

Derby City Council

Bonsall View

Inspection report

Arboretum House
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bonsall View is a care home providing personal care to 2 people at the time of inspection. The service can provide short break support to up to 7 people.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

The provider had plans in place to ensure staff would be trained to the required level of specialist support for people with learning disabilities and autism.

Staff understood how people made choices and enabled this to happen day to day.

People were supported to access the different areas of the home which had been designed and set up to meet their personal care, physical, emotional, and sensory needs. There were opportunities for people to choose to take part in a range of activities both inside and outside the home. People had access to safe outdoor space which had been designed to meet their individual needs.

People were supported to have maximum 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.

Right Care:

People had been supported at the service now registered as Bonsall View for many years and were cared for by staff who knew them well. Staff understood people's needs and how people preferred to be supported.

People and their family members were involved in planning people's care. The stable staff team at Bonsall View understood people and were responsive to their needs. The managers at the service implemented a robust pre-admission and feedback procedure to ensure everyone involved in providing care to people were informed and up to date with people's current support needs. Written care plans did not always contain the most up to date information relating to people's care.

People's families consistently feedback they were very happy with the service and the staff team and managers at Bonsall View.

Right Culture:

Staff understood the principles of person-centred care and the importance of people's needs and wishes being the focus of everything they did. The staff team understood the principles of positive support and implemented these to ensure people were consistently supported to reduce any feelings of anxiety or distress.

Where records at the service were not immediately available or up to date the provider had not carried out checks to identify or address this as an area of improvement.

Recommendations

We have made a recommendation to the provider about ensuring effective oversight of the service.

For more details, please see the full report which is on the CQC website at <https://www.cqc.org.uk/location/1-13316142318>

Rating at last inspection

This location was registered with us on 11 July 2022 and this is the first inspection.

The last rating for the service at the previous premises was good, (published 8 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only following the move of the service to new premises. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Bonsall View

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Bonsall View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bonsall View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met 2 people who were using the service on the day of inspection. We spoke with 4 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager and care staff. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training data and other records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were helped to keep safe from avoidable harm by staff who knew them well and understood how to protect people from abuse. One relative told us, "I know my [relative] is 100 percent safe when they are there. I sleep well when [relative] is at Bonsall View."
- Staff completed training on how to recognise and report abuse and understood how to implement this. Staff told us they felt confident to identify and report any concerns and these would be addressed appropriately by the managers of the service.
- People's relatives understood how to raise concerns and were comfortable to do so if they needed to. One relative told us, "If I had any concerns, I would be happy to talk to [Bonsall View managers], they are totally approachable."

Assessing risk, safety monitoring and management

- People were supported by staff who knew their needs well. Staff understood the areas of risk in people's lives and how to manage people's safety.
- People, or their representatives, were involved in managing the areas of risk in their lives and in taking decisions about how to keep safe. People were offered support consistent with what they received in their own homes.
- Where required, any decisions made on people's behalf were in their best interests and as least restrictive as possible.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs, including 1 to 1 and 2 to 1 support where required to keep people safe.
- People were supported by safely recruited suitable staff. Staff completed a period of induction to give them the opportunity to become confident and competent in supporting people safely.
- Staff told us they had time to get to know people and understand how best to support them.

Using medicines safely

- People received the support they needed from competent staff to manage their prescribed medicines safely.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. Medical professionals, for example, district nurses, attended the service and provided support where required.
- The registered manager monitored records to ensure medicine management was safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- People received visitors in the home without restriction, in line with current government guidance.

Learning lessons when things go wrong

- The registered manager implemented systems to manage and monitor people's safety.
- Staff understood how to record and report incidents for review by the management team.
- Staff were supported to get to know people and be involved in developing effective support plans. For example, completing and reviewing records to reduce the times when people experienced anxiety or distress.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

We recommend the provider takes action to ensure reliable and effective governance is in place and embedded into their systems and processes.

- The provider failed to evidence good oversight of the location.
- No documentary evidence was available either during or after the inspection of quality assurance checks carried out by the provider. We would expect to see regular reviews at provider level to ensure improvements were identified and action taken to address them. Records of audits carried out by the provider were requested from the registered manager during the inspection. The registered manager advised after the inspection there was not a paper trail available to evidence visits from the provider.
- Care plan reviews were not consistently recorded. Written care plans did not always contain the most up to date information relating to people's care. The procedure for care plan review and update was shared verbally with staff during their induction. Where staff had not been available to complete care plan reviews checks had not been carried out to identify this. The registered manager ensured staff knew people's current needs through regular written and verbal updates. Staff confirmed up to date information was shared at daily handovers.
- Compliance checks were completed for the location, however evidence of these was not always readily available during the inspection. Checks of the appropriate filing and storage of documents at the location were not recorded. The registered manager was able to locate the required records from the provider.

Continuous learning and improving care

- The management team had a good understanding of people's individual needs and considered the compatibility of people when planning short break stays at the service. The registered manager ensured adequate numbers of staff were available to support people safely. There was no formal tool developed to be used to complete this task in the absence of the registered and deputy managers.
- The provider facilitated opportunities for staff to receive required specialist training face to face. This training had taken some time to arrange and was planned to be ongoing to ensure all staff were trained to the expected level.

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

- The management team at the location promoted a positive culture to ensure good outcomes for people.
- People's relatives consistently feedback compliments about the staff team and the support they provided. One relative told us, "I cannot praise the staff enough. They know my [relative] so well."
- Staff told us they were proud of the outcomes they helped people to achieve. Staff understood and implemented the principles of person-centred support. Staff demonstrated their value of people as individuals.

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

- The registered manager understood their responsibility to keep people informed when incidents happened in line with the duty of candour.
- The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- People, or their relatives, were involved in planning and reviewing their care. The registered manager implemented a pre-admission procedure which ensured up to date information was gained via a phone call before each short break. Detailed feedback was recorded and shared when people returned home.
- The registered manager maintained contact with people's families through regular conversations and feedback. Relatives told us communication by the location was very good and included calls, videos and written feedback. One relative told us, "I have no concerns but would be happy to raise them to [names of management team staff] if I did as all they are very approachable."
- Staff told us they felt valued and listened to. Staff attended scheduled staff meetings, including supervision.

Working in partnership with others

- The management team at the location worked with other services to support people's transition into the short break service for adults. Working together promoted good outcomes for people who were referred to the service.
- The registered manager had established links with other providers and shared ideas and practices.
- The registered manager liaised with local health providers to ensure consistent care for people where required whilst people were at the location.