Saffronland Homes

Bonhomie Sarisbury Green

Inspection report

Glen Road
Sarisbury Green
Southampton
Hampshire
SO31 7FD

Tel: 02380270310
Website: www.saffronlandhomes.com

Date of inspection visit:
14 November 2017
20 November 2017

Date of publication:
12 February 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 13 November 2017 and was unannounced. We returned on 20 November 2017 to complete the inspection.

In May 2017 The Care Quality Commission (CQC) re-registered the provider Mr Amin Lakhani under the new business name of Saffronland Homes. There has not been any change in ownership of Bonhomie Sarisbury Green, just an adjustment to the business title/ provider name. As there has not been any change of ownership or leadership at Bonhomie Sarisbury Green, this report makes reference to the report under the previous provider name of Mr. Amin Lakhani.

At the time of the last inspection Bonhomie Sarisbury Green was not meeting one fundamental standard and was in breach of a regulation regarding the safe management of medicines. At this inspection we found systems had improved and this regulation was met. However we found there was breaches of two regulations. These related to how they managed risk to people's health and wellbeing and how effectively they notified CQC of significant events.

There was a registered manager in post. 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.

At the time of our inspection ten people were living at Bonhomie Sarisbury Green.

Risks assessments were in place and contained the detail needed to minimise risks to people and keep them safe.

There were enough staff with the right skills and training to meet people's needs.

Medicines were managed safely by suitably trained staff.

There were systems in place to ensure staff reported safeguarding concerns and received regular training to ensure they understood their responsibility.

People's care needs were fully assessed.

People had their nutritional needs met and staff knew their individual meal preferences.

There was specialist equipment to enable people to maintain their independence.

People were enabled to have control over their lives and maintain relationships with people important to them.

People's interests were supported and activities were arranged both individually and in groups.

People were asked their views on the development ideas for the home.

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.

People were safe as risk assessments were consistently followed.

There were enough staff to meet people's needs.

Medicines were managed safely.

Staff knew how to report abuse and keep people safe.

Is the service effective?

Good

The service was effective.

People's needs were fully assessed so they could be assured the staff had the skills to care for them effectively.

Staff had the training they needed to meet their responsibilities.

People's nutritional needs were met.

Staff understood their responsibilities to people under the MCA.

People had the specialist equipment they needed to live a full life.

Is the service caring?

Good

The service was caring.

People were enabled to have choice and control of their lives.

People were supported to have, space, privacy and independence.

People were supported to keep in touch with people who were important to them.

Is the service responsive?

Good

The service was responsive.

People were asked about their interests and aspirations and staff worked with people to achieve them. People were able to suggest group activities to participate in if they wished.

Individual communication plans had been developed so staff had a good understanding of people's individual styles of communication.

Is the service well-led?

Good

The service was well-led.

The provider notified the commission of incidents in the home.

Quality monitoring was not always effective in picking up issues such as inconsistent recording of information.

People were involved in the development of the service.

Bonhomie Sarisbury Green

Detailed findings

Background to this inspection

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

The inspection took place on 14 November 2017 and was unannounced. We returned on the 20 November 2017 to complete the inspection. The inspection team consisted of two inspectors on 13 November 2017 and an inspector and an inspection manager on 20 November 2017.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with six people living at the service and with three visitors. We spoke with four staff, the registered manager and with a senior manager. We looked at records relating to the running and management of the service. These included care records, staff recruitment and training records, minutes of meetings and quality assurance documents.

Good

Is the service safe?

Our findings

People said they felt safe at Bonhomie Sarisbury Green. They appreciated this as some had not always felt safe before moving to the service. One person said for example "If you feel safe your life goes different. That's how I feel."

People had detailed care records which identified risk to their health or wellbeing and which guided staff about how to maintain their safety. However guidance provided was not always consistently followed. For example, one person was at risk of choking whilst eating. They had a detailed risk assessment which guided staff on what action they needed to take should this event occur and staff always ensured they sat with them at mealtimes to prompt and assist them as required.

The premises and safety of communal and personal spaces were checked and managed regularly to help people to stay safe. There were arrangements in place for foreseeable emergencies such as there were personal emergency evacuation plans (PEEP) in place for each person which were updated regularly. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency.

All people living at Bonhomie Sarisbury Green had varying one to one hours of staff support allocated to them during the day. There were generally five staff deployed during the day and four waking staff every night. Rotas reflected this number of staff were on duty each day. Any shortfalls which could not be filled by regular staff were filled by regular agency workers. Care staff were supported by housekeeping staff. There was a cleaner who worked four hours a day Monday to Friday and catering staff who worked for 36 hours per week and who prepared the main lunchtime meal.

