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Person Centred Care Homes - 1 Bodiam Close

Inspection report

1 Bodiam Close
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 8 June 2017 and was unannounced. Person Centred Care Homes – 1 Bodiam Close, is a care home which provides care and support for up to six people with significant learning disabilities and complex needs. At the time of this inspection there were six people using the service.

At the last inspection on 23 March 2015 the home was rated 'Good'.

At this inspection we found the service remained 'Good'.

We observed kind and caring interactions between staff and people. People's responses to staff showed that people felt safe and supported. Relatives were positive about people's safety within the home.

Procedures relating to safeguarding people from harm were in place and staff understood what to do and who to report it to if people were at risk of harm.

People had risk assessments that identified their personal risks. There was specific guidance for staff on how to mitigate known risks to ensure people's wellbeing.

Medicines were managed safely and administered on time. There were records of medicines audits and staff had completed training on medicine administration. The home had a clear policy on administration of medicine which was accessible to all staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had regular supervision and annual appraisals that helped identify training needs and improve the quality of care.

People were supported to eat healthily. There was a varied menu and snacks and drinks were available if people required.

There was a complaints procedure and relatives knew how to make a complaint.

Staff knew how to report accidents and incidents. Accidents and incidents were followed up and learning from accidents and incidents was used to improve the quality of care for people.

Care plans were person centred and reflected individual's preferences. Relatives were actively involved in planning people's care.

People had individual weekly activities timetables that reflected things that they enjoyed. People were

supported in the community with appropriate staffing levels.

Audits were being completed for various aspects of the service which included action plans and records of how the identified issues had been addressed.

Staff had regular team meetings where they were able to share ideas and raise any concerns.

Further information is in the detailed findings below.

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 remains good.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good.	Good

Person Centred Care Homes - 1 Bodiam Close

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 on 8 June 2017 and was unannounced. A single inspector carried out the inspection. Before the inspection we looked at information that we had received about the service and formal notifications that the home sent to the Care Quality Commission (CQC). We looked at four people's care records and risk assessments, five staff files, six people's medicines charts and other paperwork that the home held such as health and safety documentation, audits of systems, policies and procedures.

People that used the service were unable to speak to us due to the complex nature of their needs. We used observations during the inspection to gain an understanding of how they experienced the care that they received. During the inspection we spoke with five staff. Following the inspection we spoke with five relatives of people that used the service.

Good

Is the service safe?

Our findings

People living at the home had complex needs and were not able to answer questions about how safe they felt living at the home. We observed staff interactions with people during the inspection and saw that people interacted well with staff and staff were aware of how to speak and interact with each person as an individual. Where people became anxious staff were reassuring and spent time with them to make sure that they felt safe. Relatives told us, "Yeah, I think he's safe. He's in his own apartment, there's nothing he can hurt himself on", "[Relative] is absolutely safe. It's very good and I have no concerns" and "I don't see no fear in him. He seems quite contented there."

The service had a detailed safeguarding policy. Staff had received training in safeguarding during their induction when they started work and records showed that this training was refreshed each year. Staff understood the different types of abuse that could happen and knew how to report any concerns if they suspected abuse. One staff member said, "[Safeguarding] is about protecting the client from abuse. I would get in touch with the manager, report it. Make sure a safeguarding alert to the local authority was raised." Staff understood what whistleblowing was and how to report any concerns.

People had individualised and detailed risk assessments in place. Risk assessments included information on what the specific risk was and gave guidance for staff on how to support people in the least restrictive way. Risk assessments were reviewed every six months or immediately when risk factors changed.

The home had a clear medicines administration policy. People's medicines were recorded on medicines administration records (MAR) and the home used a blister pack system provided by the local pharmacy. A blister pack provides people's medicines in a pre-packed plastic pod for each time medicines are required. It is usually provided as a one month supply. People's medicines were given on time and there were no omissions in recording of administration. Where people were receiving 'as needed medicines', these were clearly documented and guidance provided for staff on when to administer these medicines. As needed medicines are medicines that are prescribed to people and given when necessary. This can include medicines that help people when they become anxious, relieve constipation or inhalers for breathing difficulties.

The service followed safe recruitment practices. Staff files showed pre-employment checks such as two satisfactory references from their previous employer, photographic identification, an application form, a recent criminal records check and eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

There were sufficient staff to allow person centred care. Some of the people living at the home required a high level of support. This included daily one to one work and for some people, two staff to support them in the community. Where people required one to one support, rotas reflected additional staffing that had been allocated to the shift. If people needed extra support to access the community, this was planned for and extra staff were booked.

Accidents and incidents were documented. Information regarding incidents was shared with the local authority where appropriate. Incidents were also reviewed to look at why the incidents had happened and any learning that could take place from them. If there was any learning, for example, new strategies of how to work with a person, people's risk assessments were updated accordingly. Records showed that incidents were discussed at staff team meetings.

