

Saffronland Homes 2 Limited

Bonhomie

Inspection report

Haigh Crescent
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Surrey
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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

Bonhomie is care home which provides a link between crisis mental health care and supported living for people living with mental ill health and people who misuse drugs and/or alcohol. People may also have a physical disability. The service can provide accommodation and personal care for up to 19 people at any one time. At the time of our inspection, the service was supporting five people.

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

This was the first inspection of Bonhomie and the service was only supporting a small number of people. Whilst people currently living at the service were receiving high quality support, the management team recognised that some of their monitoring and governance systems would need to be developed and strengthened to ensure the same standards are maintained as the service continues to grow.

People were safeguarded and risks to people's health and safety were identified and managed. People told us they felt safe and were cared for by staff who knew them well. People received their medicines as prescribed and improved practices ensured medicines were managed safely. Accidents, incidents and safeguarding concerns were reported and investigated as required and actions taken to prevent reoccurrence.

People's needs were appropriately assessed and involved in the discussions about their care. Staff were recruited safely and received training and supervision to develop the skills needed to support people effectively.

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 had access to external healthcare services and were supported to attend appointments and manage their specialist mental health needs.

People were accommodated in a well-equipped environment that promoted independent living. Staff supported people to drink enough and maintain a balanced diet and people had opportunities to plan and prepare their own meals.

People were treated with kindness, dignity and respect. Staff interactions with people were warm and caring. People appeared relaxed in their environment and the home had a calm and friendly atmosphere.

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 23 April 2021 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a rating for the service following its registration.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Bonhomie

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.

Inspection team

One inspector, a specialist advisor with professional experience of supporting people living with mental health needs and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bonhomie 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. Bonhomie is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered last year. 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 (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 met individually with four of the five people who were using the service. We also spoke with four members of staff including the registered manager. We reviewed three people's care and medicine records and looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager forwarded us some documentation relating to the management of the service, including staff training and quality assurance records.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that whilst their mental health needs meant they did not always feel safe that staff supported them with this. For example, one person commented, "They help me and keep me safe."
- Systems were effective in protecting people from the risk of abuse. When any concerns were raised, action was taken to immediately safeguard people and appropriate referrals were made.
- Staff understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. Staff had completed appropriate training in safeguarding and knew the additional risks attached to people's needs. One staff member highlighted, "For some people the risk of abuse of is high and we're here not to just help and support, but also to protect them."
- There were clear policies and procedures in place for identifying and reporting abuse. The registered manager demonstrated their knowledge around safeguarding and commitment to working with external agencies to ensure people were safeguarded.

Assessing risk, safety monitoring and management

- Risks were identified and managed in a way that balanced people's safety and right to independence. As a recovery service there was an ethos of positive risk taking to support the ambition that people learn to manage the everyday risks they would need to navigate in the future.
- Staff understood the risks associated with each person's care and their role in supporting people to stay safe. One staff member told us, "The stakes are high if things go wrong, so we have to not only be aware and manage people's triggers, but also know when to step in and use the process for managing a crisis."
- Care records included a clear assessment of the risks associated with people's needs and detailed guidelines about how to manage identified risks.
- Staff knew how to safely support people in the event of an emergency, and each person had a Personal Emergency Evacuation Plan (PEEP).
- Managers understood their responsibilities regarding maintaining safe premises. Regular checks were carried out to ensure the environment and equipment remained safe.

Staffing and recruitment

- People told us they received the right support and staff were there when they needed them. One person said, "I can have one to one with staff whenever I want it." Likewise, another person commented, "Staff are available 24/7."
- We observed that people were appropriately supported in line with their identified needs throughout the inspection. One person received additional funding for one to one support at times and a new system for formally allocating staff to this role was working well.

