Mr Amin Lakhani

Bonhomie Sarisbury Green

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on 31 May and 1 June 2016 and was unannounced.

Bonhomie Sarisbury Green is a care home which provides care and support to people living with a wide range of complex healthcare needs. These include acquired brain injuries, neurological conditions, physical disabilities and mental health issues. At the time of our inspection there were nine people living at the service. The accommodation is made up of 16 small studios which have a living area with a small kitchen area where people can make drinks and prepare snacks. There are en-suite bathrooms to each bedroom area. People could access some of the facilities at a nearby service run by the same provider. For example, swimming pool and Jacuzzi which is used for therapeutic and leisure activities.

Bonhomie House had a registered manager. 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. The registered manager had been on long term sick, so the deputy manager was acting up into this role in their absence.

Processes and procedures to monitor the use of controlled medicines were not always being managed safely. These need to improve to ensure medicines are administered safely.

People that we spoke with told us that they felt safe. Staff had received training in safeguarding and were able to explain what they would do if they suspected that someone was being abused.

Recruitment and selection procedures were in place and appropriate checks were carried out before staff started work.

People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Staffing numbers were adequate to meet the needs of people living at the home. This was reviewed following incidents where new behaviours were observed which might increase or change people's dependency level.

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role. The training matrix and staff certificates showed that the majority of training was in date.

Staff had a good knowledge of people's individual needs and wishes and their likes and dislikes. This enabled staff to support people appropriately while promoting their independence. People were supported to take part in a range of activities both within and outside of the home.

Quality audits were routinely carried out. The provider was not routinely notifying the Care Quality Commission about incidents and accidents that had happened in the home.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider's procedures did not support the safe administration of medicines.

People and their relatives told us they felt the service was safe. Staff knew how to recognise and report any potential abuse.

There was a recruitment process in place to ensure people were suitable to be employed. We found there were enough staff deployed to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff were trained in topics which were relevant to the specific needs of the people living at the home and were supported through regular supervision.

The provider applied the principles of the Mental Capacity Act (2005). Applications to deprive people of their liberty had been made appropriately.

People were supported to have enough to eat and drink and have a balanced diet.

Is the service caring?

Good

The service was caring.

We saw that people were treated with respect and compassion throughout the inspection.

Staff knew each person and their needs and acted in accordance with those needs in a timely manner. People's privacy and dignity were protected by the manner in which care was delivered.

People were involved in their own care and were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People living at the home and their relatives were involved in the planning and review of care.

People's preferences for the provision of care were recorded and reviewed on a regular basis.

Procedures for the receipt and management of complaints were robust.

Is the service well-led?

Requires Improvement

The service was not always well led.

There were systems in place to monitor the safety and quality of the service.

The home did not consistently report notifications to the Care Quality Commission and safeguarding referrals to the local authority. We have made a recommendation about this.

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 was unannounced and took place on the 31 May and 1 June 2016. One inspector carried out the inspection.

Before the inspection, we reviewed the information we held about the service such as previous inspection reports, registration reports, notifications the provider is required to tell us about, and information that had been sent to us by other agencies. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people living at the home and we also spoke with two relatives to gain their views on the quality of the service provided.

We spoke with six members of the support staff, the covering manager and the general manager. We looked at four staff recruitment files

We carried out observations of staff interacting with the people they supported.

We looked at the support records for three people as well a range of other records such as people's medicine administration records, quality audits and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person told us, The staff let me be as independent as possible, but when I need support they are always there which reassures me." A relative told us, "The staff are really good [person's name] has very complex needs but they are happy here and we are reassured by the staff." We observed that people were relaxed in the company of the staff that were caring for them.

People's medicines were stored safely but there were concerns with the administration of controlled drugs. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. People had individual medicines profiles that contained information about the medicines they took, their medicine administration record (MAR), any medicines to which they were allergic and personalised guidelines about how they received their medicines. These were regularly audited and checked to ensure medicines were given and recorded accurately. We were told that nobody currently living at the home required covert medicines. These are medicines which are hidden in food or drink and are administered in the person's best interest with the agreement of the prescriber. Controlled drugs were stored safely. A full audit of medicines and records was completed regularly. However one controlled drug that was prescribed as PRN (as required medicine) had continued to be administered on several occasions over a seven week period past the expiry date for safe use.

Failing to manage medicines properly and safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the provider had 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 had received safeguarding training and knew how to recognise abuse and understood their responsibilities to report any concerns. Staff could describe clearly the steps they would take if required. For example one staff member told us, "I would report any concerns I would have to the manager straight away." Another said, "Depending on the concern I would report it to my line manager or their manager and continue up the line of management if I was not happy with the actions they took or contact the local authority myself."

