

# Optima Care Limited

# Bon Secours

## Inspection report

250 Middle Deal Road  
Deal  
Kent  
CT14 9SW

Tel: 01304366325  
Website: [www.optimacare.co.uk](http://www.optimacare.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Bon Secours is a residential care home providing care for up to three people. At the time of our inspection, the service supported three people who were living with a learning disability, two of whom are also supported with their mental health. Two people who used the service received support with personal care. This is help with tasks related to personal hygiene and eating. Where people received this support, we also considered any wider social care provided.

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

People told us they felt safe, they were happy living at Bon Secours and liked the staff who supported them.

The premises looked clean and tidy and had controls in place to minimise the risks posed by COVID-19. However, the provider was sharing some staff between two locations run by the same registered manager and operated by the same provider. This was contrary to current guidance and following the inspection the provider was told to stop this practice.

People received care and support personalised to their individual needs and suited to their communication preferences. Risks had been identified and care plans mostly provided guidance how to minimise risk. When pointed out to them, the registered manager gathered more information for people who may be at risk of epileptic episodes. Staff had received training about how to meet people's needs and how to identify areas of concern.

The registered manager had identified outstanding notifications of events which should have been sent to CQC, when they had occurred. These were retrospectively submitted to us before this inspection. However, this had not permitted our oversight of events at the service as and when they occurred; without notification, CQC would not have known to take action if required. This demonstrated a lack of effective oversight and systems within the service.

Medicines were stored and managed safely; people received their medicines as prescribed. Guidance set out when 'as and when needed' (PRN) medicines should be given. However, administration of some PRN medicine was not always recorded in line with the protocol relating to it. The registered manager reviewed and revised this process immediately following the inspection.

Staff told us how they would recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care. Safe recruitment checks were completed to ensure staff were suitable to work with people.

The registered manager had a clear vision for the service and had developed an action plan for ways to improve the service.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

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. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Right support:

- The model of care and setting maximised people's choice, control and Independence.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human Rights.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services could lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 1 March 2018).

Why we inspected

There have been significant concerns identified at other locations run by the same provider. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bon Secours on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified three breaches at this inspection in relation to safe care and treatment, governance and notification of other incidents.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Bon Secours

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Bon Secours is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 announced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought and received some feedback from the local authority and professionals who work with the service. 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 of this information to plan our inspection.

#### During the inspection

We spoke with three members of staff including the registered and deputy manager. We spoke with two people living at the service. We reviewed a range of records. This included two people's care records and their medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.



# 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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider was sharing some staff between this and another home managed by the same registered manager. Although the service had mitigation, such as lateral flow tests for shared staff before and after shifts, sharing of staff is in direct contravention of current published guidance. Following the inspection, we informed the provider they must stop this practice immediately.

Care and treatment was not provided in a safe way for service users; infection control was not effectively managed leaving people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

### Using medicines safely

- Medicines were managed and stored safely. People's medicines were reviewed annually, or when their needs changed, to ensure they were still required and appropriate. Reviews of prescribed medicines ensured their use and dose remained appropriate to avoid risk of overmedication.
- We reviewed a sample of medicine administration records (MAR), they were fully completed without any gaps.
- Where people received medicines 'as and when required' (PRN) there were clear guidelines in place for staff to follow about how and when these should be given. However, the protocol for administration of some PRN medicines required authorisation by the registered manager or nominated member of staff before administration. Examination of PRN administration records found the forms used to record authorisation did not support the process. This was pointed out to the registered manager. Immediately following the inspection, we received confirmation the forms had been reviewed and contained a field for an authorisation signature. We will review the effectiveness of this change at our next inspection.

### Assessing risk, safety monitoring and management



- Staff demonstrated a good understanding of risks to people and how to best manage these. People had relevant risk assessments. Where helpful, these included social stories and strategies to help some people understand and better manage behaviours that could be self-injurious or challenging for other people.
- There were directions for staff about how to keep people safe. These included recognising and responding to deterioration in mental health as well as day to day risks, such as supporting people to bath and shower, road safety, being in the community or with specific health conditions.
- However, two people lived with epilepsy and received daily medication to support them with their condition. Neither person had experienced a seizure while living at the service and both had been discharged from neurology support many years ago. While their support plans advised staff should call 999 immediately if a seizure lasted more than 5 minutes, there was no detail of what their seizures looked like or how a person may present. We discussed this with the registered manager who agreed the plans could be improved. They contacted both people's families who provided additional information which was added to the care plans. We will review the effectiveness of these changes at our next inspection.
- Risks to people's environment had been assessed and reviewed. People had individual personal emergency evacuation plans (PEEPs). These ensured staff had guidance to know how people needed to be supported to leave the service safely in the event of a fire. Contractors had serviced equipment including gas and electrical appliances. Water temperatures were controlled and radiators were guarded to reduce the risk of scalds and burns.