- Staff told us appropriate staffing levels were maintained and the allocation of core staff on every shift along with regular agency meant that despite the vacancies, people still received the right support.
- Staff were recruited safely, and appropriate Disclosure and Barring Service (DBS) checks and other relevant recruitment checks were completed. 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 told us staff supported them to take their medicines as prescribed. One person said, "My medication is given to me by staff and on time every day."
- There were systems in place to ensure medicines were managed and stored safely.
- Only staff who had been trained and competency checked were permitted to give medicines to people. One new member of staff was being observed administering medicines during the inspection, they told us, "I've been working through the training folder and now the manager shadows me until both of us feel confident that I'm doing it properly."
- Staff completed Medication Administration Records (MAR) following the administration of medicines. MAR were regularly audited, and appropriate action taken to rectify any discrepancies.
- Staff followed clear guidelines in place for the use of occasional (PRN) medicines. We highlighted that it was best practice to record whether the administration of a PRN medicine had been effective or not and the registered manager agreed to implement this with immediate effect.

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 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 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.

The care homes approach for visitors was in line with current government guidance.

Learning lessons when things go wrong

- The management team had created a culture of reflective practice. Incidents and accidents were routinely reviewed and areas for learning discussed both at management and staff level.
- We saw evidence that where incidents had occurred people's risk levels had been reviewed and introduced to mitigate future risk. For example, it had been identified that there were more incidents at the weekend when managers were on call rather than working within the service. The deputy manager explained that as a result the rota had been changed to enable on site management cover across a seven-day period and since implementing this no significant incidents had occurred at weekends.

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

- People told us they had been able to visit Bonhomie and meet with managers and staff prior to moving in.
- Managers worked closely with the other professionals involved in people's care to understand people's support needs prior to offering a service.
- Care records evidenced people's needs, were effectively assessed and continually reviewed to ensure care was delivered in accordance with people's changing needs and goals.

Staff support: induction, training, skills and experience

- People told us they had good relationships with the staff who supported them. Two people described staff as being, "Excellent." We observed consistently positive engagement between staff and people which reflected the competence and commitment that staff had towards their roles.
- Staff had undertaken suitable training and were effectively supported to develop the right skills to be able to meet people's needs effectively. One staff member told us, "Much of the training we do has been adapted to be personalised around the individual needs of the people we support. For example, positive behaviour support training has been designed specifically around self-harm."
- The management team explained that they had made a decision to recruit new staff based on values rather than care experience. The feedback from people and staff was that this was working and staff had a range of different skills and experience which benefitted people's holistic needs. For example, one person told us they enjoyed cooking with a certain staff member because they were previously a chef. Likewise, another staff member was trained in aroma therapy and used these skills to enhance people's sense of holistic well-being.
- Staff received an induction and were assessed as competent before they could support people on their own. The registered manager confirmed that all staff were required to complete the Care Certificate as part of their induction and ongoing development. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People had opportunities to be involved in the planning and preparation of their meals. Some people told us that they prepared all their own food, for others this was an area of development as outlined in their personal goals.
- The home had a large kitchen, but the registered manager explained that this was rarely used. People told us they preferred to either use the kitchenette facilities in their own rooms for simple meals or access the more domestic therapy kitchen.

- We observed that whilst people chose to eat in their own spaces, mealtimes were still an opportunity for positive engagement with each other. For example, at lunchtime, one person was seen to be taking food orders from others and happily preparing a range of meal options which people subsequently enjoyed.
- Care records provided guidelines about the risks and support people required at mealtimes and this information was reflective of the conversations we had with people about their dietary needs and choices.

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

- People received appropriate support from managers and staff with regards to their physical and mental health. One person told us, "All my appointments are arranged by the staff."
- Staff engaged with specialist teams to support people with their mental health and access specialist services. One staff member talked about the work they had done with local substance misuse teams and a person told us, "My mental health needs are met by staff here very well."
- Staff had a good understanding of people's needs and gave examples of how they recognised and responded quickly to signs that people were in pain or distress.
- There was a whole team approach within the service where staff worked in partnership to support people effectively. One staff member told us, "We invest a lot of time in getting things right for people, its not always easy when external teams don't do what they say they will, but we have a good relationship with the GP's and local pharmacy."

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

- The service was purpose-built and provided people with accommodation designed to promote independent living. Each person had their own individual apartment style room which provided a bedroom, living space, kitchenette and ensuite shower and toilet facilities.
- A range of communal areas provided people with living, dining and multi-purpose spaces where they could socialise or undertake therapeutic activities. The home was surrounded by front and rear gardens where we observed people spending time either relaxing or gardening.
- People were observed to be relaxed and comfortable in their surroundings and told us they liked the feeling of space and freedom, along with the opportunity to spend their time either alone or with others.
- There was a lift and the environment was spacious and light with adequate space for people to mobilise safely should they require mobility aids or live with a visual impairment.

