance and monitoring systems were effective and the manager held a clear vision and set of values which staff understood and embraced.

The service promoted a positive and inclusive culture. People, their relatives, external stakeholders and staff were encouraged to share their views and help develop the service.

Good

Summary of findings

The manager demonstrated visible leadership and had put robust systems in place to drive forward improvement. Advanced planning and pro-active management meant that the service was able to continuously meet people's ever changing needs.

Beau Sejour Care Services

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 was planned to check whether the provider met 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 14 January 2015 by an inspector and was unannounced. The service was found to be meeting the required standards at their last inspection on 18 October 2013.

Before our 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. We also reviewed other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

People who used the service were unable to verbalise their experience of living at the home due to their complex needs. During the inspection we observed staff members supporting people who used the service, spoke with three support staff, the registered manager, the provider and the deputy manager. We received feedback from health care professionals and external stakeholders. Subsequent to the inspection visit we spoke with family members to obtain their feedback on how people were supported to live their lives.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records and quality audits.

Is the service safe?

Our findings

We saw that people felt safe and secure with the staff and management team at the home. Relatives told us they felt that people were safe and were protected from harm. One relative told us, "I don't think I could have found a better home and I don't think you can possibly find fault with it."

There were suitable arrangements in place to safeguard the people who lived at the home which included reporting procedures and a whistleblowing process. Advice about how to report concerns was displayed and included contact details for the relevant local authority. The manager and staff team knew how to record and investigate safeguarding concerns appropriately. A health professional told us, "My impression is that staff are suitably trained, and based on my experience I feel that people who use the service are safe." A relative commented, "Undoubtedly people are safe, they are looked after and cared for so well."

Staff managed behaviours that challenged in an appropriate way. They demonstrated an in depth understanding of the people who used the service, their needs and how to support them as individuals. They used using effective communication techniques in line with people's individual needs, such as using visual prompts, speaking clearly with the appropriate volume and by physical movement.

People were involved in decisions about risks associated with their care as much as they were able. Family members told us that they had always been involved in discussions about people's safety and needs. Risk assessments had been completed, recently reviewed and updated for people and they had been discussed with the individual person or their family member where appropriate. They and staff had decided what was safe for them to do and how best to do it. For example, how the risks about busy roads were explained and communicated to people when accessing the community and the risks of hot water when bathing.

Health and social care professionals were positive about how risks were identified and managed in a way that promoted people's development and independence. One commented, "I am impressed with how people are supported to live their lives as independently as they do."

There were sufficient numbers of suitable staff to meet people's needs and keep them safe. People's behavioural and dependency needs were kept under continuous review to ensure that staff members with the necessary skills, abilities and experience were always available to provide appropriate care and support. A Health professional told us that, "The staff team are knowledgeable and ooze empathy and respect".

Safe and effective recruitment practices were followed to ensure that staff members were of good character, physically and mentally fit for the role and able to meet people's needs. New staff did not start work until satisfactory employment checks were completed. People who used the service were supported be involved with the selection process and their views were both valued and taken into account.

People did not have the capacity to manage their own medicines and were supported to take their medicines by staff who had been trained to administer medicines safely. Staff described how they managed each person's medicine based on their individual needs and how people were supported to take their medicine. We saw that there were suitable arrangements for the safe storage, management and disposal of people's medicines, including controlled drugs.

Is the service effective?

Our findings

Relatives were positive about the skills used by staff to help people develop and enjoy a good quality of life. One relative commented, "The staff are really very good. They look after [relative] so well."

Staff were appropriately trained and supported to perform their roles and meet people's needs. New staff were required to complete an induction programme and not permitted to work alone until they had been assessed as competent in practice. All staff members were supported by regular 'one to one' sessions with senior staff during which individual performance was reviewed and discussed. Staff members told us that they were encouraged and supported to take additional training above and beyond the basic core training necessary to meet people's needs. The service had achieved the Investor in People gold award in 2014 for training and development of the staff team.

Staff asked people for people's consent before providing care and support in a variety of ways depending on individuals specific communication needs. For example, some people were offered visual choices whilst others were verbally asked their preferences. Staff involved people when allowing us access to people's care records and showing us around their home. People's consent was obtained about decisions regarding how they lived their lives and the care and support provided. For example, we observed people being asked about their choice of food, what they wanted to do and where they wanted to sit. One relative said, "They treat people who live there with respect, dignity and love as if they were their own family."

Staff and the manager had received MCA and DoLS training. They demonstrated a good understanding and were able to explain how the requirements worked in practice. DoLS apply when people who lack capacity are restrained in their best interests to keep them safe. We confirmed that people who used the service were subject of a DoLS authorisation. We found that people's capacity to make decisions had been appropriately assessed.

