

Crownwise Limited

Bellevue

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 30 April 2015 and was unannounced.

Bellevue is a supported living service that provides care and support to adults with a past or present experience of mental ill health. The service is staffed 24 hours and aims to enable people receiving support to become as autonomous and as independent as possible. There were 17 people using the service at the time of our inspection.

We last inspected Bellevue in March 2014. At that inspection we found the service was meeting all the regulations that we assessed.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were given appropriate information regarding their care and support and were able to get involved in

Summary of findings

making decisions about the care and support they received. Staff actively encouraged and supported people to do as much for themselves as they were willing and able to do safely.

Support plans included person centred risk assessments that identified the hazards people might face in their daily lives and provided detailed guidance for staff in relation to supporting people to eliminate or manage appropriately these potential risks. Staff followed guidance and support plans that enabled them manage these safely.

Staff provided the support people required that enabled them manage their medicines safely, people were encouraged to self-medicate and stored their medication in a locked cabinet in their bedrooms

People felt safe, the service had sufficient numbers of staff available to meet people's needs.

People could be confident that they were protected from staff that were known to be unsuitable, the service operated sound recruitment practices which included the completion of pre-employment checks prior to a new member of staff working at the service.

Staff treated people who used the service with the utmost respect and dignity and were suitably trained to understand and meet the needs of the people they supported.

People benefited from the presence of caring understanding staff who gave them encouragement and helped them develop confidence and self-esteem.

People's needs were kept under review. Support workers understood people's support needs, they monitored their progress and took prompt and appropriate action by referring to and consulting with relevant health professionals if individuals needs changed.

People, their relatives and support workers all told us they felt the service was well-led. They found the manager was approachable and took their views on board.

Summary of findings

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. People were protected from abuse and avoidable harm. Risks were recognised and managed in ways that enabled people to make their own choices, take informed risks and to be as independent as they could be.

The service had sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs and preferences. Medication procedures were robust, these helped people develop their skills to self medicate safely.

Good



Is the service effective?

The service was effective. People received an outstanding level of support which enabled them to continually develop their life skills and independence. The service encouraged positive risk taking and did not restrict people's interests, but in addition encouraged them to try new things. This enhanced people's self-esteem, confidence and quality of life.

People were free to come and go from the service but had conditions in their tenancies on respecting their neighbours. Staff supported people to participate in discussions with health professionals and understand decisions about their care and support.

Outstanding



Is the service caring?

The service was caring. People were involved in decisions relating to the support they received. Staff were supportive and encouraged people to be as independent as possible. People's privacy and dignity was respected by staff.

People received all the support they needed to maintain close relationships with their families and others who cared most about them.

Good



Is the service responsive?

The service was responsive. Staff identified promptly people's changing needs and involved other relevant professionals where required.

People had a say in their choice of support worker and had their own dedicated teams of staff to support them. Staff showed an excellent understanding of each person's support needs and their personal preferences. This helped ensure people received personalised support of a high standard. People, as well as relatives and staff were able to express their views and give honest feedback on any issues or concerns they might have.

Good



Is the service well-led?

The service was well-led. The registered manager was an experienced health professional. The staff were a highly motivated and dedicated team of support workers.

The service had a quality monitoring system in place to maintain high standards and to identify and drive service improvement.

Good



Bellevue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well

and improvements they planned to make. The PIR was well completed and provided us with information about how the provider ensured Bellevue was safe, effective, caring, responsive and well-led.

We visited the service on 30 April 2015. Our visit was unannounced and the inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Prior to our inspection we sought information from the safeguarding lead for the local authority and from three mental health professionals. During our inspection we spoke with nine people using the service, two visitors, three support workers and the registered manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to how the service was managed.

Is the service safe?

Our findings

People told us they were happy with the support they received at Belleview and that as a result they felt safe in their own homes. They said they had confidence in the staff as they listened to them. One person said, “The staff make me feel safe here. I have never had any problems.” A visitor said, “I am very pleased with where my relative is., The service meets his needs and he has done well and seems safe here.”

The registered manager or a senior staff member undertook comprehensive needs assessments before they offered a person a placement in this supported housing complex. The manager obtained important information from mental health professionals about any risks presented in relation to the person’s history before they started to use the service. They told us this helped them avoid inappropriate placements by identifying any risks they judged could not be managed safely in this environment. We looked at care records and support arrangements for three people. The support plans included person centred risk assessments identifying the hazards people might face in their daily lives. The service planned and delivered support in a way that was intended to ensure people’s safety, but promoted positive risk taking by working together with the person and keeping them informed.