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, and some hospitals, 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and legal guidance. There were dedicated staff members responsible for the oversight of MCA and DoLS. Capacity assessments and applications for

people's DoLS were undertaken and reviewed as required.

- People told us staff respected their own choices and decisions and that where safety restrictions were in place, these were had been implemented with their consent.
- Staff understood the importance of gaining valid consent and ensured care was provided in the least restrictive way. For example, one person was allocated additional funding to enable one to one staffing to keep them safe. The person liked to spend time on their own so guidelines had been agreed about how and when this support would be provided. All staff were aware of the protocols in place and the person confirmed that this was followed, and their choices respected.
- Care records highlighted that where people had been assessed as lacking the mental capacity to make certain decisions about their care and treatment, appropriate 'best interests' processes had been followed.

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 with kindness and respect, and their equality, diversity and human rights upheld. Our observations throughout the inspection confirmed this.
- Staff had undertaken equality and diversity training and understood what this meant for people. One staff member said, "Our job is not just about knowing people's needs, it's about understanding who they are as a person, their past experiences and why they might have those needs."
- People spoke positively about their relationships with staff who were repeatedly described as being kind and caring. One person told us, "This place has provided me with lots of care and has been very caring." Similarly, another said, "I have a real rapport with some of the staff here."
- People's cultural, spiritual and religious beliefs were known and respected. One person spoke fondly of their friends from a local bible group and staff shared with us how important this network was to the person.

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

- People were respected as partners in their care and encouraged to make their own decisions about their lives. We observed staff facilitating people's requests to go out, make food and spend their time as they wished.
- Care records reflected the views people shared about how their support should be delivered and the personal goals they wanted to achieve during their stay at the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who ensured their privacy and dignity were maintained. One staff member informed us, "At the moment we prompt rather than provide than active personal support. For example, we might tactfully suggest someone takes a shower or offer advice about what would be sensible to wear."
- As a recovery service staff recognised the careful balance they had to strike between respecting people's privacy and keeping them safe. For example, one staff member told us, "We can't search people's belongings, but we do ask if they are willing to show us what they buy when they go out (unsupervised). If they refuse that request, then we have to be aware that they might have purchased an object of harm and then need closer supervision." Likewise, another staff member told us, "We have respect people's right to privacy, but also recognise when they might not be safe."
- There was a focus on supporting people to develop the skills to live independently. Staff demonstrated a good understanding of the obstacles that some people faced in achieving this goal and the flexible support required from them. Feedback from people indicated that staff managed this balance. For example, one person told us, "It is very caring, and I have lots of freedom."

- Care records reflected the views people shared about how their support should be delivered and the personal goals they wanted to achieve during their stay at the service. Information about people was stored securely and meetings where people's care needs were discussed, were held in private to ensure their confidentiality was maintained.

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 confirmed they received support in a personalised way that met their needs and expectations. One person told us, "We agreed a plan of support and I feel my views were respected and that they respect me and what I want from my care." Another person commented, "I always have someone I can go to when I feel distressed."
- Managers and staff knew people well and demonstrated their understanding of how people preferred to be supported and how to implement effective goal setting and recovery-based support. One staff member told us, "[Person] is very anxious and really lacking in their own goals, so we are trying to work out what motivates [them] so we can give them something positive to focus on and work towards." They went on, to say, "It takes time, but we have to wait until they are ready to consent to the support, we are waiting to give them."
- People had person centred care plans which provided staff with a wide range of information, their likes and dislikes, preferences and personal histories. One staff member informed us, "I've been able to spend lots of time reading about people's histories which has enabled me to engage with people and support them in the way that is best for them."
- Support was responsive to people's needs and staff knew people's distress triggers and early warning signs. One staff member explained, "Recognising their triggers is so important at being able to provide the right support quickly. It might be a date; a word or location and we know we need to move into crisis intervention."

