Beau Sejour Residential Care Home Limited

Beau Sejour Care Services

Inspection report

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Beau Sejour is a residential care home providing accommodation and personal care for up to 10 people living with learning disabilities and, or physical disabilities. At the time of our inspection the care home accommodated 10 people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to ten people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
The staff were extremely responsive to people's needs and demonstrated a person-centred approach. People were supported to do the things they wanted to do and enjoy both in the community and in their home. It was integral to the provider's ethos that Beau Sejour was people's home for life. The management team demonstrated a clear understanding of the importance of supporting people's emotional and spiritual wellbeing. An external professional praised the end of life care provided.

People continued to receive care that was safe. There were enough staff deployed to meet people's needs and to spend time with them doing the things they wanted to do. Risk assessments helped ensure people received care and support safely with minimum risk to themselves or others. People received their medicines safely.

Staff were skilled and knowledgeable and received the management support required to effectively support people. People's healthcare needs were monitored by the staff. External health and social care professionals gave positive feedback about care and support provided for people. Because staff knew people extremely well they promptly recognised when they were unhappy or unwell.

Staff were caring and provided people with care that promoted their rights to live an ordinary life. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was very well managed and put people at the heart of all that they did. The provider had quality assurance systems in place to monitor the running of the home and the quality of the care being delivered. There was an open and transparent culture within the service. It was evident they strived to provide the best experience for people and were creative and innovative in looking at the facilities and activities that people were taking part in.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service was good (published 01 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was exceptionally responsive. Details are in our responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Beau Sejour Care Services

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was undertaken by one inspector.

Service and service type
Beau Sejour is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and two support staff. We

used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two visiting health and social care professionals to gain their feedback on the care and support provided. We reviewed a range of records including two people's care records and multiple medication records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, meeting minutes and quality assurance records. We spoke with a person's relative to gain their feedback about the service provided for people living at Beau Sejour.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's relatives said people were safe and well protected from the potential risks of abuse and avoidable harm. One relative said, "The home is most definitely safe for [person]. Whenever I go there the house is secure and there are always plenty of staff around."
- Staff received training about how to safeguard people from harm and were knowledgeable about the risks and potential signs of abuse. They knew how to raise concerns, both internally and outside of the provider's organisation, and how to report concerns by whistle blowing if necessary. One staff member said, "I would challenge abusive practice, I would reassure the person and report to management. I know I could report concerns under whistle blowing to the local authority."

Assessing risk, safety monitoring and management

- People were supported and encouraged to be as independent as possible following a thorough risk assessment process. Where potential risks to people's health, well-being or safety were identified, they were assessed and reviewed to take account of people's changing needs and circumstances. Staff were knowledgeable about these risks and knew how to respond safely.
- The staff team received fire awareness training and practice evacuations took place to help ensure staff and people knew how to make their way to safe zones as quickly as possible. The deputy manager had attended a fire training session with a local care provider association which indicated the home's fire risk assessments may not have been totally suitable. The fire service was contacted to undertake a fire inspection and a more robust fire risk assessment was developed. The deputy manager said weekly fire alarm tests were also used as practice and continuous learning for the staff team.

Staffing and recruitment

- Safe and effective recruitment practices helped to ensure that staff were of good character and sufficiently experienced, skilled and qualified to meet people's care and support needs. Two recently recruited staff members told us about their interviews with the management team and how they had to wait for satisfactory references and criminal records checks to be completed before they started to work at the service.
- There were enough suitably experienced, skilled and qualified permanent staff deployed to meet people's individual support needs. Staff told us, "There are always enough staff on duty to meet people's needs. They don't care what day it is, management will always show up to support us if needed."
- People and their relatives were positive about the numbers of staff available.

Using medicines safely

- People's medicines were stored, managed and disposed of safely and they were provided with safe and

appropriate levels of support. Staff were trained and supported people to take their medicines at the right time and in accordance with the prescriber's instructions and had their competencies checked by senior colleagues.

● The provider had developed robust policies and procedures to help ensure safe administration of medication. A staff member told us, "We do medicine audits three times a day, I think it is very good practice. I found a recent medicines error by doing this."

Preventing and controlling infection

● Staff had received infection control training. The provider ensured personal protective equipment (PPE) was available for all staff. This included gloves and aprons. The deputy manager also told us that masks were available for use in the event of an infection outbreak such as Norovirus.