External health professionals, such as community psychiatric nurses and doctors, told us that staff at the service continually sought their advice and support and followed relevant guidance to help reduce the risk of deteriorating mental and physical health. Staff were experienced in supporting people with mental health conditions and demonstrated a good understanding of the risks individuals may face as a result of mental health related conditions.

One health professionals we spoke with told us, “This is a good model of care, people are getting the level of support they need to help with managing the day to day issues they find challenging.” We saw risk assessments were developed with people and they had agreed to some conditions of their tenancy agreements. For example, codes of behaviour expected of the tenant and of their visitors, smoking rules in the building for the safety of themselves and others. The risk assessments were developed to keep people safe and not to impose rigid conditions or restrict their activities unnecessarily.

People told us they were satisfied with the supported living services they received as they had their freedom and support and knew the conditions of their tenancy agreements and the boundaries agreed. The aim of the service was to enable people who used the service to be as autonomous and independent as possible, and people felt they were making good progress in these areas. One person said, “I feel safe here, the staff are here 24/7.” Another person told us, “It’s alright here. I like my own place and know that I still need staff support to keep me safe, I wouldn’t want to stay anywhere else.”

Staff were trained in safeguarding issues. All the staff we spoke with were aware of their responsibilities to be vigilant and observe for any signs of bullying or harassment, and what to do to keep people safe. The service had safeguarding policies and procedures in place, we found staff followed protocols including reporting safeguarding issues. People said they found manager and staff always gave them all the support they needed to maintain their safety. Two mental health professionals spoke positively on the support people received at Belleview. One of these professionals said, “What helps is that staff are consistent in their approach in providing the support and encouragement that help keep people safe.”

There were enough qualified, skilled and experienced staff to meet people’s needs. People told us they felt they were always enough staff available at Belleview to support them in areas where they needed assistance such as attending appointments with external mental and medical health professionals. The manager considered the needs assessments of people who used the service, these were used to determine staffing levels required. We saw these responded flexibly to individual needs. For example, people as they developed more independent living skills and required less support transferred to living in the bungalow. One of the people told us they were more independent and could manage most areas but needed prompting from staff. Daily staff rosters showed that a minimum of three staff were always working at Belleview during the day, and at peak periods of activity there was often an extra member of staff on duty. During our visit a person attended an appointment with a mental health professional and needed support from a staff member to attend. The staff rota was rearranged to provide for this without reducing the level of staff available on site. At night

Is the service safe?

there was one member of staff who slept-in on the premises, a second member was nominated as on-call to cover potential emergencies help them when they needed it.

People were supported to self-medicate safely by keeping their medication in a locked place in their bedrooms. The aim of the service was to enable people who used the service to become as autonomous and independent as possible and be able to take their prescribed medicine. They were assessed as self-medicating, but needing some support from staff such as prompting to be compliant, and with taking the medicines at the correct time. Staff maintained a medicine administration record which demonstrated medicines were taken as prescribed. Staff monitored this process closely and recorded when people had taken their medication. They supported people to order their medication in a timely manner. Staff were doing this successfully and there was a good record of

compliance with prescribed medicines. A staff member supported one person to use the office phone and request a repeat prescription from the GP. Where people had not taken their prescribed medicines or attended appointments with health professional's staff had contacted the relevant health professional and arranged home visits by mental health professionals.

We looked at recruitment files for three members of staff. The staff recruitment files included evidence that a pre-employment check had been made, including checks with previous employers and Disclosure and Barring service checks (DBS) to help ensure staff were safe to work with adults. We also saw records of health screening and photographic evidence of their identity and right to work in the United Kingdom had been obtained. However, the registered manager told us records were not retained of follow up action, such as immunisations advised, after health screening.



Is the service effective?

Our findings

All the people we spoke with described the service model as an “Excellent” resource for them. The following comments were representative of their views: “I feel I can always speak to the staff, they are very talkative which is a good thing”, “I think that the staff here know what they are doing, they are friendly and helpful”, “I feel that I am getting on well here. It is the best place I have been to.” A health professional described the service as “Providing the most suitable levels of support and an environment that contributed to improvements in people’s wellbeing.”