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.

- The service was meeting the AIS. People's communication needs were assessed prior to admission. Whilst the people currently living at Bonhomie were able to communicate verbally, staff were aware of the personalised details in care records about the non-verbal signs that a person might be in distress. For example, one staff member highlighted, "It might be someone disengaging with staff, or locking their bedroom door which gives us the cue to step up the support."

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 told us they had the opportunity to spend their time as they wished and doing the things they enjoyed. One person told us, "I read every day, paint and walk." Likewise, another person said, "I garden every day, and I cook most days. I participate in all the activities the home organises too."
- We observed people actively engaged in their own choice of activities throughout the inspection day. Where people requested support to go out, this was immediately arranged and one person confirmed, "I don't go out on my own, but it's easy to arrange a staff member to accompany me."
- Managers and staff supported people to maintain or build relationships with the people that were important to them.
- We saw that some written feedback from people indicated they would like more group activities and outings. The registered manager explained that due to the nature of the service, they were trying to encourage people to identify their own interests that were linked to their individual goals, rather than pursuing a care home model of group entertainment. We reflected that this might be an area where people needed additional engagement about the social opportunities available to them.

Improving care quality in response to complaints or concerns

- People told us they didn't have any complaints, but they would always raise any issues they had with either staff or managers.
- There was a policy which encouraged feedback and the management team expressed that they saw complaints as an opportunity to learn, adapt, improve and provide better services.

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

- The management team had created an open and positive culture and were working hard to recruit and equip the staff team to take over the day to day running of shifts. With only five people accommodated, this model was effective in the delivery of high quality and person-centred support. As the service continues to grow however, the systems in place will need to be developed to ensure the same quality is maintained as managers would not have time to be as heavily involved with a greater number of people. The registered manager confirmed that she was committed to only increasing the number of people accommodated in line with the size and skill of the staff team in place, this will be crucial to ensuring good outcomes for people continue.
- A series of audits were used to monitor compliance, but it was not clearly identifiable which actions had been completed and those that were still outstanding. The registered manager was able to provide this update after the inspection, but we highlighted the need to have a robust system of quality assurance in place, especially given the planned growth of the service. The registered manager has confirmed they will develop an overall service improvement plan which brings together the actions from across the auditing system.
- The current arrangements for the safe storage of medicines was adequate for the number of people accommodated. This would not be sufficient were the service to be running at full capacity. The registered manager confirmed plans to create additional storage space for medicines would be undertaken prior to the number of people using the service increasing.
- People spoke positively about the management of the service. One person told us, "Yes, this service is well-managed. 10 out of 10." People highlighted that managers were visible across the service and that the office door was always open to them.
- Staff were equally positive about the way the service was managed and confirmed that the management team ensured they had the training, support and leadership necessary to deliver their roles effectively. One staff member told us, "I like the managers and I get regular, informal supervision from them." Another staff member talked about the ongoing coaching that staff received from managers to enable them to deal effectively with people's complex needs.

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

- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident in respect of a person, the registered manager must provide an explanation and an apology to the person or their representative, both verbally and in writing.
- The manager understood their responsibilities and was open and transparent when people's care did not go according to plan. These values were shared with the team.
- We saw that where an incident had occurred, the whole team engaged in reflective practice and undertook personal and collective learning from the event. Staff spoken with confirmed that they felt able and supported to be open and candid when things went wrong.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The management team had submitted notifications of this nature in a timely way which meant we could check that appropriate action had been taken.

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

- People were fully involved in making the decisions that affected them. One person told us, "I am asked about "I am asked about the home and how it is run. I am definitely listened to absolutely."
- People and their representatives had ongoing opportunities to both formally and informally share their views with staff and managers in a way that enabled them to influence the running of the service. Meetings were held in addition to satisfaction surveys. We saw that board games and jigsaws had been purchased for communal areas in direct response to people's feedback.
- Daily handovers and regular team meetings were used to ensure that staff were kept up to date with changes at the service and delivered care in line with best practice.
- The management team worked professionally with external agencies such as the GP practice, pharmacy and specialist health professionals. Staff were aware of the importance of working with other agencies and sought their input and advice.