Learning lessons when things go wrong

● The management team ensured that lessons were learned and shared across the team when an error occurred. For example, a staff member had made a medicine administration error. A full investigation was undertaken in accordance with the provider's policies and procedures. Practice was reviewed to see where preventative measures could be introduced to reduce the risk of the error being repeated.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed. Individual, person centred care plans developed from these assessments supported staff to deliver people's care and support effectively and in line with legislation, standards and evidence-based guidance. Information on best practice guidance was available for staff to access as needed.
- An external professional told us that people received the care and support they needed. They told us, "Staff and management are very receptive to learning, will always take on board recommendations and advice, they are always keen to learn and develop."

Staff support: induction, training, skills and experience

- The staff team received face to face training in basic core areas such as infection control, safeguarding people from abuse, moving and handling, health and safety and fire awareness. Additional training was provided in response to people's specific and changing needs. This included in areas such as epilepsy awareness and dementia care.
- Staff felt supported by the management team. They said they routinely had 1:1 supervision with line managers and often worked alongside the registered manager and deputy manager. One staff member told us, "I can also contact on call at any time I need support."
- Relatives said they felt staff were skilled and knowledgeable. One relative told us, "Staff are so knowledgeable about [person] and their needs. Whenever I ask them a question they are able to tell me everything I need to know."

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

- Staff were knowledgeable about people's nutritional needs and supported them to eat a healthy balanced diet wherever possible. The lunchtime meal smelt appetising and people received support to eat as and when they needed it. Each person had a nutrition care plan. People's weights were reviewed monthly, however, if any concerns were identified this changed to fortnightly or weekly as needed.
- The deputy manager was the home's nutrition champion. They told us when they had been assigned this role they had attended a training course. They said, "It was a real eye opener, I thought I knew about nutrition but the 16-week course made us completely review our menus to ensure we included relevant nutrients, fluids and speech and language (SALT) assessments."

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

- People had access to a wide range of health and social care professionals relevant to their needs,

including GP's, dentists, psychiatrists, social workers, district nurses, podiatrists, opticians, chiropodists, dementia and epilepsy care specialists and speech and language therapists.
● Staff had good relationships with external professionals. Health and social care professionals told us they were confident that people received appropriate support from the service. One professional told us, "Staff know people well and understand their needs. The management are concerned to get people as much support as they need."
● A consultant psychiatrist had given feedback to the home as part of the quality assurance process. They had stated, 'Staff are always friendly and welcoming, the atmosphere is relaxed and pleasant. Staff provide comprehensive updates and are well prepared for review meetings. Medication changes and other changes to people's care plans are implemented in a timely way with good communication with the GP and pharmacy when required.'
● People's relatives told us staff proactively liaised with external professionals for the benefit of people who used the service. One relative said, "[Person] has very good health support. If there is the slightest concern they contact the right people straightaway and they keep me informed all the time."

Adapting service, design, decoration to meet people's needs
● Beau Sejour had been adapted to a care home from two semi-detached houses in a residential street. The deputy manager told us, "It is a home, not an institution and not a hospital. The floors are level enabling people to move around their home freely, chairs are of a certain height so that people can get up and down independently. The ground floor bedrooms are for people who live with mobility needs, there are ground floor bathrooms with hoists and walk in showers."
● The provider was proactive in installing equipment necessary to support people as their needs escalated through the ageing process. For example, an occupational therapist (OT) had been involved in assessing a chair lift to confirm it was suitable for people's needs. Additional handrails were to be installed in some bathrooms, in people's ensuite bathrooms and in a walk-in shower because staff had suggested this would further support people's safety and maximise their independence.
● All bedrooms were personalised to individuals and specifically for their needs. This included such items as profiling beds and riser chairs.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Care records showed that people's capacity to make meaningful decisions had been assessed in all areas of their lives. These included areas such as medication, personal care, managing day to day finances and using under mattress alarms to alert staff in the event of a person experiencing a seizure. Where assessments indicated people did not have capacity to make decisions or give consent best interest decisions were documented with contributions from external professionals where appropriate.
● Staff sought people's consent to the care and support they received, together with that of their relatives or external advocates where appropriate. A consultant psychiatrist had stated in quality assurance feedback to

the home, 'Staff put the needs of people above all else and always act in the best interest of the person.'