People were supported to manage any risks associated with their lifestyle and support needs. Risk assessments were in place and staff recognised the need to adapt the level of support they provided to people to ensure that they were able to live the life they chose, whilst being mindful of potential risks to their safety. For example one member of staff described how they adapted the support they provided to people and sought advice from senior staff if they were concerned about their mental well-being; this was reflected in the care plans we looked at. People had been involved in the development of person centred risk assessments that focussed on positive risk taking.

There were enough staff deployed to meet the needs of people living at the home. One person told us, "There is always staff around to help me when I need it." Staff told us, "We are busy but we work as a team and help each other." We observed staff providing care and saw that there were sufficient numbers of staff

available to keep people safe and respond to their needs.

We looked at the recruitment files for four staff including one care worker that had recently commenced employment at the service. The provider had a robust recruitment process. Checks had been carried out with the disclosure and barring service (DBS) before staff were employed to confirm whether applicants had a criminal record or were barred from working with vulnerable people. References had been obtained and applications forms completed, a detailed employment history and proof of identity was also recorded.

The home had produced a personal emergency evacuation plan (PEEP) for each person living at the home and had conducted regular fire drills and testing of fire alarms and other emergency equipment. We also saw evidence of regular checks and detailed reports relating to; health and safety, fire safety, water temperatures and maintenance of buildings and equipment.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. One person told us, "I think the staff are good. They know my needs very well." A relative told us, "The staff are well trained they show empathy towards [person's name] needs."

Staff were offered a range of training opportunities to develop their skills and abilities. For example, staff attended mandatory training such as health and safety, infection control and safeguarding adults. Staff were given additional training which related to the specialist needs of people living at the home. For example, training was provided to help staff recognise indications of anxiety and reduce the risk of behaviours escalating. One staff member told us, "The training I have had enables me to feel confident in my role." New staff were trained and inducted in accordance with the principles of the care certificate. The care certificate requires new staff to undertake a programme of learning before being observed and assessed as by a senior colleague. Staff who had been through the providers induction felt it gave them the skills they needed to do their job.

Staff received regular supervision and an annual appraisal. All staff told us that they were a positive experience and they welcomed feedback on their performance. Staff received regular supervision. Supervision notes contained details of discussions held. We saw that annual appraisals were recorded for each staff member. One staff member said, "My appraisal it is very much a two way process and a chance to review how I am doing with my work. We discuss my training needs and what I am doing well."

Members of staff told us that they always asked for people's consent before assisting them. One member of staff told us, "We all know we are not to assume consent, people have a right to refuse care if they wish." Another member of staff told us, "We always have to ask before we give anyone personal care and act in their best interests to keep them safe." We observed members of staff asking for people's permission before supporting them and ensuring that they had gained people's consent.

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).

We saw that people had decision specific mental capacity assessments for 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 who lacked capacity and these had been recorded.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had

followed the requirements of DoLS and several applications had been submitted to the local authority and people were waiting to be assessed. When we spoke to staff they all knew their responsibilities within the requirements of the MCA and DoLS. We saw from records that staff had received appropriate training.

Not all the people that we spoke with had a good understanding of their healthcare needs and were not always able to contribute to care planning in this area. For those people who did not understand the provider had identified a named relative to communicate with. We asked people if they could see health professionals when necessary. We were told that they saw doctors, dentists and other healthcare professionals when they needed to. We saw records of these visits on care files. A healthcare professional told us, "In relation to my professional role I have found that the care is effective."

We observed a lunchtime meal. We saw people were encouraged to be as independent as possible and staff only supported when they needed it. One person told us, "I like the food there is enough and it is cooked well." People were provided with a well-balanced and nutritious diet. In addition, hot and cold drinks were provided throughout the day and bowls of fruit were available. We spoke with the chef who told us they involve the people living at the home in choosing the menu and all ingredients are fresh sourced and bought by the chef to help maintain quality. We saw that choices were offered at mealtimes and people could select an alternative if they did not want either choice.

Good

Is the service caring?

Our findings

People were complimentary about the staff. One person told us, "The staff look after me and don't rush me." Another said, "The staff are caring and support me when I need it." A relative told us, "The staff are all friendly and care about the people they look after."

We observed staff interactions with people and saw caring and positive interactions between both. A member of staff told us how important it is to get to know people well and said, "It is really important to build a good working relationship with a person, understand their needs and follow their care plan consistently." During the inspection we noted the home had a relaxed feel. People were also encouraged and supported to be as independent as possible. However we saw staff took time to talk to people and check if people needed assistance and people sought staff support if they needed it.

