

Optima Care Limited

Bon Secours

Inspection report

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Date of inspection visit:
31 January 2018
01 February 2018

Date of publication:
01 March 2018

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

This inspection was carried out on 31 January and 1 February 2017 and was unannounced.

At the last inspection, the service was rated 'Good.' At this inspection we found the service remained Good.

Bon Secours is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and personal care to up to three people who might need support with the mental health or may be living with a learning disability.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

The service continued to be well managed by the long standing registered manager and staff team. Staff continued to be supported and had a yearly appraisal and the training they needed to meet people's specific needs. There were enough staff on duty and they were recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People continued to lead the lives they wanted to, people were supported to meet friends, follow their hobbies and interests and to get a job if this is what they wanted.

People said they felt safe and said they had the support they needed to achieve their goals and hopes for the future. Risk taking was encouraged so that people were not restricted.

There was a feeling of trust and mutual respect, there was laughter and joking and people seemed at ease with the staff and each other. Everyone was involved in the cooking and cleaning and achievement however small was celebrated. People were supported to eat well and healthy life styles were promoted, people told us about their swimming sessions and recent gym membership. People attended college and had work placements and were leading fulfilling lives.

Staff were caring and kind and respectful. People said they had the privacy they needed. People were supported to be as independent as they wanted to be and were fully involved in making decisions about things that affected them.

People felt safe, they were protected from abuse and knew about personal safety. People had control over what went on at the service including taking more control of their medicines and taking more responsibility to travel independently with the right amount of support. Staff responded well to people's needs especially

when they became anxious and we saw this during the inspection.

The service was clean, hygienic and well maintained. People told us about plans for redecoration and about a plan to develop the garden as they wanted to grow more vegetables. Staff worked with other organisations including care managers and health professionals to make sure people had the support they needed.

Incidents and complaints were reviewed so that lessons could be learned. The registered manager continued to learn from when things went wrong and from when things went right and continued to have the oversight they needed to make sure staff continued to provide good support.

People's needs were thoroughly assessed with their involvement and the senior staff was reviewing and developing support plans. People received person centred care and they had a say about their care and support. Any complaints and concerns were acted on and everyone had a say about what might be improved.

The provider's philosophy was based on maximising people's ability to make choices, respecting basic human rights, fostering inclusion in wider society, and encouraging people to gain the maximum level of independence they were able to. Staff shared this vision and spoke passionately about wanting to provide the best support they could. They were committed to providing good support and team work had improved since the last inspection. Regular checks and audits were carried out including regular observation of staff practice so they could have feedback and continuously improve. People and staff felt involved and engaged and felt like their opinions mattered. Staff worked closely with other organisations to make sure the home ran smoothly and people had the support they needed.

The registered manager had notified the CQC of events that were reportable. The rating of 'Good' was displayed at the service and on the provider's website.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Bon Secours

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 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 comprehensive inspection took place on 31 January 2017 and was unannounced. People were getting ready to go out so we stayed and spoke with the registered manager and returned the next day to speak with people and the staff. The inspection was carried out by one inspector as the service was small.

Before the inspection the registered manager completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the Provider Information Return to inform the inspection.

We reviewed the last inspection report and other information including any notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We met and spoke with all three people. We spoke with three members of staff and to the registered manager. We sampled various records including one care plan, medicine records, audits, checks and staff meeting minutes. We observed how people were supported and how staff interacted with people.

Is the service safe?

Our findings

People told us that they continued to feel safe and that they were 'well looked after'. One person told us "The staff look after us, of course I feel safe."

All of the staff had attended training in how to safeguard people from harm and abuse. Staff told us about different types of abuse and they told us what they would do if they had any concerns. Staff were aware of the provider's policy about how to recognise and respond to abuse and how to report any concerns. There was information displayed about personal safety and people were supported to learn about personal safety including what to do in an emergency when out alone.

People had support to manage their money. One person told us "Staff look after my money, that suits me." Balances were checked regularly and receipts kept for any expenditure. The registered manager and senior managers carried out regular checks to make sure money continued to be managed safely.

