

Crownwise Limited

Bellevue

Inspection report

167 Brigstock Road
Thornton Heath
Croydon
Surrey
CR7 7JP

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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

Bellevue is a supported living service providing personal and nursing care to 19 people with learning disabilities or mental health support needs at the time of the inspection. The service consists of a main building with individual bedrooms and communal facilities, in addition to two self-contained bungalows on the same site. Staff facilities including the supported living office are contained within the main building.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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.

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

The provider had made improvements since the last inspection, where we found medicines were not always managed safely. At this inspection we found people received their medicines as prescribed. Accurate and up to date records were kept to help ensure this. However, one person had some tablets that had passed their expiry date. The registered manager agreed to put checks in place to avoid this happening in future.

Other aspects of the service remained safe. Risks were managed appropriately, including safeguarding people from abuse. Systems were in place to record and learn lessons from accidents and incidents. There were enough suitable staff to care for people safely. Staff followed appropriate guidance to prevent the spread of infection.

People's needs were assessed in line with current research and guidance. Staff gave people the support they needed to eat and drink enough and to meet their healthcare needs, working with other professionals when required. Staff received appropriate support to do their jobs well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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.

People received support from staff who were kind, respectful and empathetic. People were involved in decisions about their care and were enabled to express their views about the care they received. Staff promoted people's privacy and dignity.

People received care that was personalised, met their care needs and took into account their preferences and equality characteristics such as culture and religion. Staff regularly supported people to review their care plans to make sure they remained up to date. People received the information they needed about their care and support. There were opportunities for people to engage in meaningful activities both inside and outside the service. The provider supported people to make plans for end of life care in case they should require this while using the service. The provider responded appropriately to people's concerns and complaints.

The service had consistent leadership and a person-centred culture. People felt their voices mattered and they were consulted as part of quality assurance. People and staff felt the registered manager was approachable, open and honest. Staff worked well as a team and the provider used a range of checks and audits to monitor service quality and continually improve the service.

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 21 August 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Bellevue

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

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and we also needed to seek people's consent to visit them in their homes.

Inspection activity started on 12 February 2020 and ended on 14 February 2020. We visited the office location on 14 February 2020.

What we did before the inspection

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 looked at the information we held about the service. This included previous inspection reports and statutory notifications. Statutory notifications contain information the provider is required by law to send to us about significant events that take place within the service, including deaths and serious incidents. We used all of this information to plan our inspection.

During the inspection

We visited and spoke with five people who used the service. We also spoke with four members of staff and the registered manager. We looked at three people's care plans, three staff files and other records relevant to the service such as medicines records, staff rotas and training and supervision records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection in July 2017 we recommended the provider consulted best practice guidance about medicines management. This was because we found medicines stock and administration records were not maintained accurately and guidelines for supporting people to administer their own medicines were not always clear or consistent.

- The provider had made improvements to their medicines records. We checked a selection of medicine administration and stock records, which were complete and consistent with the amount of medicines in stock. The registered manager regularly checked medicines records to make sure people received their medicines as prescribed. One person said, "I get the help I need with my medicines."
- However, there were no checks to make sure medicines did not pass their expiry dates before being replaced. One person had a box of tablets in current use with an expiry date of December 2017. Medicines used after their expiry date can lose effectiveness meaning people do not receive the treatment they need, although this medicine was prescribed to be taken only when required and was not needed regularly. We discussed this with the registered manager, who told us they would introduce checks to make sure medicines were replaced before they expired. Other medicines were within date. We will check this again at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- There were clear policies and procedures about protecting people from the risk of abuse. Staff were familiar with these and people told us they felt safe using the service.
- Records showed the provider dealt with allegations of abuse appropriately and reported these to the relevant authorities.

Assessing risk, safety monitoring and management

- Staff knew how to protect people from foreseeable harm. People had individual risk assessments which were reviewed regularly to ensure they remained up to date. These were thorough and looked at risks arising from their personal history, health conditions, medicines, behaviour and factors such as self-injury, substance use and suicide risks. Staff were confident their training would allow them to deal safely with instances of violent and aggressive behaviour.
- Staff helped people to be aware of risks to their safety and to keep their home environment safe. For instance, they supported people to carry out safety checks such as testing their fire alarms. After an accidental fire in the service, the provider arranged special tenants' meetings to discuss fire safety, including one where the fire brigade came to the service to talk about fire safety with people.

- Risk management plans were designed to keep people safe while restricting people's freedom as little as possible. The registered manager told us they worked on the basis of respecting people's right to make their own choices, while fulfilling their responsibility to support people to do this safely.