The registered manager and members of staff were all familiar with the individual needs, strengths, and preferences of the people they supported. The registered manager told us everyone who used the service had a designated key-worker who coordinated their care and support. We saw that people were involved in weekly one to one discussions with their keyworker and that monthly reports on their progress were completed and sent to their social worker. The support plans were person centred and provided staff with detailed guidance about these individuals’ life histories, emotional health care needs, short and long term goals. The registered manager told us that before a person moved into the supported living project, they undertook an assessment of their abilities and needs.

People told us they were given the opportunity to spend time visiting Bellevue to meet people who already stayed there to help them decide whether or not it was the right place or if they needed more support in a residential care setting. Staff supported people by promoting their independent living skills. The support plans seen included people’s short and long term goals in relation to maintaining and developing their independent living skills. People told us that staff actively encouraged and supported them to do as much for themselves as they were willing and able to do safely. A social worker told us, “A person placed at Bellevue did really well. He seemed very happy there and staff were very person centred in their approach.” The service demonstrated the ability of staff to provide good quality support. A local authority team leader told us, “A person was placed there for a short period as there was no vacancy at the home he was planned to move to, he did amazingly well, as staff delivered fully the support he needed.”

From looking at care records and speaking with people we saw how the service had helped maintain and develop people’s independence and increased people’s self-esteem and confidence. One person told us, “Since coming to Bellevue I’ve started to do my own shopping, cooking and laundry”. Another person said, “I was not good with managing my diabetes and not disciplined with my food, but staff have helped me to manage this much better.” We saw the service had a number of separate kitchenettes where people could prepare their own drinks and meals and that staff assisted people with this. The service provided a number of facilities that people said they found were beneficial in their rehabilitation. They had pleasant garden, a sauna room and could book the use of this in advance, there was also a snooker room which people said was a leisure facility. One person told us they enjoyed using the bunker area in the garden and found it good for doing their artwork.

Staff demonstrate a high level of understanding and respected people’s individual needs, choices and preferences. People experienced a level of care and social support that meant that they had a meaningful life, which promoted their wellbeing. Social care was innovative and met people’s individual need. The service had step-down bungalows that were located at the back of the main building, and were finished to a high standard. One person we spoke with said, “These bungalows give us something worthwhile to aim for. My goal is to move into a bungalow when I am more able.” The step-down service aided recovery, support was next door which gave people reassurance as they become more independent. One person told of experiencing numerous mental health services over the years that were mainly hospitals. He said, “This is the best service I have been to and I have been in the system for over 20 years. Some services talk about offering step-down, but it is only lip-service, here at Bellevue they deliver on promises.” As a result of the person’s progress at Bellevue they had been assessed to live in the bungalow independently which they told us they now enjoyed. A social worker spoke to us about the difference this service had made to the lives of people who used it, they said, “I can say that people get the right sort of support and encouragement at Bellevue. Some people who have experienced care in long term residential settings have made remarkable progress at Bellevue.”

Staff received appropriate professional development and were able to obtain further qualifications from time to time.



Is the service effective?

They told us they felt well supported by the registered provider and the registered manager. Information on supervision showed that this was provided by senior staff every four to six weeks. Staff were kept up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received during regular staff meetings.

Staff had access to the information they needed to effectively perform their roles and responsibilities as supported living workers. People told us staff were skilled and experienced. One person told us, "I find the staff who work here are supportive and skilled for the job they do, they are knowledgeable and experienced about mental health issues".

Staff records showed the manager that staff had been able to undertake up to date training in key areas of their work, such as; supporting people with a past or present experience of mental ill health, basic food hygiene; first aid; fire safety; moving and handling; infection control; safeguarding vulnerable adults; managing challenging behaviour and handling medication safely. Staff told us they received an induction when they started work, this included health and safety, manual handling, safeguarding and infection control. They also told us they had shadowed more experience staff when they first joined the service. Staff were up to date with training and refresher courses were booked annually to ensure they continued to build upon their skills and knowledge.

Staff had completed social care qualifications and were provided with opportunities for career progression, one staff member was a qualified mental health social worker. A member of staff told us they were being supported to complete a national Vocational Qualification (NVQ level 5) in Health and Social Care.

People we spoke with told us they had no restrictions placed on them, they had their own tenancy agreements but their agreements had conditions of the tenancy in relation to respecting their neighbours, not playing music too loud and treating people respectfully. People told us staff sought their consent before proceeding to support them. Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who

did not have the mental capacity to make decisions for themselves were not unlawfully restricted. All support staff and management were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. The registered manager told us none of the people using the service were subject to restrictions. We observed that staff sought and obtained people's consent before they helped them. When people declined, their wishes were respected and staff checked with them a short while later to make sure people had not changed their mind.