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the quality of care provided by the staff team and managers who supported them. It was clear to see that people were comfortable with staff and management, there was a warmth and affection demonstrated between people and staff that was coupled with dignity and respect in all interactions. People's relatives complimented the staff team for the care and support they provided. For example, one relative said, "What I really like is they treat [person] like family. They are all one big family. Whenever we visit it is so warm and inviting."
- Staff had developed positive and caring relationships with people and were knowledgeable about their individual needs, personal circumstances and factors that affected their moods and behaviours. Staff told us that they had time to provide good and personalised care for people. One staff member said, "We have enough time to really care, we get to spend time with people, not just to do tasks for them."
- A representative of the local authority had given feedback to state how impressed they had been with the quality of care and dedication afforded to people. They had stated in an email to the home, 'It has been very heartening to hear you talk about people in a very professional, knowledgeable, detailed and warm manner.'

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

- People and their relatives, where appropriate, were fully involved in the planning and reviews of their care and support. One relative said, "We have an annual review where they set out what they would like to achieve for [person] for the year ahead and how they will achieve it taking [person's] choices as the central point."
- Staff involved people as much as possible in regular reviews of their care plans. Each person had a 'key worker' assigned to them who was responsible for ensuring they received the support required to meet their individual needs.
- People were supported to access advocacy services to obtain independent advice and guidance relevant to their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff and management were proactive in protecting people's privacy and promoting their dignity. We saw many examples where staff and management knocked on doors and waited to be asked to enter. When a member of the management team showed us around the home they asked people if they could show us their room and respected people's decisions.
- Staff provided personal care and support in a way that both respected and supported people's choices

and preferences. Confidentiality was well maintained throughout the service and information held about people's health, support needs and medical histories was kept secure.

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

● The management and staff spoke fondly of a person who had lived at Beau Sejour for many years until they passed away. The team had worked closely with external professionals to ensure the person was comfortable and pain free until their death. The management team demonstrated a clear understanding of the importance of supporting people's emotional and spiritual wellbeing. They ensured other people living in the home, the staff team and the person's relative were emotionally supported with their loss and bereavement.

● An external professional had praised the end of life care provided. Their written feedback to the home had included, 'We were extremely impressed by the care and commitment that had been shown to ensuring that this person's end of life care was personalised and a high quality. The care and passion to get it right for this individual shone through.' They had also commented, 'This was a fantastic example of how to deliver personalised care and communicate clearly with family and colleagues to ensure the person's wishes were delivered even when they had lost capacity.'

● It was integral to the provider's ethos that Beau Sejour was people's home for life and people did not have to move into a clinical setting when they reached end of life. The management team had attended end of life training and external professionals took the lead in providing advice and guidance for staff when people neared end of life. End of life care plans had been developed for people and were expanded upon when their health declined, and their needs escalated.

● The management team told us they had been proud of the compassion and affection shown for the person by the entire staff team. For example, staff had made sure the person was prepared carefully and dressed in their favourite clothing before they left the home for the last time. An external professional had noted, 'The home exhibited a very respectful approach to [person] creating a dignified environment for their place of death and for their funeral.'

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The management and staff demonstrated a real commitment to enable people to access the local community. Relatives spoke of a strong sense of empowering people wherever possible to encourage and promote as normal a life as possible. For example one relative said, "[Person] can do anything they want to do, they have a designated person to support them and they get up to all sorts of things together. I don't think [person] has ever been happier anywhere. They (staff) support them so well in every possible way."

● Activities of normal daily life for people included attending the local barber shop for grooming and visiting the pub or café. A representative of the local authority had given feedback to state how impressed they had been with the quality of care and support delivered. They had stated in an email to the home, 'My

understanding is that many of your residents have lived in institutional settings prior to coming to live with you. The contrast for them means they are now living a more valued, respected existence and engaged in meaningful lives.'

● Activities and opportunities for engagement were discussed with individuals and in communal meetings with people together. We were given examples of forthcoming activities developed around a 'Christmas Advent' theme. These included mince pie making, a present wrapping day and a sensory day with festive aromas. Staff said, "We talk with people in meetings and assess what we have done in the past and how it had been received. For example, visiting the garden centre to see the grotto and going to a pantomime."