The home had an up to date maintenance checks for gas, electricity, electrical installation and fire equipment. Fire alarms were noted to be tested on a weekly basis. Each person had a detailed personal evacuation plan (PEEP) in place in case of a fire. However, each person's PEEP's had not been updated since 2015 and contained the same information for each person. We raised this with the senior on duty who told us that he would feed this back to the registered manager. Following our inspection, the registered manager sent an updated, personalised, PEEP for each person.

The home was clean and welcoming at the time of the inspection. The home employed domestic staff two days a week and we also observed staff cleaning when we arrived at the home. Staff told us "They [people] do participate making their beds and bringing stuff to the laundry room."

Good

Is the service effective?

Our findings

Relatives told us that they thought that people were supported by staff that understood their needs. One relative said, "He's been there quite a while now. Staff seem to know what they are doing with him."

Staff had a comprehensive induction when they started to work at the home. This included, getting to know the people who lived at the home, understanding policies and procedures, medication and safeguarding training.

Staff received regular training. Records showed that training was refreshed every year. Staff had received specialist training in working with people living with a learning disability and epilepsy. Staff told us, and records showed that they were supported through regular supervisions that allowed them to discuss their work and any learning or development. The registered manager was not present during the inspection and we were unable to access staff appraisals. Following the inspection, the registered manager provided records of staff annual appraisals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All people living at the home had a DoLS authorisation and there was a system in place to check when these needed to be reviewed. Where people living at the home were unable to make decisions around certain aspects of their care, records showed that there were best interests meetings documented and relatives had signed consent forms agreeing with people's care plans. Staff understood that whilst people were not able to make decisions about certain aspects of their care, they ensured that people were offered choice around things they were able to decide. For example, what people wanted to wear, eat or do during the day. People's care plans had a section called, 'How I make my decisions'. This detailed what decisions people were able to make and how people communicated their needs and decisions to staff.

The home had a monthly menu plan in place. Due to their needs, people were not always able to be involved in making decisions around what they wanted to eat. Staff told us that they observed when people enjoyed certain foods and ensured that these were placed on the menu. Relatives said that they informed the service of what foods people liked to eat and the home took this into account when planning the menus. One person was Muslim and the home ensured that food provided to them was halal. Food cupboards were well stocked and the home completed a food shop twice a week. We saw that people had fresh fruit available and were provided with snacks when required. Where people had dietary needs or needed to be aware of healthy eating, we observed staff explaining to people what type of foods were available and healthy for them to eat.

People were supported to attend regular healthcare appointments. Records showed that people attended the dentist, doctors, opticians, and other healthcare providers. Relatives told us that they were involved in people's health care appointments and often supported them to attend these appointments. People's personal files had records of healthcare visits and any actions that needed to be taken following these.

Where necessary, people's care plans were updated with new guidance.

Good

Is the service caring?

Our findings

Relatives told us that they thought staff were kind and caring. Comments included, "The care is good. They look after him really well. He's settled with the staff", "He's very well looked after. When he's happy, I'm happy" and "Staff have always been nice and kind." Another relative commented, "If I go and pick [relative] up, staff hug him and check he's ok. He's happy to go in and he cuddles them [staff] so I know he's got a good rapport with them."

Throughout the inspection we observed kind and caring interactions between staff and people. People knew the staff well and some people often gave staff hugs or leant on their shoulder when staff were talking to them. Where people became anxious we observed staff talking calmly and gently to people to reassure them.

Staff understood how to ensure that people's privacy and dignity was maintained. One staff member said, "It's about a lot of things. The way I speak to them [people]. If I want to do personal care with them, we discuss the process. I make sure I knock on people's door and ask them if I can come in and if they are ready. Make sure the door and curtains are shut when I support them." We observed staff knocking on people's doors throughout the inspection and asking if they could go into people's personal spaces.

At the time of the inspection we saw that one person, through choice, had no curtains. However, this meant that in the evenings the person's privacy and dignity was not adequately maintained. We fed this back at the time of the inspection. Following the inspection, the registered manager contacted us to say that a reflective surface had been affixed to the windows which allowed the person to see out but no one to see in. This ensured that the person's wishes had been maintained as they did not want curtains but also their privacy and dignity upheld.

People's care files noted if they had a faith. People living at the home had a range of faiths. We asked how people were supported to maintain their faith. Staff told us that some people did not practice their faith. Other people were encouraged by family members to attend their chosen place of worship if they wanted to.

People's care plans had a section called, 'My sexuality profile'. This looked at any specific needs that people had regarding their sexuality and sexual health. Staff told us that they recognised that people that they worked with had the, "Same needs as everyone else" and the home tried to put things, where possible, in place to safely support relationships.