#### Systems and processes to safeguard people from the risk of abuse

- Although staff told us they were clear about how to escalate concerns about people, this had not always been done at the time. Staff told us they were confident to whistle blow should they think concerns would not be taken seriously. The registered manager now understood their responsibilities about reporting potential safeguarding and had developed a positive relationship with the local authority safeguarding team.
- People told us they felt safe. One person commented, "I am very happy living here, never lived at such a nice home before, it is much better than my other home because staff understand me and are kind and help me. The staff are lovely, I love them all".
- Staff told us about how to recognise safeguarding concerns. One member of staff told us, "We have received very good training about safeguarding. For example, I know we need to be aware of sexual and financial abuse and making sure people living here don't hurt each other or are hurt or intimidated by staff. I'd look out for visible signs like scratches and bruises or changes in behaviours". They further commented, "If a person relied upon them for support and they did not receive the support, this was neglectful which meant it would be a safeguarding matter".
- Posters and information were on display around the service telling people about how to stay safe. This information was in an easy-to-read form to help people understand.

#### Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Staff numbers directly linked to people's one to one support hours. These were flexible to cover specific activities or unexpected changes in people's needs. Staff had received training appropriate to people's needs, this included training for behaviours which could be challenging, epilepsy and mental health.
- There was a display in the hallway showing the names and photographs of which staff were on shift. This was to support people who could feel anxious about knowing which staff were on shift.
- Staff recruitment followed safe practice, including ensuring each staff member had a disclosure and barring check (DBS) in place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.
- Any gaps in employment history were accounted for and references had been requested and received as

required.

#### Learning lessons when things go wrong

- Incidents and accidents were analysed to understand what had happened and what needed to be done to reduce future risks. For example, one person's morning routine presented a greater risk of unsettling them. Following analysis of incidents, additional staff were on duty at this key time to support the person. This had helped to provide support and reassurance to the person.
- The registered manager reviewed all incidents and accidents to ensure effective mitigation and management was put in place. This included incidents when people were given or asked for PRN medicine to help them with their anxiety.

# 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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- Services that provide health and social care to people are required to inform us without delay of important events that happen in the service. This is so we can check appropriate action had been taken.
- The provider had failed to notify us at the time, on five occasions, of incidents of potential safeguarding matters. Notifications were received prior to this inspection but were not made at the time the incidents occurred.

The failure to notify the CQC without delay of safeguarding incidents is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- There registered manager demonstrated some evidence of continuous learning and improving care. Incidents of abuse at other services owned by the same provider had been identified at earlier inspections. Following these inspections, the registered manager had undertaken a retrospective audit of all incidents and accidents, submitting notifications where identified as required. Discussion with the registered manager found they now had a clear understanding of which events should be notified to us and referred to local authorities. However, audits undertaken at the time failed to identify notifications had not been sent. This demonstrated a failure to robustly assess and monitor important aspects of the service.
- The registered manager, nominated individual and regulatory compliance manager had not identified there was a lack of guidance for staff to follow about people who experienced epilepsy. Although this was remedied immediately following the inspection, similar concerns were identified at other services owned by the same provider and run by the same registered manager. The provider and registered manager had not acted at their earliest opportunity to address a concern which should have been evident to them.

The provider had failed to establish and operate processes effectively to monitor and improve the quality of the service. This was a breach of Regulation 17 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The law requires registered providers to follow a duty of candour. This means following a significant

untoward incident, the registered persons must provide an explanation and an apology to the person or their representative, both verbally and in writing. The manager understood their responsibilities and no incidents under the duty of candour had recently occurred in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to engage with people, their relatives and staff in the development of the service. We saw discussions had taken place with people and their relatives to keep them updated about the COVID-19 pandemic and its effects on the service. Two people showed us their bedrooms and told us how they had chosen how the rooms were to be decorated and furnished.
- There were regular staff meetings. These were used to ensure staff were up to date with developments in the home and any changes to the provider's policies and procedures, particularly about COVID-19 measures.
- The provider conducted surveys of people and relatives to ensure they sought feedback. Feedback received had been positive.
- Staff had worked hard to ensure people were not unsettled by the measures in place to protect them from the risk of contracting COVID-19. They had spoken with people about the need to restrict visitors and why PPE was in use; families were kept updated. Relatives were engaged with the service through telephone and email updates, meetings and survey questionnaires.
- People we spoke with felt informed about the home, were engaged in their care planning and were asked for their views about the care they received. One person told us, "I'm very happy and settled." Another person told us staff understood them well and helped them when they became anxious or angry.

Working in partnership with others

- The manager worked with other professionals to support people to stay as safe and well as possible. For example, they had ordered a stock of COVID-19 test kits, so they could test staff and people regularly.
- Where people needed support from other health care professionals, referrals had been made. These included GPs and occupational therapists as well as the community mental health team. This had continued throughout the pandemic using phone and video calls if professionals could not visit.
- The registered manager was part of a local registered managers group, which they used to gather information around best practice. They also kept up to date on local challenges and ways to overcome them. They knew who they could contact for support with issues or concerns, including Clinical Commissioning Groups (CCG) staff and the local authority safeguarding team.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered person had failed to notify the Commission without delay of specified incidents.  Care Quality Commission (Registration) Regulations 2009 Reg 18 Notification of other incidents
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure care and treatment was provided in a safe way by assessing the risk of, and preventing, detecting and controlling the spread of infections.  Reg 12 (1)(2)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.  Reg 17 (1)(2)(a)(b)