Staffing and recruitment

- Rotas showed there were enough staff to care for people safely. The registered manager told us how they calculated how many staff were needed by looking at how much support each person needed daily. One person told us, "There are enough staff to keep us safe. We can always call them when we need help."
- The provider carried out appropriate checks to make sure staff were suitable for the role. This included criminal record checks and other evidence that they were of good character such as references. Staff had appropriate experience in mental health and learning disability settings.

Preventing and controlling infection

- Staff supported people to keep their home clean and hygienic. They discussed infection control with people at tenants' meetings so they were aware of how to do this and why it was important.
- The service had infection control policies and staff were aware of these. They included the use of personal protective equipment (PPE), food hygiene and hand washing.

Learning lessons when things go wrong

- There were systems in place to record and learn from incidents and accidents. The provider was able to use these to look at information that might identify any trends in accidents and incidents over time.
- The registered manager discussed each incident with staff. Staff had the opportunity to talk about what happened and think about how they could work together to prevent things going wrong again.

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

- The registered manager listed a variety of sources they used to keep up to date with current best practice. This included regular seminars and networking with other mental health professionals.
- The provider used current best practice and professional advice to thoroughly assess people's needs in relation to their mental health and substance use. The assessments were then used to plan effective care and support.

Staff support: induction, training, skills and experience

- Staff received ongoing support to help them provide effective care. This included group clinical supervision sessions where staff discussed an individual person who used the service, their health, treatment, progress and support preferences. This was in line with current guidance for mental health services.
- There was a variety of staff training that was relevant to the needs of people who used the service. This included some of the specific mental health conditions people using the service were diagnosed with. The registered manager was an experienced mental health nurse and used clinical supervision to share their expertise with staff. Staff fed back that the training and support was very good.

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

- Staff supported people to choose healthier diet options. They talked to people regularly about healthy eating to enable them to make informed choices about what they ate. One person told us, "We get the help we need to cook the food we want. I like it."
- People weighed themselves regularly with staff support to make sure they were maintaining a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with mental health and learning disability professionals to help ensure people's care met their needs in these areas. This included multi-agency reviews and sharing advice and guidance from appointments with healthcare professionals.
- One person told us the help and support they were getting from the service and their mental health team had been effective. They said, "I'm less scared and can go out now. I was really unwell and couldn't be around people but now I'm much better."

Supporting people to live healthier lives, access healthcare services and support

- People received support to make and attend healthcare appointments. Staff used an electronic calendar

to flag up when appointments were due and reduce the risk of people missing them. One person told us staff had supported them to get the help they needed from the doctor and nurse when they developed a health problem. Another person said they had support to see a mental health professional regularly about an ongoing mental health need.

- Staff monitored people's health according to their needs. For example, they supported people with diabetes to test and monitor their blood sugar levels and to attend clinics. They also used daily records of people's care to monitor trends, such as changes in mood, which might indicate a deterioration in health. Staff knew what to do if the information they gathered indicated a person was potentially at risk.
- Staff promoted healthier lifestyles. The provider held a smoking cessation clinic at the service and supported people to reduce drug use.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, all of the people who used the service had capacity to consent to their care. Records showed people consented to their care and support plans, including medicines.
- Staff understood the principles of the Mental Capacity Act and knew how they would use this legislation if it applied to anybody using the service. People confirmed staff obtained their consent before performing care tasks.

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

- Staff knew people well and developed strong relationships with them. This helped people feel comfortable with staff. One person told us, "The staff are very nice. They're very good with people." Another person added, "They treat us with respect." A member of staff said, "I always do the test of whether I would want one of my own relatives to live here. Is this place caring? I think yes."
- Staff took the time to talk and listen to people about how their disabilities and health conditions affected them as part of care planning and this helped staff provide care that was understanding and empathetic. One person told us, "Staff are always there to give me support when I need to talk about my [relative] who died."

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

- People were invited to participate in discussions staff had about their care, treatment and support. Staff told us people did not always want to attend these sessions but they always reminded them and made sure they knew what the sessions were for.
- People were involved in reviews of their care plans. This helped to ensure their views were included and care was delivered in line with their preferences. People confirmed they were able to make choices about their care, including whom they lived with. One person, who was sharing a bungalow with friends, told us, "We are happy living together. We're like a family." Another person told us they could ask for specific staff to support them if they wanted to.
- The registered manager met with each person monthly to give them an opportunity to express their views about their care and to support them to make any decisions they needed to make about their care. This included any issues around culture and other diverse characteristics, so the registered manager could make sure they were meeting people's needs in this area.
- The service welcomed the involvement of advocates. Some people had advocates who visited the service and helped make sure people's voices were heard.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. People's care was designed to help them work towards living independently. This was planned with people to take into account what they were able to do for themselves. For example, some people were able to do their shopping independently and one person planned their own holiday.
- People managed their own medicines where appropriate. Staff told us about one person who had previously needed support to take their medicines but had worked with staff towards doing this

independently and now did not need support.