People were helped to make choices about menu options and encouraged to eat a healthy balanced diet. A weekly meeting was held for people to decide the menu for the forthcoming week. This was facilitated by means of pictures and staff members describing meals. People were offered choice by staff showing them the available options. For example, at afternoon tea people pointed at the teapot or the coffee pot to indicate their preference. Staff did not assume people's preferences in relation to sugar or milk, these were offered to individuals and their choices were respected. Staff told us how they had supported a person to achieve and maintain a healthy weight. They managed this through the provision of a healthy diet and exercise regime and appropriate monitoring practice. They had also linked closely with a dietician to support them improve the persons quality of life.

We found that people were supported to maintain good health and access relevant healthcare services as needed. Staff helped people understand, manage and cope with their health needs by sharing information and supporting them at appointments. We were told of a situation where a person had needed a general anaesthetic as part of a minor surgical procedure but they were anxious about the process. The staff and management team had demonstrated a great deal of patience and compassion whilst supporting the person through this experience. A relative told us, "Staff are really on top of my [relative's] health condition. They see professionals when they need to and we are always kept informed and involved."

People's health needs were frequently monitored and discussed with them. Risk assessments were used to ensure that care plans accurately reflected and met people's needs. This included areas such as mobility, physical and mental health and medicines. Health and social care professionals were positive about the care and support provided. One person told us that due to the care and diligence of the staff team there had been occasions where possible hospital admissions had been avoided.

Is the service caring?

Our findings

Staff members were highly motivated and caring. They were observed interacting with people in a warm and caring manner and supporting people in a kind, compassionate and respectful way. They clearly knew people they supported very well and had established positive and caring relationships with them. Staff also supported people to establish and maintain meaningful links with families and friends wherever possible. For example, we were told of a situation where a person had received support during the loss of a family member and through the subsequent grieving process. Staff told us that they carefully considered what support the person may have needed and ensured that was available throughout the grieving period and beyond.

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff. Some of the people who used the service were out at day centres at the start of our inspection. It was heart-warming to witness the warmth and affection in the greeting that people gave the staff and management team on their return to the home at the end of the day. There was a key working system in place; staff told us that people were matched with key workers that they had a bond with and that staff members were recruited with people's needs as the focus.

Health professionals made positive comments about the care and support provided for people who used the service. For example, one professional told us, "Beau Sejour has a warm, caring and safe atmosphere where the residents are at ease and clearly well looked after in terms of their physical and emotional needs." Another said, "I have visited Beau Sejour on many occasions. The staff show great care and empathy for the residents and the home is a 'home'. Each resident is given a choice whether this be what they are wearing for the day down to what they would like for their meal."

Relatives told us there were no restrictions in place when visiting the home. One relative told us that they were always welcomed at the home and invited to join in with all the social functions.

We saw that staff knocked on people's doors and asked for permission before entering their rooms. A member of staff commented, "That is just what we do. This is their home, it is only right that they are treated with respect and dignity." We were given examples where people had been supported to access independent advocacy services where necessary and appropriate. For example, an independent advocate had been involved with supporting people who were unable to provide consent for a general anaesthetic.

Relatives were also positive about the way in which care and support was provided. One told us, "It is not possible to find enough good words to use. They are really brilliant, I could not wish for [relative] to live anywhere better. It is such a comfort to know that they have a home at Beau Sejour."

We found that the care provided centred on individuals and their views and preferences. A health professional told us, "The manager and staff keep up to date records that are readable and individual. Each resident is treated as an individual and each resident has their own individual care needs. There is nothing that I could criticise about this home."

Communal areas reflected a homely and caring environment with group photographs on the walls depicting life over the 20 years that people had lived there. People's bedrooms were personalised and homely where personal photographs and belongings clearly reflected their individual personalities.

Is the service responsive?

Our findings

Relatives told us that staff promoted people's independence as much as it was possible to do so. One person said, "If [person] wants to go to the pub or go shopping they take them, no questions asked."

People were involved in how their care was assessed, planned and delivered as much as they were able. We saw that documents were populated with pictures to help people to understand what was being discussed. Communication was explored with each person to find the most effective way of engaging with them. Where people showed a preference for certain things, such as food, or activities, this was noted and acted upon where possible. During meetings held for people who used the service we saw that people's responses were documented. For example, one person clapped their hands to indicate their pleasure and another stood up and danced. The information contained within care plans supported staffs understanding of people's histories and lifestyles and enabled them to better respond to their needs and enhance their enjoyment of life.