Any potential risks to people were identified and assessed. The action that staff should take to reduce risks was recorded and staff were knowledgeable about their responsibilities to reduce risks without restricting people. For example, if people wanted to go out and about alone the staff worked with them to enable them to do this safely rather than preventing them from doing it altogether. There continued to be clear guidance for staff to follow about how to manage the risk of certain health conditions including epilepsy, we recommended that the risk assessments include the last time the risk occurred. For example, the last time the person actually had a seizure so the likelihood of it happening again could be more accurately assessed.

The core staff team had been stable since the last inspection. Two staff had transferred from another of the provider's services including a senior member of staff. The staff team was small and long standing so they knew people well. The addition of a permanent full time senior support worker had led to greater stability and team work. Staff told us that team work had improved as they were no longer working in small teams but were working with different members of staff including the new senior support worker.

There was always at least two and sometimes three members of staff on duty to support the three people at the service. People told us that staff were always there when they needed them. During the inspection people had the support they needed including one to one support to go out to enjoy community activities. No new staff had joined the service since the last inspection. At the last inspection recruitment practices were thorough and safe.

Medicines continued to be managed safely. Each person had a medicines cabinet in their bedroom so they could take some control over their medicines. Storage was safe and the temperature of the cabinets was checked regularly. People told us that this arrangement suited them and that they were happy with the support they had regarding their medicines.

The provider had a medicines policy that staff had read and had signed up to. Medicines administration records were up to date and well recorded showing what medicines had been given to people by whom and

when. Regular checks were carried out to check the medicine stocks and records so any issues were picked up and acted on quickly.

If anyone needed a medicine now and again there were clear guidelines about when it should be given, how much and how often. Some people wanted to take more control of their medicines and there were plans in place to support this.

The home was clean and well maintained. People were supported to clean their rooms and to do their laundry. We observed this during our inspection; people were supported to clean their bedrooms and bathrooms. Regular checks were carried out to ensure the environment remained safe and this included checks of the fire safety equipment. People had recently attended a fire evacuation workshop and knew how to evacuate the building in the event of a fire and told us what they would do. Reminders with pictures were displayed in the kitchen.

Any incidents and accidents were recorded and a de brief held with the staff involved afterwards. The senior support worker had analysed accidents and incidents to look for any patterns or trends that might lead to fewer incidents in the future. They had picked up that on occasions the support from staff could have been better. They had spoken to the staff involved to ensure that better support would be provided in the future to reduce such incidents happening again.

Is the service effective?

Our findings

People's needs continued to be assessed on an on-going basis so that any changes could be responded to. Staff reviewed people's support plans with them each month to pick up on and discuss any changes that might be needed. Everyone was currently quite stable and happy but the reviews continued to ensure this continued.

One person had moved in since the last inspection. The registered manager had met with them and their representatives a number of times to understand their needs and to make sure the staff at Bon Secours had the skills to meet their needs. The assessment process was thorough and detailed and had led to a successful move for the person. They told us they had settled in well and were happy saying 'so far, so good.'

The small stable staff team was stable and two staff who knew people well had transferred from another of the provider's services. Both had completed an induction about the routines and procedures of the service. Staff continued to complete basic training with a combination of on line and face to face sessions. Training related to people's specific needs was also completed including person centre support and positive behaviour support. Staff had regular one to one supervision meetings with a line manager and a yearly appraisal to discuss their practice and any training or support needs. We saw staff putting their training into practice. A person became particularly anxious and staff stepped in calmly and reassuringly which helped the person become less anxious. The support they gave the person was what was recorded in the person's support plan and was successful.

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 much 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked to make sure the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty being met. Some people were subject to a DoLS authorisation and the conditions were being met.

Staff had received training about the MCA and continued to have a good understanding of the Mental Capacity Act. They told us how they enabled people to make choices and decisions about their daily care and support, such as when they got up and where they spent their time and we observed staff doing this.