Staff were positive about working with people who identified as gay, lesbian, bisexual or transgendered (LGBT). Staff told us that this would not make any difference to how the person was treated. One staff member said, "It makes no difference to the care that we provide. It's about the person and their needs." Staff understood that homophobia was a form of abuse. The home had a policy on sexuality. However, this had not been updated for several years. We fed this back at the end of the inspection and were told that this would be updated.

Relatives told us that they were able to visit whenever they wanted to and that staff were always welcoming. Relatives told us, "We visit regularly. We always call first in case [relative] is busy but there has never been a problem" and "We usually see [relative] on the Sunday. We call them [the home] on the actual day. Every time it's fine."

Good

Is the service responsive?

Our findings

Each person had a detailed care plan that was written from the perspective of the person receiving support. Care plans noted what people's likes and dislikes were in all aspects of their life including, food, activities and personal care. Staff knew people well and were able to tell us what individuals liked and enjoyed.

Each person had a communication plan. This told staff the best way for them to talk to people or how to interact with them. One person's communication plan stated, 'Staff to try to encourage me to structure my day using symbol cards and photos. The aim of this is to reduce anxiety of what is happening next.' Some of the people that the service supported were unable to communicate verbally. For some people we saw that in their personal rooms, there was a large communication bard on the wall. There were numerous laminated pictures that people could use to show staff what they wanted. These included foods, activities, tasks such as laundry or making their beds and how they were feeling. Staff understood that each person that they worked with had specific and individual communication needs.

Each person had an individual weekly activity timetable. Some people living at the home had on-going one to one care whilst at home. People were encouraged to take part in activities on a daily basis and do things that they enjoyed and were meaningful to them. Relatives told us, "They do all different types of activities with [relative], like take him swimming" and "[Relative] goes to the day centre twice a week and he does different things. We're quite happy, he's always busy."

Some people living at the home required a higher level of support when out in the community. The service ensured that people requiring enhanced support had two staff accompanying them when they went out. People went bowling, for walks in the park and swimming. There was a large enclosed back garden that people had access to. The service had installed a trampoline in the garden for people to use. Staff told us that several of the people living at the home used this as a way to exercise. Staff supported people when they wished to use the trampoline. A relative said, "Whatever they do, I can see him happier than ever."

People were encouraged to maintain contact with friends and family. People's care plans included a section about 'People that are important to me'. During the inspection we observed one person getting ready to spend the day with their family. Following the inspection we spoke with relatives who commented, "I do think that the staff are caring. [Relative] attended a wedding and two staff came with him. They make the effort to make sure he takes part in the family" and "[Relative] visits us regularly and staff always make sure he is ready or bring him to visit. They have transport."

People were not always involved in planning their care because of the complex needs that they had and their mental capacity. Relatives told us that they were involved in planning care and were always invited to reviews of their relatives care. Relatives commented, "I go once a year for an annual review" and "If there's a review they [the home] would usually call me and let me know and I go up there."

There was a detailed complaints policy in place that explained how complaints would be dealt with when received. Relatives told us that they knew how to make complaints and felt comfortable raising any issues if

they needed to.

Good

Is the service well-led?

Our findings

A registered manager was 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.

The registered manager was not present during our inspection. However, the team leader ensured that people were aware that an inspection was taking place and supported staff throughout the process.

Staff and relatives were positive about the registered manager. Staff said that there was an open and supportive culture within the home. Staff told us, "[The registered manager] is very good. She has helped me a lot and has supported me" and "[The registered manager] is really supportive, she always has time for staff and residents." Relatives commented, "If there's ever an issue we can text or call her and she always comes back to us. So far, so good" and "We have good communication with [the registered manager]. Anything [happens], and I can talk to her about it. She does respond."

There were systems and processes in place to check the quality of care and safety of both the support provided and the environment. A general risk audit and risk assessment had been completed in May 2017 that looked at the building, environment and any health and safety issues. There were weekly medicines audits as well as daily, weekly, six monthly and annual health and safety audits. Where issues were identified, these were noted and signed off when addressed.

The registered manager had a system in place to ensure that staff training was up-to-date.
Accidents and incidents were used as an opportunity for learning and to change practice or update people's care needs.

People that used the service had complex needs and were not always able to communicate their views. The home had completed surveys where possible with people, and relatives. The last survey had been completed in late 2015 and results were generally positive. Following the inspection, the registered manager told us that customer questionnaires had been sent out for 2017 to gather people's and relatives' feedback. The registered manager told us that feedback was important as it helped to look at the care that was provided and where issues may be identified, improve the quality of care.

There were records of regular staff meetings that allowed staff to discuss care needs and development of the service. Staff told us that they could talk to the registered manager at any time.

Records showed joint working with the local authority and other professionals involved in people's care. Staff told us that they worked closely together to make sure that people received a good standard of care.