

Maven Healthcare (Yew) LLP

Bon Accord

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bon Accord is a residential care home providing personal and nursing care to up to 41 people. The service provides support to older people, people with dementia or mental health problems, younger adults with physical disabilities and people with sensory loss. At the time of our inspection there were 27 people using the service. The care home accommodates people in one adapted building.

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

Management systems for monitoring the quality of the service were inconsistent and some shortfalls including in record keeping had not been identified. Following the inspection, the registered manager confirmed actions they had taken to address these issues.

People spoke highly of the staff who they described as kind and caring. One person said, "They (staff) are all absolutely lovely." Staff had developed positive relationships with people. They knew them well and understood their needs and preferences. A relative told us, "The staff know exactly how to support people, they are well trained and know what they are doing." There were enough staff to care for people safely and they had received the training and support they needed.

Staff understood their responsibilities with regard to safeguarding people from abuse. Risks to people were assessed and managed, and people were protected by the prevention and control of infection. Medicines were managed safely. There were effective systems for monitoring incidents and accidents, and for monitoring complaints. This supported staff to learn and make improvements when things went wrong.

People told us they enjoyed the food, and they were receiving the support they needed with food and drink. People had access to the health care services they needed, and staff followed advice from health care professionals. Staff supported people to plan for care at the end of their life. 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.

Care was provided in a personalised way. People were supported with activities and had opportunities to go out into the community and maintain contact with people who were important to them.

People, their relatives and staff spoke highly of the registered manager. One person said, "They are lovely, always popping in to see me." A relative said, "They are very approachable."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 3 May 2022 and this is the first inspection. The last rating for the service under the previous provider was good, published on 19 January 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Bon Accord

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 Health and Social Care Act 2008.

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 team consisted of 2 inspectors.

Service and service type

Bon Accord is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bon Accord is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought and received feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people and 1 relative to gain their views on the care provided. We observed staff supporting people and spoke with 6 staff members including the registered manager, a nurse, 3 care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at care plans, staff records and other records relating to the management of the service.

After the inspection we contacted 3 relatives to gain their views and the registered manager sent us information we had requested about training, risk management and notes of meetings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were consistently protected from risks of abuse.
- Staff demonstrated a clear understanding of their responsibilities to safeguard people. The provider's systems were well understood by staff. All the staff we spoke with had received training and knew how to recognise signs of abuse and to report any concerns. One staff member told us, "I would speak to a manager immediately if I was concerned, they would deal with it straight away."
- People told us they felt safe living at Bon Accord, one person said, "I definitely do feel safe here." Another person told us, "I feel safe because the staff here always look after you."
- A relative told us, "My (relative) is very safe here, if not I wouldn't have kept them here for as long. The staff know them very well."

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and monitored.
- The provider's systems supported staff to identify risks and assess how best to support people. One person described how staff had involved them in the risk assessment process including the support they needed saying, "We discussed what would be best, because my legs are not so good now, I was happy for them to make a decision about it."
- Some people had risks associated with health conditions. Assessments had identified the level of risk and provided clear information for staff about how to support the person and manage those risks. For example, a person had diabetes and there was clear information about when and how often blood sugar levels should be checked, what the target range was for that person and the signs and symptoms that might indicate their blood sugar level was too high or too low. Staff demonstrated a good understanding of the person's needs and what actions to take to ensure risks from diabetes were managed effectively.
- Some people were at risk of falls and assessments had identified the level of support required when moving around. Staff explained how some people, who were at high risk of falls, were supported with the use of sensor mats to alert staff when they needed support. We noted some people were assessed as being at risk of falling from bed. Staff were using equipment including mats and low settings on the bed to reduce risks without the use of more restrictive measures, such as bed rails. Where bed rails were assessed as being necessary to keep people safe, staff had ensured consent was considered and this was recorded in line with the Mental Capacity Act.