People chose the activities they wanted to participate in and staff respected their choices. We saw people being involved in the running of the home laying tables, and helping staff members prepare food. We saw other people engrossed in a game on their computer or watching a film on the television. Promoting choice and independence in all aspects of daily living was the key factor in how care and support was planned and delivered. This included areas such as the choice of menu, what clothes to wear, where to dine out in the community, social outings and where to go on holiday.

The people who used the service had opportunities to go on annual holidays. Last summer the group had enjoyed a break to a luxury woodland lodge park with staff support. Staff told us that the lodges adapted for people with a disability were, "Stunning." The staff and management team organised and facilitated a 'fun week' each summer. This was so that people could enjoy outings and pleasure trips but maintain the security of returning to their own bed each night. In the summer of 2014 the fun week had included a trip to a safari park, a cinema outing, going to Southend for a day trip and going bowling. Photographs were maintained so that people could re-visit and enjoy the happy memories.

There was a variety of celebrations that took place at the home. These included birthday parties for all people who lived there, Halloween parties, bonfire parties, Christmas and new year parties among others. For the Halloween party people dressed up in fancy dress and a spooky buffet was laid on. Birthday celebrations were individualised, for example, two people had 'big birthdays' last year. They had parties at Beau Sejour and then enjoyed a long weekend in London visiting sights such as the London Eye. Two other people had elected to have a party at the home and go out for a meal in a local pub to celebrate their birthdays.

People were encouraged to raise any concerns, worries or problems they had with their key workers. The service had a complaints policy and people had been advised about the policy and how to complain. The policy had been given to people in an 'easy read' format. A relative told us, "I have absolutely no concerns. If I did I am certain that I could talk to anybody at any time and it would be sorted immediately. They really care."

Is the service well-led?

Our findings

People who lived at the home, relatives, staff and external care professionals were all positive about the management and the way the home was run. A relative told us, "It is excellent, outstanding, compassionate and caring. People are very happy there, It could not be managed any better. A health professional told us, "When I have met with the manager and her deputy I found them to both be knowledgeable and responsive when implementing the guidelines that I put in place".

The manager had been in post since 1994 and had developed a positive culture at the home. The manager's values and philosophy were clearly explained to staff through their induction programme and training. Staff members confirmed that they understood their right to share any concerns about the care provided, they told us they were aware of the whistleblowing policy and they would confidently use it to report any concerns. Staff also told us that the manager was very supportive and that her door was always open to them.

The manager and the provider had a system of supervision and appraisal with staff to ensure that a two way conversation and feedback was measured and recorded. Individual professional development was encouraged by the management and they offered courses and other opportunities for staff to improve their skills and progress if they chose. We saw and heard that staff members were comfortable with the manager and had confidence to approach her with any issue. They told us that they enjoyed working at Beau Sejour and felt that the management team enabled them to improve the life experience for the people who used the service.

There had been an evaluation of the service undertaken in November 2014 by an independent impartial feedback service. The survey process involved the views and opinions of people who used the service, their relatives, staff and external professionals involved with the care and support of people. The results of this survey were very positive and confirmed that people felt there was a good standard of quality of care which met everyone's needs, this trend carried through to staff members and external professionals.

We found that people who lived at the home, their families, staff and external stakeholders were consulted continuously as part of the ethos of the service about all aspects of the service provision. For example, because the needs of the people were changing as time went on, a meeting involving all parties had been held to discuss what could be done to improve people's quality of life. In anticipation of people's changing needs a bathroom had been redesigned to create a walk-in shower room and a stair lift had been installed. A suggestion from health professionals had resulted in a range of adapted cutlery being provided to support people to continue to eat independently as their needs changed. The manager told us that people really enjoyed nature and that a meeting with all parties had resulted in the garden being redesigned to incorporate a fish pond and that people now enjoyed feeding the fish. We were told of advanced planning to provide a ground floor extension to create a ground floor bedroom for a person that was starting to experience some reduced mobility. This showed that the management was pro-active in responding to the wants and needs of people who used the service.

The provider and service was well known in the area and many local community links had been made from the day centre that people attend to the local barber shop and schools. The manager had achieved the gold 'Investors in People' award and was working to achieve a further sector specific Gold award. This showed that the provider continued to work to improve the quality of care provided at the home.

The manager completed various audits throughout the year, to ensure that people continued to receive a good quality service. These audits included such areas as infection control, medications and risk assessments. The service had received a five star rating from the local authority for compliance with food hygiene and safety procedures. We saw that there were policies in place for a range of issues and these policies had been reviewed regularly. Record keeping at the service was robust with clear and identified goals and targets for the service as a whole as well as individuals within the team.