- People told us staff respected their privacy and dignity. Staff told us they did not enter people's bedrooms or bungalows without their permission. They also encouraged people to respect one another's privacy as part of their house rules.

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's care was personalised and took into account their support needs, preferences, likes and dislikes and other important information. The level of detail in care plans meant staff could quickly become familiar with their needs, preferences and what was important to them.
- Care plans set out the everyday support people needed and how much input they needed from staff to achieve day to day tasks. For example, one person's care plan stated they needed one-to-one time with staff twice a week, while another had decided not to have this. This meant their care was tailored to their needs. One person said of the staff, "They're pretty good. All the time they help us read letters, fill in forms and help us understand what it's about. We get lots of help with important things."
- People's care was designed to promote their wellbeing. Care plans took into account the ways in which different aspects of their care needs could interact, for example the ways in which physical and mental health impacted on each other. There was information about how staff could help people to meet these needs.
- Care plans were up to date so staff knew what people's current needs and preferences were. Staff met with people monthly to check they were happy living at the service and whether there were any changes they wished to make to their care plans. They also discussed people's progress towards goals they wished to achieve and monitored their recovery from periods of mental illness.

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 were provided with the information they needed about the service. The registered manager told us all the people who used the service were able to understand information in a standard format, other than one person who preferred staff to read to them.
- Each person had a copy of their support plan and tenancy agreement.

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

- The registered manager told us about the support they gave to some people using the service who had complex family relationships. This included support to make telephone calls and emotional support when people experienced anxiety around this area of their lives. One person told us, "We get to see our families quite a lot. I see mine on the weekend." Another person said, "I go to church with my mum."

- The provider recognised the positive impact socialising and meaningful activities could have on people's mental health and wellbeing. They encouraged people to engage in activities as much as possible and there were facilities for this at the service such as games and snooker rooms. People went out regularly to socialise with friends. One person said, "I enjoy shopping" and another person told us about a variety of activities and day trips they had recently had, adding, "We get the support to do the things we want when we want."
- Staff supported and encouraged people to pursue employment or other meaningful occupation such as college courses. Staff told us about one person who went out each morning to do jobs for local shopkeepers. Another person confirmed they attended classes at college.

Improving care quality in response to complaints or concerns

- Records showed the provider listened to people's complaints, investigated them thoroughly and took appropriate action to resolve them.
- People knew how to complain and told us what they would do if they wanted to make a complaint.

End of life care and support

- Although this was not applicable to people using the service at the time of our inspection, some people had end of life care plans in place. The provider was planning shortly to work with the remaining people using the service to determine their preferences and needs in case of sudden death or terminal illness. There was evidence that staff had already approached some people to discuss this.
- Some relevant information was already recorded in people's care plans, such as their religious and cultural needs around 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

- The service had a clear vision and values and a person-centred culture. Staff encouraged people to take ownership of their home environment in ways that were empowering. For example, the service operated a scheme where people could apply for jobs within the service, including a formal interview that helped people work towards applying for outside employment.
- Staff encouraged people to treat those they lived with in a respectful way, which helped promote an inclusive culture.
- People told us the registered manager was approachable and available when needed. One person told us the manager had been helping them with a difficult task. Another person said the registered manager was "a good manager, easy to talk to, and the deputy is good too. They're all nice and understanding."

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

- People and staff said the registered manager was open and honest.
- The registered manager spoke openly with people and staff when things went wrong. They held debriefing sessions to discuss what had happened and what they would do differently in future.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; working in partnership with others

- Staff worked well as a team and understood their roles. They used an electronic system to store care records and communicate important information about people's care.
- Staff shared information and discussed risks regularly as a team.
- The registered manager was aware of their duty to notify CQC of significant incidents.
- The registered manager told us they had a good relationship with the local authorities and mental health teams that were involved with people's care. They shared information as required to make sure people's care was coordinated well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider consulted people, relatives and staff while assessing the quality of the service and looking at what improvements they could make. They carried out a yearly survey and analysed the results to look at how highly people rated different things about the service. The results of the 2019 survey showed that all

areas were rated good by a majority of respondents.

- People and staff had regular opportunities to express their views and discuss the service. People confirmed they were able to attend regular meetings at the service.

Continuous learning and improving care

- The provider carried out a monthly medicines audit, which looked at several aspects of medicines management. Although we identified this did not include checking expiry dates on medicines, it was otherwise thorough and we found medicines management had improved since our last inspection.
- The provider regularly completed a variety of other checks of the safety and quality of the service. This included trackers to make sure staff had training, supervision and appraisals when needed and people attended their regular appointments.