Everyone took part on choosing what was on the menu and a weekly shopping list was written. People told us they went to the shops each week to buy what was needed and everyone took part in cooking the meals. We saw people making their own breakfast and lunch. One person told us "I do my lunch and breakfast and I peel vegetables for dinner, we choose all together what we want for dinner."

Healthy eating was promoted, one person told us about their goal to lose weight and said that staff had supported them to join a gym and they were going swimming the next day. Staff continued to work with healthcare professionals to help promote a healthy lifestyle. Everyone was registered with a doctor and dentist and had regular health checks and medicine reviews. People's health needs were recorded and monitored by staff who took prompt action if any changes were noticed.

Staff worked with staff from other organisations to make sure people had the support they needed. This included relatives and care managers and staff at local facilities including college staff. Some people attended college and staff had close links with the college staff to aid communication between them to help support people. If a person was going to be late or feeling unwell or anxious staff supported them to inform anyone who needed to know. Staff worked together to collate information for review meetings so everyone had a full range of information.

The building was suitable for people's needs; everyone had full access to all areas including the garden. Each room was single with two bathrooms and toilets. People said they were happy with their rooms and the facilities.

Is the service caring?

Our findings

People told us that the staff were kind and that they treated them with respect and we saw this for ourselves.

There was a relaxed atmosphere, with kind and respectful exchanges and the occasional joke and laughter between staff and people. There was a feeling of equality and unconditional positive regard and it was clear that staff knew people well; staff knew when to joke and when to be more serious.

Staff knew about people's backgrounds and their life before they came to live at Bon Secours, this helped staff to understand the current challenges people faced. Staff communicated with people effectively and picked up on nonverbal communication clues that showed people were becoming anxious. For example, when one person started to pace staff knew that they were becoming anxious and took steps to distract them with an activity which was successful.

Information was produced so that it was meaningful to each person with the addition of pictures or photographs. Personal information was stored securely and computer based information was password protected.

People and their representatives were involved in review meetings to review the support they received and to have a say about their support. People had the support of advocates if and when needed so that their voice was heard. The registered manager had built relationships with people's loved ones and representatives and this continued.

The Provider Information Return noted plans to improve engagement with people in the future 'with the implementation of the service user council it is hoped that over the next twelve months we will be able to support the service users to have a greater awareness and understanding self-advocacy and being able to utilise this in all aspects of their day to day lives.'

Each person had their own bedroom so they could have the privacy they needed. Staff were respectful of people's privacy and only entered people's rooms when needed and when invited. People said that staff respected their privacy and confirmed that staff only came into their bedrooms when invited.

People were supported to be as independent as they wanted to be and were encouraged to do as much for themselves as possible. For example, people were encouraged to make their own breakfast and lunch and staff gave more support to make the evening meal. People were keen to develop and learn new skills for example one person wanted to do more cooking and staff were supporting this.

People's friends and relatives visited and were welcome at any time. The staff told us about plans to have more events like barbeques and parties to increase and develop people's circle of friends.

Is the service responsive?

Our findings

People continued to contribute to their support and continued to receive person centred care that met their individual needs. One person said "I am happier here than I ever was."

Each person had a support plan that was individual to them. Pictures and photographs were used to make the plans more meaningful to people. People's full range of needs was assessed and included in support plans with 'what makes a good day' and 'what you admire about me' outlined for each person. Some people had identified personal goals and hopes for the future, we recommend that the provider helps people plan towards these goals more visually naming who will support people with timescales for actions.

We sat with one person and went through their support plan with them and they confirmed they had been involved in writing and developing their plan. They chatted with us about the contents and agreed the contents were accurate and up to date. Another person talked with us about their 'social story.' This was clear coloured pictures showing what the person found stressful and showed what staff should do to help the person relax.

People's hobbies and interests were recorded and supported. Each person had an individual weekly activity plan that included their hobbies and activities including supported employment and college courses. During our inspection people went out to Bingo and swimming, they had lunch out. One person went out by bus to college. People told us they had enough to do and enjoyed a wide range of activities. One person continued to be supported to care for a pet that they were now doing more independently.