People told us staff supported them with meal planning and shopping to meet their nutritional needs including those relating to culture and religion. The staff told us each person did their own grocery shopping and cooking with support from staff. People told us that they were advised to choose healthy options when doing their shopping. We saw people could access kitchens freely to make drinks and snacks and staff discreetly supported them where necessary.

Staff supported people to maintain good mental and physical health. From the records we looked at we saw that people's physical and mental health needs were monitored by staff and advice was sought promptly for any health care concerns. We saw the service liaised with a range of health care professionals such as; GP's, community nurses and psychiatric services. Care records showed that, when needed, referrals were made to appropriate health professionals. We saw a staff member supporting a person who had difficulty with monitoring their own blood sugar, they helped them keep the recording up to date. We saw how a person experienced unstable blood sugars and needed a lot of support to manage this when out in the community. Staff worked closely with them and reminded them when going out to take suitable drinks in case of emergency. People were supported to be seen by a doctor when they needed to and had good access to health care and check-ups, such as the dentist and community nurse. There were records maintained of healthcare appointments and of routine health checks. When a person did not attend their appointment with mental health professionals such as for blood tests staff liaised with the professional to arrange a home visit.

Is the service caring?

Our findings

The service was caring. People who used the service told us, “The atmosphere here is good, I find this place has a lot of activities we can enjoy, and staff are kind and good listeners.”

We saw staff interactions with people who used the service were characterised by kindness, warmth and empathy. We observed that staff were keen listeners, and this was confirmed by people who used the service. People were given appropriate information regarding their care and support which meant they were able to get involved in making decisions about the care and support they received. One person said “I feel I can move on with my life now and more in control of issue that seemed to trouble me, staff have empowered me through coaching and encouragement.”

The feedback we received from people about the staff who worked there was also very complimentary. They told of opportunities to participate in decision making such as through regular one to one sessions with their nominated support worker, attendance at meetings with their mental health worker. They told us they had access the advocacy services too. One person told us, “Staff are marvellous here. All of them are patient and kind”. Another person said, “The staff treat me very well.” We saw staff knocked on people’s doors and sought people’s permission to enter before doing so. This demonstrated examples of people’s privacy and dignity being maintained and respected.

The registered manager showed us the information pack everyone was given when they first moved into Bellevue. We saw the pack included the services complaints procedure and peoples tri-partite tenancy agreements. One person showed us the information they had been given about the supported living service to help them understand what they could expect from Bellevue. Two other people we spoke with told us they felt the

information they had been given about the service had proven useful. From discussions we found people felt able to make informed choices about how they spent their time at Bellevue and valued the support staff provided. Staff supported people with their religious preferences or signposted them to local services such as health centres, churches. One person said, “I am religious and I can attend my holy place when I want to, staff were able to tell me the facilities available locally.”

Staff respected people’s confidentiality. We saw that staff protected confidential information and did not discuss people’s personal matters in front of others. Confidential information was kept securely in the office. People received support to help maintain relationships with the people that cared most about them. Relatives and friends were encouraged to visit. In our discussions with staff they spoke respectfully about people using the service. A relative said, “Staff also support and care about the relatives too”. One relative we spoke with during the inspection told us, “I have peace of mind since my relative came to Bellevue. I live overseas and worry about how they are doing, the manager keeps me up to date and sends pictures via text. I am pleased to see the progression, now doing gardening and other chores he enjoys.”

We observed the day to day approach adopted by staff. The registered manager and staff showed concern for people’s wellbeing. The staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and this helped them to understand people’s individual needs. We saw a staff member reminding the person about an appointment with the hospital, what was happening and what would happen afterwards, to ensure that the person understood. We saw the registered manager reassured a person who came into the office, he was anxious about a bill he had received, but the manager reassured the person there had been an error in letters sent out by the local authority.

Is the service responsive?

Our findings

The service had a stable team of regular staff and experienced few changes to staffing personnel. Therefore people had the benefit of continuing relationships with staff they knew well and who understood their needs and personal preferences and the challenges they faced.