Learning lessons when things go wrong

- There were effective systems in place to support learning from incidents.
- Staff were consistently recording incidents including accidents or incidents of distressed behaviour. This

provided opportunities to analyse the cause or possible causes of incidents and ensure appropriate action had been taken to support people in a timely way. For example, when people had fallen, records showed that appropriate examinations and observations were taken to monitor people's recovery.

- When incidents of distressed behaviour were recorded, there was analysis to identify any potential triggers. This meant staff could learn and make changes to try and reduce the risk of further occurrences. A staff member told us about how this had been successful for a person who sometimes became very anxious and distressed. They explained, "We noticed timescales and routines were important and this made a difference and reduced their anxiety." We observed staff talking to the person when they showed signs of feeling anxious. They talked about the time and when they could expect their visitor to arrive later that day. The person appeared to be reassured and calmed by this approach.

Staffing and recruitment

- There were enough suitable staff to support people's needs.
- People told us staff responded quickly when they needed help. One person said, "There's plenty of staff and they come quickly if you press the bell, day or night. I feel safe knowing they are there." A person who was in their bedroom said, "I don't need to use my bell because the staff pop in on me all the time." We observed staff were regularly checking people who were in their bedrooms.
- A relative told us there appeared to be enough staff when they visited. They said, "Staff are plentiful. I think there are enough staff to keep people safe."
- Staff told us recent recruitment had improved staffing levels. The registered manager described the induction process for new staff and explained further recruitment was planned.
- The provider had safe systems for recruitment including references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were receiving their medicines safely as prescribed.
- Only staff who were trained and assessed as being competent were able to administer medicines to people. Staff were knowledgeable about the medicines people were prescribed and their needs.
- We observed staff took time supporting people to take their medicines and respected their privacy and dignity.
- Medicines were stored safely and records were clear and accurate.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visiting in line with current government guidelines.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff completed assessments when people accessed the service. This ensured care was delivered consistently in line with people's needs and choices.
- Assessments were based on current best practice evidence and guidance and supported a consistent approach to determine risks.
- Assessments and care plans described how people would like their care given and how to support them in different situations. We observed staff using their knowledge of people with positive effect. For example, staff knew how to support people who showed signs of anxiety. One relative told us, "They really know how calm [relative] down and reassure them. They have done from the start."
- Staff knew people's personal history and information about their social interests. Family members were asked to contribute to developing this. One relative told us, "Before arriving here [relative] had been at a different service but the manager involved us all with the care plan so staff knew [relative] well." Staff told us they referred to this information in order to engage with people and develop a good relationship with them.

Staff support: induction, training, skills and experience

- Staff had received the training and support they needed to be effective in their roles.
- Some recently recruited staff were in the process of completing their induction programme. One staff member told us, "The induction was very good, I have had medication training and am being observed to check my competency." They explained how this process supported them to gain confidence and they were looking forward to being signed off as competent.
- Staff described being well supported and having regular opportunities to meet with a manager to discuss their progress and any learning needs. One new staff member told us, "I haven't had formal supervision yet, but we talk all the time and I feel really supported."
- The provider had a training programme to provide staff with regular updates to refresh their knowledge and skills.

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

- People were supported to have the food and drink they needed to maintain a balanced diet.
- People told us they enjoyed the food that was on offer. One person told us, "The food is very good and there is choice. The chef seems to be a very good cook."
- We observed the mealtime experience to be relaxed, and food was well presented. People had a choice in what they wanted to eat and drink. Staff were available to support people to eat their meals where required.
- Kitchen staff demonstrated a good understanding of people's different dietary requirements and how to

modify food to meet their needs. They were aware of people's individual needs and preferences including their likes, dislikes and any allergies. The chef told us, "If people are not enjoying the food, we try to work out what they don't like and what we can make them instead."