People were supported to maintain relationships with their friends and loved ones and staff often drove people to meet and stay with friends and family. People knew their neighbours and had friends in the local community including staff at local shops. We discussed with staff the opportunity to develop people's support plans to include how staff might support people to develop and increase their social circles further.

The registered manager told us about their plans to talk to people and record their wishes should they become ill. People had been supported through bereavement but had not yet been supported to talk about their wishes should they become ill and need support towards the end of their life. People living at Bon Secours were young and quite well and the staff explained that this was a difficult subject to talk about; nonetheless they had plans to talk to people individually and record their wishes should they become unwell. We sign posted staff to some websites and information that might be helpful about end of life care.

The provider had a complaints procedure that was displayed at the service and was written in a way that was meaningful to people. People told us that they knew about the complaints procedure and said they would tell staff about any concerns they had. People said they were confident that staff would act on their concerns and any complaints. There had been one complaint that had been recorded, investigated and resolved. Any complaints and concerns were logged and looked at each month as an opportunity to learn and improve. The registered manager sent a monthly report to the provider's head office and any complaints were looked into to see if there was any learning or changes needed.

Is the service well-led?

Our findings

The provider's vision described as 'Shine values' seeks to 'ensure that people of all ages, with learning disabilities and complex needs, including severe / enduring mental health issues, realise their full potential. Underpinned by a clear support framework with milestones of personal goal achievement, Shine may be tailored according to individual need. It helps ensure a transition journey through our services towards more independent living'.

Staff were clear about the provider's vision and continued to support people to achieve and to reach their full potential by identifying and supporting individual goals. People continued to be well supported and to have as many good days as possible.

The registered manager and senior staff kept this staff culture under review by regularly working alongside staff and observing practice and giving staff feedback.

People knew the registered manager well and chatted with them in a relaxed way. The registered manager and senior staff had several years' experience in working with people with learning disabilities and mental health conditions and were experienced and qualified in providing person centred care. The same registered manager was in post and had been managing the service for over three years. There was now a full time senior member of staff taking charge of the day to day running of the service, staff told us having a full time senior staff had increased team work as staff were now working with each other rather than in set teams and they felt that the leadership had improved. One staff member said "I love it here, we are a small team and work together well."

The registered manager had oversight of the service and was present regularly talking to people and observing staff. They spent time with people talking about their support and prepared for and chaired review meetings with people and their representatives so they had good oversight of the service being provided. Regular audits and checks were completed on all aspects of the service to make sure practice continued to be safe.

The senior management team had been strengthened since the last inspection with new staff in post as general manager, regional manager and director of development. The registered manager said they felt more supported by this team and they now had more regular one to one supervision.

External audits by the senior managers and head office staff gave additional scrutiny and led to action plans for improvement. Names of people responsible for actions and timescales were now added to any action plans for improvement.

Accidents, incidents and complaints were reviewed by the registered manager and by staff at the provider's head office to check if any patterns were emerging. These were used for learning and improving the service. There was a 'lessons learned' file at each service so any learning could be collated, tracked and shared between the staff. A recent review by the registered manager had noted that a person was given a medicine

to relieve pain when it may not have been necessary. This was discussed with the staff involved and their practice reviewed to make sure people were only given medicine in the right circumstances.

Staff had regular staff meetings to talk about any issues and to share ideas about how to improve the service. The registered manager attended managers meetings to share any learning and best practice ideas.

People's, staff and stakeholders views were sought each year by way of a quality survey. There were other opportunities to share view including staff meetings, review meetings and monthly key worker meetings. People told us about their key worker meetings, they said they had 'chosen' who they wanted for their key worker and met with them to talk about how things were going and any changes they might want to their support. They told us that activities, the menu and holidays were discussed and we saw the minutes of the meetings to confirm this.

There were links with the people in the local community, people knew their neighbours and knew people in the local shops, pubs, leisure facilities and colleges. The registered manager continued to work with other organisations including staff at local colleges to make sure people had the support they needed.

There continued to be a range of policies and procedures for staff to refer to for advice and support. The policies were up to date and staff knew how to access them.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The rating of 'Good' was displayed at the service and on the provider's website.