● Home based activities included doing jigsaws, making homemade face masks with staff, enjoying foot spas and pampering sessions, baking, table top activities, indoor games and exercise sessions. A staff member told us, "Every week is different. People have different needs, some people are more sociable, some are more active and some are more mobile."

● The deputy manager said, "Activities do not suit all. Some people who live with dementia don't always enjoy going out and about meeting strangers. For example, one person has become agoraphobic, we can go with them on a quiet path to the park. We take a thermos flask and have a cup of tea. Going to the panto is not an option for this person, we are considering taking them for a quiet meal out instead." This showed that people were considered as individuals and supported to live the way they wanted.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received exceptionally personalised care and support that took account of their individual preferences and personal circumstances. Each person had a plan of care that detailed the support they needed. These were unique to the individuals and supported staff to provide consistent care and support in the way that people wanted and needed. The deputy manager said the care plans were constantly evolving as people's needs and wishes changed.

● Support plans set out how people should be supported in a way that best suited them and their needs. For example, one support plan stated, "I need support with bathing, and can wash myself with my flannel when prompted but I need staff to help me shampoo my hair and wash my body. I cannot run a bath or test how hot the water is." This meant staff had detailed guidance to enable them to support people safely in a way they wished.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Staff gave people information they needed in a format they understood to help them make decisions about their daily lives. For example, some people liked to look at pictures as this helped them understand information better. Some people used gestures, lip reading and body language. The deputy manager told us of various methods used to communicate with people individually. These included computer tablets to play music and to help people communicate with their families. Some people had their own computer tablets where they stored photographs and memories to aid with reminiscence.

Improving care quality in response to complaints or concerns

● Staff and management listened and learnt from people's experiences, in a positive and responsive way. No formal complaints had been received. The deputy manager told us, "Some people may have elements of dissatisfaction. For example, a person may not want to have a daily shower. We need to communicate and mediate with them to keep them safe. So, we agree with them an alternative method, a flannel wash in this

instance. And then try again for a shower the next day."

● People's relatives said they knew how to make a complaint. One relative said, "I have never had cause to raise a concern about the service but I do know who I would need to speak with if the need arose."

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team led from the front and supported the staff team to provide the best care and support they could. The deputy manager told us, "If staff are not happy and well supported and trained they are not going to be happy. Then the care they provide is not going to be good care. People are not machines or robots. We can adapt to staff needs as well as to people's needs. Staff need to be happy and healthy, if they are not supported it can reflect in their work."
- People's relatives told us they felt the service was very well managed. One relative said, "I think the service is very well-led. They keep me informed about all aspects of [person's] life. I can always contact the management team by telephone, by email or face to face and they are always very responsive."
- Staff told us, "It is definitely well-led and well organised. The management are coming into cook Christmas dinner for the people and staff on Christmas day. When do you ever hear of that happening?" Another staff member told us, "It really is well-led. The atmosphere here is really nice, really calm. I really like it here, it is pleasant."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management and staff were completely open and transparent throughout the inspection process. It was clear that the ethos of openness and transparency was ingrained into every aspect of the service operation. One example shared with us was where a medication error had been identified during a routine daily audit and it was a senior member of the team that was responsible. The staff member was horrified that this had happened but they had ensured it was clearly signposted to all staff to help avoid a repetition.
- There was a clear staff structure and obvious ethos from management team that was understood by the entire staff team.
- An external professional told us, "They (management team) always share any accidents and incidents with us, they are keen to be open and transparent."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had recently commissioned a quality assurance survey undertaken by a local care provider association. Views of the service provided had been gathered from people who used the service, staff, external professionals and people's relatives and advocates. There were no actions resulting from the survey

and the overall satisfaction rate was 100% with people saying they either 'agreed' or 'strongly agreed' with positive statements about the service.

Continuous learning and improving care

● The management team were keen to engage with external agencies to ensure their continued learning and development. For example, local care providers networking meetings.

● The registered manager advised of a range of health and social care publications that helped them keep abreast of changes in the care sector, amendments to regulations and innovations in good practice.

Working in partnership with others

● Staff and management engaged with the local community for the benefit of people who used the service. For example, local churches, cafes, and barbershop. The management team were keen to maintain a good relationship with local community and were very mindful that the home was in a residential street. For example, a commercial waste collection took place early morning, contrary to the contract made with the home, and disturbed local residents. Once the management team were made aware of this they took steps to ensure it didn't happen again.