Individuals needed varying degrees of support with their emotional and physical needs which were not always predictable. Staff said there were times when an extra staff member would be useful but in general they had sufficient time to fulfil their role.

At our last inspection we said the service was failing to manage medicines properly, this related particularly to one controlled drug which was being administered beyond its expiry date.

At this inspection we found medicines were being safely managed. Staff were trained in the management of medicines and did not administer them until they had been deemed competent to do so.Medicines were ordered transported stored and disposed of safely and in ways that met with current legislation.

There were safeguarding and whistleblowing policies and procedures in place to keep people safe. These were accessible to staff and contained up to date information and guidance for staff to follow. Staff confirmed they had been trained in how to keep people safe. Incidents which could affect people's wellbeing and safety were recorded and action had been taken to keep people as safe as possible.

Staff followed good infection control procedures There was a cleaning schedule in place which staff

completed regularly.

The provider discussed how they had learned lessons when communication with commissioners of services needed to be improved upon and described how they were actively working on improving engagement with health and social care professionals to help to ensure people living at the service received a coordinated seamless service.

Good

Is the service effective?

Our findings

People said the service was effective in providing them with the care and support they needed. One person said it 'keeps me on an even keel'.

Before people moved in to Bonhomie Sarisbury Green a comprehensive assessment of their needs took place. This covered all aspects of people's physical and mental health needs and involved the person themselves, people close to them and appropriate health and social care professionals. This helped to ensure the service provided at Bonhomie Sarisbury Green would be able to meet their needs. Care plans were developed from these initial assessments were detailed and guided staff about how to provide consistent support. Care plans were regularly reviewed and updated where necessary to ensure they continued to reflect people's changing health and care needs. Care planning information highlighted what people could do for themselves as well as what they needed support with and so people's independence was promoted. Staff signed to confirm they had read and understood people's care plans.

Staff were trained to carry out their roles effectively. Staff said training was "really good." New staff completed an induction which included working alongside experienced staff as well as completing the Care Certificate, where required. The Care Certificate is a nationally recognised set of induction standards which staff working in health and social must adhere to. Established staff were provided with regular mandatory training such as in safeguarding adults, medicines, health and safety and infection control. They were also provided with training specific to the needs of people living at the service such as in mental health, behaviour which challenges others and acquired brain injury. Staff received regular supervision and an annual appraisal to help them to review their performance and to identify any on going training needs.

People's nutritional needs were assessed and staff had a good understanding of what they were. People were encouraged to make their own drink and snacks. There was a chef employed who knew people's preferences. Staff said they encouraged people to make healthy food choices. People praised the meals saying "the food is excellent" Staff said menus were devised with people living at the service and so catered to their tastes. Mealtimes were set to suit people's individual needs.

Staff had a good understanding of their role and responsibilities under The Mental Capacity Act. The Mental Capacity Act (MCA) 2005 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
DOLs applications had been made in accordance with legalisation.

People had decision specific mental capacity assessments for making a decision to move to the service and in areas such as care, health, finances and the administration of medicines. Relatives, staff and professionals

had been involved in making best interest decision for people where appropriate.

Specialist equipment was available to help to deliver better care and support. . Although all people living at Bonhomie Sarisbury Green had their own bathrooms. There was an adapted bath available for people who required assistance with bathing. There was a resident's kitchen which had been adapted to accommodate people using wheelchairs. We observed people using this kitchen with staff support to make their own drinks and snacks.

People were encouraged to access health services independently but staff offered support when this was needed.

Staff liaised with specialist health care professionals to promote people's health. Staff had guidance where necessary from dietician's speech and language therapists and district nurses. Guidance had been mainly followed and resulted in good outcomes, for example one person had been admitted with an infection and staff had followed this up well. As discussed in the previous section there were times when guidance had not been followed to prevent risk to people's wellbeing.

Good

Is the service caring?

Our findings

Staff encouraged people to have as much control and choice as possible in their lives. One person, who had moved on from Bonhomie Sarisbury Green had been supported by staff to do so and said of their time living at the service "I was involved in everything which was happening here and received a lot of support and assistance from staff and the manager. They all helped me to improve my independence, my self esteem and to feel at home." Another person said "Staff are very nice. They can't do more than they can do. I'd like to stay here forever". One person said "staff are good company. You can socialise with them." People's independence was promoted. One person said "Staff don't interfere."

Visitors agreed, one saying "Staff level of tolerance is amazing. They never judge" and " Staff go over and beyond. They give (my relative) dignity".

The service operated a keyworker system. Two staff were allocated to work intensively with one person living at the service. The purpose of a keyworker is to develop a detailed understanding of a person's particular needs and co-ordinate and organise the service to meet those special needs. These roles were decided collaboratively with the person concerned. This helped to ensure secure and trusting relationships were developed.