People moving to the service had a detailed assessment with corresponding support plans identifying their needs. Each support plan was tailored to the individual's needs to address the support required, and to use the person's strengths to ensure optimum growth and positive outcomes. We saw evidence to indicate the support plans were reviewed and updated on a monthly basis with people using the service. The service had systems in place to ensure the staff

could respond to people's changing needs. For example, staff told us there was a detailed handover meeting at the start and end of each shift. During the meeting staff discussed people's well-being and any concerns they had.

From our discussions with staff we found they had a sound knowledge of the individual needs of people they supported. These included the signs of deteriorating health and relapse indicators. Staff told of the contingency plans in place to respond if there was a sign of deteriorating mental health. We saw from care records examples of the staff taking prompt and appropriate action when they identified the person was becoming unwell. We saw that mental health professionals were contacted and urgent consultations took place in response. We saw from records and staff told us of incidents that necessitated medicine reviews and immediate changes to prescribed medicines or outpatients appointments were required.

The service worked well with other health professionals to ensure people's additional or changing needs were supported. For example, a mental health professional told us of the good working relationship with staff at the home.

They said, "We find staff at Belleview are responsive and take prompt and appropriate action by summoning relevant professionals if they saw deterioration in a person's mental health or their behaviour changes." Another health professional said, "Staff are good at recognising relapse indicators such as poor sleep patterns or lack of interest in activities and of responding accordingly to prevent further deterioration in physical and mental health."

People and their relatives told us that the support available was flexible and responded according to individual needs. People told us that they got support they needed this to access the community and pursue their lifestyles. We saw a staff member support a person to attend an afternoon meeting with their care coordinator. In developing the support plan the individual's strength and level of independence was considered to ensure they were given as much choice and control as possible. Staff helped provide community orientation by signposting people for facilities and escorting them to events. Individuals were supported to follow their interests and take part in social activities with the community. One person attended college weekly, another person was interested in music which staff helped them pursue. They played some of their most recent tracks for us which focused on the local area of Croydon.

The service had a complaints policy and information regarding complaints was given to people when they started receiving the support. People told us they knew how to make a complaint if it was necessary to do so and were confident they would be listened to. We saw that when minor issues were raised these were addressed promptly. These actions showed the service addressed issues early to prevent complaints arising. Three complaints were received in the past twelve months. The complaints had been dealt with satisfactorily, and where individuals were causing upset to neighbours by playing loud music this was resolved to the person's satisfaction. There were no outstanding complaints.

Is the service well-led?

Our findings

The leadership throughout the service fostered a culture of openness that made people feel included and well supported. All the people using the service that we spoke with described the manager, “As a genuinely caring kind person” who provided strong leadership. Staff told us they felt supported by the manager. The registered manager was qualified and experienced in the mental health field.

We found the provider had effective systems in place to regularly assess and monitor the quality of support people received and the plan for on-going improvements. They used a range of tools to evaluate the effectiveness and quality of the service being delivered in the forms of surveys, quality audits of the views of other agencies and stakeholders. Where it was identified that improvements were needed action was taken to drive improvements. For example, it was felt that people using the service should be on the interview panel when recruiting staff and this was introduced. It was agreed that people using the service should be given training on using computers and it was planned to make computers available for their use. The registered manager and the provider had explored the possibility of creating employment opportunities within the provider organisation.

We saw from records the registered provider undertook regular visits to the service. They completed audits of Belleview. They spoke with the people using the service and asked for their views and wrote a report of their findings. We saw medicines held by people were risk assessed and the need for additional support to self-medicate safely was routinely audited by staff.

We saw other records that indicated the registered manager carried out regular audits of the services health and safety arrangements. In addition to these quality monitoring systems the registered provider told us they also planned to undertake quarterly audits of the accommodation. It was evident from our discussions with people who used the service and with staff that the registered provider regularly visited Belleview, and had a very hands-on approach to the service. One person remarked, “The owner certainly invests in us and in the service, that is a real positive towards our progress.” We saw that correspondence received in the service included numerous compliments, the following are a sample of those received, “Staff are very helpful and supportive, the place seems to be good”, “Staff treat me with respect and dignity. I treat this place as my home I am very happy and staff treat me like family.”

There was evidence of the service learning from incidents / investigations took place and appropriate changes were implemented. Records of incidents included an analysis of what had happened and improvements that could be made to prevent or minimise the reoccurrence of similar events. Communication between staff was good. Staff told us that any significant incidents which adversely affected the health and well-being of the people who used the service were discussed during shift handovers and team meetings to ensure that everyone was aware of what had happened and the improvements that were needed to prevent reoccurrence.