- When people needed additional support with food and drink, for example because they had lost weight, they were referred for specialist advice and assessment from a dietitian or a speech and language therapist (SaLT). There was guidance in place to support people to eat safely when they were at risk of choking or needed their food to be a certain consistency. Staff were observed to support people in line with the SaLT guidance in their care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked effectively with other agencies to ensure good and timely access to healthcare services and support.
- Referrals were made as required to agencies such as the SaLT team, dietitians, occupational therapists and district nurses, and there was regular access available for people to see the GP. One person's relative said, "Staff are pretty good at calling in a nurse or GP if one is needed. [Relative] had low levels of a mineral and blood tests were arranged to monitor their levels until they returned to normal."
- Records showed advice and guidance was included within people's care plans to ensure staff had up to date information.

Adapting service, design, decoration to meet people's needs

- The design of the service met people's needs. The corridors were wide, and people were able to mobilise easily with their walking aids. People's rooms were personalised with their own photos, pictures and furniture.
- The environment had been adapted following best practice guidance for people living with dementia, for example, there were personalised signs on doors. This supported people to recognise their own rooms. One person showed us the design on their door saying, "I always know this is my room because (staff member) did this for me."

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 MCA 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. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether legal authorisations were in place when needed to deprive a person of their liberty, and any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.
- People who lacked capacity to make some decisions had decision specific capacity assessments in their care plans. For example, capacity assessments were completed for people in respect of sensor alarms in their room. When a person was deemed not to have capacity, a best interest decision was made and documents relating to these decisions were held on their record.

- Staff understood the importance of gaining consent from people who needed support with decision making and whenever possible, encouraged people to make daily decisions. For example, food and drink choices, or what clothes to wear each day. One member of staff told us, "Yes, I had training and know we (as carers) need to follow the correct process if people here lack capacity. We can't assume this though. The managers ensure a capacity assessment and best interest decision takes place."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were treated kindly by staff who knew them well and understood their needs and preferences.
- People spoke highly of the caring attitude of staff. One person said, "The staff treat me very well, they are all lovely." Another person said, "The staff are always very attentive and very caring when they're helping me."
- A relative told us they had confidence in the staff, they said, "The staff are really caring." They described talking to a member of staff about the support they were providing saying, "I said to one member of staff, 'The way you are feeding Mum is really lovely.' The staff member, responded, 'I love my job, that's why'."
- Another relative described staff as kind and explained how staff understood how best to support their relation saying, "Staff know to take her by the hand, they comfort her."
- Staff spoke about people in a respectful way and understood their diverse needs. One staff member described how a person's religious needs were respected by staff. A person told us "My religion is very important to me, I like to keep my bible near me and staff know that. They understand and make sure I always have it to hand."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People, and where appropriate, their relatives had been involved in making decisions about their care.
- One person told us, "They always check I'm happy with things and ask my opinion. I am very happy here." Another person said, "I like to be as independent as possible, and the staff understand that." A relative described how staff had involved them with developing a care plan, they said, "I have been involved in care planning from the start."
- Records reflected people's views and the preferences they had expressed. For example, there was clear detail about how much help and support people needed with personal care, including tasks they preferred to do themselves. This encouraged people to remain independent and supported their dignity.
- Staff were mindful of people's privacy and confidentiality. Records were stored securely, and staff were careful to support people's privacy. We observed staff were discreet when talking to people about personal matters and staff were careful to knock on doors and wait for a response before entering people's rooms. One person told us "They (staff) always make sure the door is closed when I'm having care provided."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were receiving a personalised service from staff who knew them well.
- A person told us, "The staff look after me very well. They know if I'm having a bad day or I'm in pain and they do whatever I need. That might just mean giving me a tablet for the pain and putting my favourite music on." Another person said, "They(staff) are a lovely lot, they know exactly what I like and how to do things, I make my own choices and they respect that." A relative said, "The staff are knowledgeable and skilled. For example, they know exactly how to distract (person's name) when she is anxious."
- Assessments and care plans were comprehensive and included people's diverse needs, their choices, and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some people had communication needs. There were appropriate communication care plans in place to guide staff in how to communicate effectively with the person.
- One person had a medical condition that was affecting their ability to understand verbal communication. Staff had recorded a deterioration in their understanding and the care plan had been reviewed to include specific guidance in how to support the person with their communication needs.

