

Bel-Esprit Social Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

Bel- Esprit Social Care Ltd provides personal care and accommodation for up to six younger adults. The service provides support to people with mental health conditions and learning disabilities in one adapted building. At the time of our inspection two people were receiving a service. The provider had also submitted an updated statement of purpose to add the service user band of learning disabilities.

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

The provider and registered manager had recognised that although an auditing process was in place, this needed to be further developed to fully capture lessons learned and actions taken. We have made a recommendation about this.

People living at Bel -Esprit benefitted from safe and person-centred care, delivered by a team of skilled staff.

People were kept safe from abuse and avoidable harm and received their medicines on time and as prescribed. Staff were recruited safely and deployed throughout the service to meet people's needs.

All areas were clean, tidy and there was sufficient cleaning taking place to keep people safe from the risk of infection. There were sufficient stocks of personal protective equipment (PPE) which staff used appropriately. Staff had undertaken training in relation to infection control.

People received care which was tailored to their individual needs and the service valued person-centred care. Family members told us the staff were, caring and kind.

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 procedures in the service supported this practice. People and their relatives were involved in care planning.

The service was well-run, and staff were clear about their roles and responsibilities. Both the provider and registered manager were a visible presence in the service and promoted an open, learning culture. People, staff, and relatives were encouraged to give feedback and contribute to the ongoing development of the service.

Staff felt supported by management and relatives told us they felt confident any complaints would be dealt

with appropriately and efficiently. The registered manager was open and approachable.

The provider was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care promoted at the service maximised people's choice, control and independence. Care was person centred and promoted people's dignity, privacy and human rights. The ethos of the service ensured people were supported to maintain hobbies and interests and attend further education and to lead inclusive and empowered lives.

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 CQC on 10 October 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the provider was registered with CQC and is yet to be rated.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bel-Esprit Social Care Ltd

Detailed findings

Background to this 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

One inspector completed the inspection.

Service and Service Type

Bel -Esprit Social Care Ltd 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 CQC. This means that they and the provider are legally responsible for how the service is run and the quality and safety of the care provided.

Notice of Inspection

The inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, the nominated individual, two support workers and two visiting professionals. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the statement of purpose and policies and procedures.

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

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- People told us they felt very safe and said us, "The staff are really good and take time to listen." One relative told us, "Yes I do feel they are safe."

Assessing risk, safety monitoring and management: learning lessons when things go wrong

- People's care plans contained risk assessments which provided staff with a clear description of identified risks and guidance on the support people required.
- The registered manager monitored and analysed accidents and incidents to aid learning and reduce the risk of recurrence.
- The service was well maintained. Regular checks of the environment were undertaken to make sure it was safe. For example, the checking of the fire panel, fire exits, security and water temperatures to minimise risks to people. There was an ongoing programme of servicing repairs and maintenance.

Staffing and recruitment

- Staff had been safely recruited. All staff completed pre-employment checks to check their suitability before starting work with people.
- There were enough staff to keep people safe and a contingency plan in place to cover illness or leave. Staff told us, "Absolutely there is enough staff, when we get more people coming into the service the staffing levels will be reviewed."

Using medicines safely

- Medicines were managed safely. Staff received medicine management training and competency checks were carried out.
- Regular checks by staff helped ensure medicines were stored and used appropriately.
- Where people were prescribed 'as and when required' medicines, clear guidance was in place to ensure staff had information about when these medicines should be given.

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 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 safely and effectively.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 control policy was up to date.
- We were assured that the provider was facilitating visits for people living in the home in accordance with the current guidance.

Visiting in care homes

The service were facilitating visits aligning to current government guidance. The service had invested in a visiting pod to facilitate visitors during the pandemic whilst reducing the risk of spreading infection. People told us that they had greatly appreciated this being available.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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 of 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

- People's needs were effectively assessed and their preferences were considered when arranging their care. The assessments were used to develop care plans to support staff to provide appropriate care.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff received training specific to their role. Training was actively encouraged by the provider.
- Staff completed training to support people with complex needs who may experience distress or anxiety.
- Staff felt supported by the management team and received regular supervisions to develop their practice. One member of staff told us, "If there is anything we want to train on, they will arrange it for us, they want us to progress."

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

- People were supported to maintain a balanced diet, in line with their needs and their independence with planning meals and cooking was promoted. Staff encouraged people to have a healthy and varied diet, whilst respecting their choices.
- The menu was varied, and people were given plenty of choice. One person told us, "We are involved in planning menus. If we come back and have changed our mind, it is not a problem, the staff will make sure we get what we want to eat, there are always choices."

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

- Staff supported people to access healthcare services, followed professional advice and provided effective care.
- People's care records reflected their current care and support needs. Any advice from professionals was recorded and care plans were updated to provide staff with the relevant guidance and provide consistent care.