People had their own self-contained apartments with bathroom and some kitchen facilities. This promoted their privacy and independence. There was provision for couples in three of the apartments although none were being used for this purpose at the time of inspection.

People were supported to maintain and develop their relationships with those close to them. One person said "family can come when they want "and we observed visitors were made welcome.

Good

Is the service responsive?

Our findings

People's preferences and how they made choices were considered as part of their initial assessment. Care plans were developed which documented people's preferred daily routines and staff had a good understanding of how and when people liked to be supported.

People's interests and preferred activities were documented and their goals and aspirations were regularly reviewed to monitor progress and to ensure they continued to reflect people's wishes and needs. As staff provided someone to one support to each person there was opportunity for people to follow their individual interests with staff support.

People varied in their opinions about how much there was to do. One person said "More activities would be good"

People's communication needs were assessed and where it was identified people could not always make themselves understood verbally there were guidelines which staff followed to help them to understand people's wishes. For example, staff had been advised that for one person they needed to keep conversation relevant, to give the person time to process information and to monitor body language. They also had some guidance about words frequently used by the person and what they meant.

One person with a poor short term memory was encouraged by staff to write appointments in a diary or on a board to help them to remember appointments.

People varied in their needs and abilities greatly. Some were able to access community facilities independently and did so. Others made use of local day centres and needed staff support to go out.

People's religious needs were documented and staff escorted them where necessary so they could worship in accordance with their faith.

Staff observed people's preferences regarding the gender of staff they wanted to support them. For example, one person wanted only female staff to support them at night and this support was provided.

There were some group activities, for example there was a women's group which people said they enjoyed. Some current residents were very creative and there was opportunity to make art, some of which was on display in the house. People living at the service had been involved in fundraising to support charities.

Ideas for group activities were discussed during resident meetings and these ideas were acted upon where possible, for example the service had held a number of barbeques over the summer as a result of residents suggestions. Group activities outside the home were restricted at times because the service did not have its own transport, sharing a minibus with one of the other homes within the organisation.

People said if they were unhappy they would talk with staff. People told us they had "no complaints". There

was a policy and procedure in place regarding the management of complaints. A written record was kept of complaints made and these had been responded to in line with the complaints policy.

Good

Is the service well-led?

Our findings

People were generally satisfied in the way the service was run. There was a registered manager in post who had a good knowledge of people's history, needs and wishes. They were supported by senior managers who made regular visits and helped to monitor the quality of service and drive improvements.

At our last inspection we recommended the service reviewed the process of letting CQC know of incidents and accidents to ensure they were sending appropriate notifications. At this inspection we found this had improved, the service was now sending notifications of abuse in relation to service users.

The provider had governance arrangements in place to monitor the quality of the service. The registered manager and senior managers completed a service of regular audits which considered all aspects of service delivery. Where areas for improvement had been identified action plans had been devised and were being followed. Areas for improvement identified included enhancing staff knowledge and support regarding policies and procedures.

The registered manager said the aim of the service was to provide a rehabilitative setting to enable people to move back into the community. The organisation had a brochure which set out the range of services available within the organisation and which described their vision and values. There was also some information in a separate sheet which described the facilities and support provided at Bonhomie Sarisbury Green. This information did not say the aim of the service was to provide a rehabilitative setting and we discussed with the registered manager and with a senior manager that this should be made more specific so people would have clear information to assist them in making a decision when considering a move to the service.

There were house rules which residents signed to confirm they had read and understood. This helped people receiving the service to be clear about what they could expect from the service and what would be expected of them.

Staff maintained written records. Good record keeping is important to improve accountability and to enhance communication within the service and with healthcare professionals. At their recent meeting in November 2017 staff had raised an issue that residents daily records were not always completed correctly. We also found information contained within people's personal records was at times missing or duplicated. This made it difficult to establish at times what staff interventions were and how effective they had been. We discussed this at the end of the inspection. We recommend the service reviews their system for record management to ensure they can consistently demonstrate they are providing care in line with people's assessed wishes and needs.

The service encouraged people living at the service and staff working at the service to be involved in its development. There were staff and resident meetings and ideas from these forums were documented and shared with senior managers as a method of monitoring the quality of the service provided. Actions from the

most recent staff meeting held in November 2017 and actions received from relatives and residents at the end of August 2017 were being worked upon at the time of the inspection. There were realistic deadlines for the actions to be completed by and the registered manager said feedback would be provided to all relevant parties once complete.

People completed questionnaires about the quality of the service. Responses were largely. As a further quality measure managers observed staff practice in communal areas, such as during mealtimes to monitor how staff were responding to people and to ensure this was in line with their needs and wishes.