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

- People were supported with social activities and to maintain relationships that were important to them.
- People told us they had enough to occupy themselves and we observed staff encouraging people to take part in activities that were relevant to them.
- Some people were spending time in their bedrooms and were at risk of becoming socially isolated. Staff told us they regularly checked people who were in their rooms and spent time with them. One person said, "I prefer to be in my own room, but I don't get lonely, the staff are always around and checking in on me."
- Staff demonstrated a good understanding of people's backgrounds and their interests and knew how they liked to spend their time. We observed staff spending time with people, playing games, helping a person to do a puzzle and another staff member chatting with a person about the music they liked. One person was watching a musical film and clearly enjoying it, they said, "The music's smashing, I love this."

- A relative told us, "The staff are fantastic, they know (person's name) very well. They know all the programmes she likes to watch including reality shows and cooking programmes."
- Staff supported people to maintain contact with people who were important to them. For example, we observed a staff member supporting a person to go out for a visit with their relation to take them some flowers. The person told us later how they had very much enjoyed this opportunity. A staff member explained this was a regular arrangement to enable the person to maintain their relationship.

Improving care quality in response to complaints or concerns

- The provider had a complaints system to record and respond to issues or concerns.
- People and their relatives told us they knew how to complain and had no concerns about doing so. One relative said, "I have no doubt the manager would respond to any complaints, but I have never had to raise anything." Another relative told us, "I did mention an issue and it was dealt with very quickly, it was a very minor thing."

End of life care and support

- People were supported to plan for care at the end of their lives.
- Staff described working with health care professionals to ensure appropriate plans were in place. This included ensuring medicines were available to support comfortable and dignified care.
- People's needs and wishes were considered including their values and beliefs when planning for care at the end of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Systems and processes for monitoring quality and risks were not consistent in identifying shortfalls. For example, a risk assessment for the use of a portable heater was not being adhered to, staff took immediate action to ensure safety was maintained. Some gaps in records had not been identified, and some care plans lacked personalised detail. These shortfalls had not been identified through the provider's quality monitoring process. Whilst we did not find any negative impact for people using the service from these shortfalls, this is an area of practice that needs to improve. Following this inspection, the registered manager provided information about how these issues were being addressed and this will be considered at a future inspection to ensure practice has improved and is embedded and sustained.
- There was a clear staffing structure and staff understood their roles and responsibilities. Staff described feeling well supported and receiving feedback about their performance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- There was a person-centred approach to care that was inclusive and promoted continuous improvement.
- People, their relatives and staff described the service as being well led. One person told us, "The home is managed very well, they have improved a lot and I am very happy with everything." A relative said, "The manager is very approachable, their door is always open and they are always willing to talk." A staff member told us, "(Registered manager) is very good, she is approachable and helpful. I think all the staff are happy here, it's a good team."
- The provider had a service improvement plan that included areas they had identified through quality assurance processes. The nominated individual explained there were plans in place to make improvements to the heating system following concerns about some areas of the home being cold being raised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: 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 relatives described positive involvement with the service. One person told us, "They have decorated some of the rooms and we were consulted, I said I would like blue and cream in my bedroom and that's what I have got." A relative described having regular contact with staff and feeling "connected and involved" with the care provided. They told us, "The staff communicate really well with me and let me know what's happening."

- The registered manager was aware of their responsibilities with regard to the duty of candour and had submitted regular notifications to CQC when required.

Working in partnership with others

- Staff had developed positive working relationships with other agencies, and this provided a joined-up service for people.
- One relative described how staff had worked effectively to achieve a smooth transition between services for their relation. They told us, "When they moved, the transfer was seamless."