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

- The service was homely and people had been encouraged to personalise their rooms.
- The provider had maintained the environment to a high standard and ensured adapted equipment was in place to ensure people's safety and minimise risk. For example, bedroom blinds had adapted pull cords to prevent the risk of ligature.

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 were 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was sought in line with the legislation and guidance. Where people were unable to provide consent, appropriate applications for DoLS had been made in accordance with people's best interests.
- Staff demonstrated good knowledge of the MCA. Staff asked for consent before any care was provided.

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 of 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 supported by kind and attentive staff. People told us, "It's a nice place, the staff really care." A relative told us, "They have experienced superb staff who are good at communicating."
- Staff were patient in the way they spoke with and supported people. Interactions between staff and people were natural and showed positive relationships had been developed. Staff took the time to listen to people and ensure they had correctly understood what the person had told them.

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

- The registered manager told us, "Our whole ethos is based on person-centred care, these values are the focus of everything we do."
- Staff understood the importance of providing choice to people. People were encouraged to make day to day decisions about their care. One person told us, "I am involved in all decisions about everything and [Name of registered manager] discusses everything with me and we will look at how things are written in my care plan until I am completely happy."
- People were involved in planning their care delivery where possible. Where people were not able to make their own decisions, relatives and professionals were fully involved in the care planning process.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. One person told us staff maintained their privacy and dignity and staff were knowledgeable about how to do so.
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. One person told us, "When I first came here the staff were really there, they assessed me and then stepped back to give me more independence."
- Personal information was stored securely which helped maintain people's privacy.

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 of 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's care plans were individualised and included their life history, preferences and early warning signs they may be distressed.
- The staff understood the needs of people and delivered care and support in a way that met people's needs and promoted equality. Staff told us care plans continued to be reviewed and updated to ensure person-centred care.

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.

- Staff worked in partnership with people in creating their care and support plans. They listened to and valued the input of people using the service.
- Staff demonstrated knowledge of people's individual needs by the way they in which they tailored their interactions with people. This included the way they greeted people, diffused tensions and validated distress.
- Communication support plans contained information on how people preferred to receive information and any adaptations required.

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

- Arrangements for social activities met people's individual needs and followed best practice guidance so people could live as full a life as possible.
- The service had focused on activities to ensure these were person-centred and catered for all the people in the service. One person told us they were completing a catering course at the local college.
- The service worked closely with health care professionals to ensure adaptations could be made to ensure people could access the activities they enjoyed.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint if they wanted to. A relative told us, "They are very interested in doing the right thing and keen to get things right."
- The provider had a complaints policy and procedure which staff understood. Staff resolved any issues

where possible or passed on concerns to the management team.

End of life care and support

- The service was not supporting people with end of life care when we visited. The registered manager and staff understood the importance of anticipating people's needs and told us they would work closely with other professionals where necessary.
- Staff respected not all people wanted to discuss their end of life wishes. For those who did, care plans documented people's preferences.

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 of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well led. Leaders and the culture they created promoted 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.

- The provider and registered manager had recognised that although an auditing process was in place, this needed to be further developed to capture lessons learned.

We recommend the provider seek advice and guidance from a reputable source, about how information from internal audits can be further developed to demonstrate lessons learned and actions taken to develop the service.

- The registered manager communicated all relevant incidents or concerns both internally to the provider and was aware of their responsibility to share this information externally to the local authority or CQC as required by law.
- The service was welcoming and the atmosphere was warm and supportive. We observed people were treated with respect and in a professional manner.

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

- The registered manager was clear of their role and responsibilities to be open, honest and apologise if things went wrong.
- The service benefitted from having a registered manager who was committed to providing good quality care to people who used the service. Care and support focused on people's assessed needs and the promotion of independence.
- People and staff spoke highly of the registered manager and the provider, they told us, "I can go to them about anything," and "They are very approachable, we (staff) are able to go to them at any problems day or night."
- People told us they were able to make their own decisions about their care and support. This was confirmed during our observations through the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager worked in partnership with key organisations to support care provision; for example, using the local authority and community Infection Protection and Control team for advice.

- The provider and registered manager recognised the value in investing in staff's skills and development to support the consistent delivery practice over time. The registered manager told us, "The staff have been with us from day one, they have fully supported us and our vision. It is only right that we invest in them, we recognise their strengths and skills and are supporting them to develop in their roles."
- Staff regularly consulted with people about how they wished to be supported. From this, changes had been made to the menu. One person told us, "When I first came here my diet wasn't great. The staff explained to me that together we could make some small changes to make my diet healthier but still enjoy the foods I liked. My diet is much better now."
- The registered manager met regularly with professionals and the intensive support team to provide consistency of care delivery.