Staff ensured people's privacy and dignity were respected. For example, we saw staff knock on people's door before entering and bedroom doors were kept closed when people received personal care in their room.

People's care records showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. We found life histories and information about people's personal preferences, interests and hobbies in the care records. One person told us, I am quite happy here. I am involved in my care plans and they suit me." A relative told us, "Yes we have been involved in the care plans. They always keep us up to date with what is going on."

People were supported to maintain strong links with the community and were often out and about; pursuing their interests such as fishing or keep fit. Some people accessed regular day services and staff maintained frequent contact with other health and social care professionals. During this inspection we observed some people going out to a gym and to do some shopping.

The provider placed no restrictions on when people could visit or for how long. People and their relatives told us the home welcomed visitors at anytime of the day. One relative told us, "I can pop in when it is convenient to me and [person's name]. We are always made to feel welcome."

Good

Is the service responsive?

Our findings

People's care had been planned in ways which reflected their preferences and their individual needs. One person told us, "The staff know my needs but listen to me and are flexible in how I want to be supported. They help me be independent." A relative we spoke with explained they had been involved in deciding what care their family member received when they first came to live at the home. The staff we spoke with told us they had access to care records and were informed when any changes had been made to a person's care plan, this enabled the staff to make sure they continued to meet people's needs in the way the person wanted.

Information in people's care records showed that detailed assessments had been completed which ensured the service could meet their needs. These assessments formed the basis of people's care plans and were reviewed and updated on a regular basis. People's risk assessments had been regularly reviewed and advice from external professionals, such as people's social workers was taken into account. Staff told us they had regular access to these and were kept informed of any changes by senior staff.

A relative told us, "The staff keep us updated and let us know if there have been any changes in the way they are supporting [person's name]." All the staff members we spoke with told us they regularly discussed people's care and support needs at handover meetings between shifts. This helped to ensure that staff supported people consistently. One staff member told us, "It is important we share information as people's support needs can fluctuate and we encourage people to be as independent as possible, so we need to be flexible."

People were encouraged to maintain and keep in contact with family members. We saw from people's care records that family members visited regularly. One relative told us, "We have no restrictions on when we can visit and the staff always welcome us and keep us updated."

People were encouraged to engage in their individual preferred activities and pastimes, as well as preferred daily routines. Weekly activity planners outlined how staff needed to support people with activities of their own choosing. For example, one person was keen on keep fit and used the facilities within the home but also liked to attend a local gym, another enjoyed fishing. Evidence was available to demonstrate that when someone moved into the home, they were actively supported to consider all aspects of community living, which included leisure, educational and work related activities. The home demonstrated a clear balance of risk management and confidence building, outlining the required staff support to achieve this.

We saw that the home had an appropriate complaints procedure, which contained detailed information about the steps to be taken in the event of a complaint being received including learning from such incidents. People living in the home were supported by staff on an individual basis to make a complaint or raise any concerns. No formal complaints had been received within the last year.

Requires Improvement

Is the service well-led?

Our findings

Relatives spoke positively about the service and said they felt it was well run. One relative told us, "Very happy with everything at the moment; the senior staff seem to know what they are doing and the keyworker is excellent."

The registered manager had been on long term sick leave and the deputy manager was acting up in their absence. During the inspection we saw there was an open and positive culture in the home and staff told us the manager and the deputy were approachable and open to discussion. Staff were motivated to provide good quality care and were supported by the provider. One staff member said, "I've thoroughly enjoyed my time here, it's a good atmosphere and lots of support" Another member of staff said, "I really enjoy it but its hard work too."

The acting manager told us they held regular meetings to discuss the care needs of the people living in the home. However staff meetings that gave the opportunity for staff to discuss any concerns they may have about their role, training or general employment issues or the provider to pass on general information or reminders were not regularly held.

The provider had systems in place to monitor safety and quality. We saw evidence of a quality assurance programme which detailed requirements and themes for each month. The registered manager and other senior managers completed a series of audits. Areas assessed during these audits included safeguarding and medication. The records that we saw indicated that all audits had been completed in accordance with the provider's schedule.

The provider has a statutory obligation to inform the Care Quality Commission (CQC) of significant incidents and accidents that have occurred in the home. We found that the provider was not routinely doing this and had not notified CQC when incidents had occurred. We discussed this with the acting manager who agreed they were not aware of the incidents that should be reported to CQC. The provider took action and sent CQC a recent notification that had previously been omitted and stated they would review their processes.

We recommend the service reviews the process of notifying CQC of incidents and accidents to ensure they are sending appropriate notification. Furthermore that it should review its systems and processes to ensure that they have fully effective governance and auditing systems.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicine had continued to be administered on several occasions over a seven week period past it's expiry date for safe use