

Bourne - Citizen Limited

Bourne-Citizen Ltd

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bourne Citizen Limited is a domiciliary care agency providing care and support for adults in their own homes. There were three people using the service at the time of inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they were happy and felt safe with the service. Relatives said that staff had a good understanding of their loved one's needs and preferences. People's outcomes were known, and staff worked with people to help achieve these. People were supported and encouraged to maintain their independence and live their lives as fully as possible.

People and their families described the staff as caring, kind and friendly and the atmosphere in each person's home was relaxed and engaging. People, relatives and staff spoke highly about the management.

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.

Staff had a good understanding of their roles and responsibilities and were supported to reflect on their practice and pursue learning opportunities. The staff team worked and got on well together demonstrating team work.

People had personalised care plans which were reviewed regularly. All those important to that person were involved. People were supported to enjoy social activities and to pursue their interests.

People and their relatives knew how to complain, the service had a procedure in place. There was trust and respect of the management of the service and all staff felt valued and appreciated.

Quality and safety checks helped ensure people were safe and protected from harm. Audits helped identify areas for improvement and this learning was shared with staff through handovers. This meant the service could continually improve.

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 7 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bourne-Citizen Ltd

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

The inspection was carried out by two inspectors.

Service and service type

Bourne Citizen Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited two people in their own home and discussed their care with them. We met with the registered manager, administrative assistant and two support workers. We reviewed three people's care files, three

medicine administration records, policies, risk assessments, health and safety records and quality audits. We looked at four staff files, the recruitment process, complaints, training and supervision records.

After the inspection

We contacted two relatives via telephone. We received feedback from seven staff and two health and social care professionals who work with the service.

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.

Assessing risk, safety monitoring and management

- Risk assessments were in place for each person for all aspects of their care and support. This included environmental risk assessments for their property. Risk assessments were reviewed monthly by the registered manager or in response to people's needs changing.
- Staff had a good knowledge of people's risks. Staff were trained to meet the needs of the person and to understand the risks involved. Staff worked with the person consistently which meant they could recognise changes in condition and they escalated concerns as appropriate.
- Assessments included clear instructions for staff on how to minimise risks to people. Each assessment was arranged to show the care the person needed and what the risks were. The assessment then gave instructions to the staff of safe ways to work and reduce or eliminate risks.
- People had positive behaviour support plans in place. These were up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge others or the service.
- Staff took part in debrief meetings with management following behavioural incidents. The meetings enabled staff to reflect on the incident and discuss events before the incident occurred, actions taken and any learning.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to both internally and externally.
- People told us they felt safe. Comments included; "I love it here. I feel safe and have nice neighbours". We asked another person if they were happy and they nodded saying "Yep". The staff member supporting the person said, "[name] appears to feel a lot safer. For example, when the person first started using the service they would take as many of their own items with them when they went out because they were concerned that they would be gone when they returned home. Now the person goes out happily without thinking about needing to take any of their belongings".
- Relatives felt their loved ones received safe care. Comments included; "I have close contact with the service and believe people receive safe care" and "[name] is safe and happy. [name] keeps telling me how much they love their house".
- Relatives, and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Using medicines safely

- The service managed people's medicines safely. The service had arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had their competency

assessed regularly.

- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often.
- Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited weekly.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Staffing and recruitment; Learning lessons when things go wrong

- There were enough staff on duty to meet people's needs. People told us there were enough staff to support them. A staff member commented, "There are enough staff to support the people. We all work well together".
- The service had a recruitment process and checks were in place. These demonstrated that staff had the required skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.
- Accidents and incidents were recorded and analysed monthly by the registered manager. This meant that they could identify trends and make changes.
- Learning was shared through staff discussions and handovers between staff. Staff told us they felt they were kept up to date and communicated well together.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe.
- Staff supported people to keep their home clean and tidy. Staff had access to supplies of personal protective equipment (PPE).
- Staff had received training in the control and prevention of infections.

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; Staff working with other agencies to provide consistent, effective, timely care

- People had their needs assessed before the service started. These assessments formed the basis of their initial care plans. The registered manager went to meet and assess the needs of each person before they agreed to start the service.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, autism and behavioural needs.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "We do good training and can request additional if we want". A professional told us, "The staff have the correct skills and experience to work with people they are matched with".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "Induction includes shadowing and training. If we don't feel confident this can be extended".
- Staff received training on subjects such as epilepsy, fire safety, medication and food hygiene. A staff member told us, "I have regular training every year and receive excellent support to do my job".
- The registered manager told us that family members have instructed staff in some specific care and support tasks. They told us this is important to provide the best possible care for people.

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

- People told us they enjoyed the food they were supported to prepare and eat. A staff member explained that menu plans were created with people and reflective of what they enjoyed whilst ensuring people maintained a balanced diet.
- People were supported to go shopping for their ingredients and encouraged to prepare their own meals. A staff member said, "We do food shopping together. [name] pushes the trolley and gets items from the shelf".
- Staff understood people's dietary needs and ensured that these were met. Where nutritional needs had been assessed clear guidelines were in place.

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 health care services as and when needed. Staff told us that they supported people to appointments. We were told about a dentist who knows the person very well and plays their favourite music each time they visit.

Records showed that people had input from various health professionals such as, social workers, occupational therapists and psychiatrists.

- People received an annual health check as per best practice for people with a learning disability.
- A professional told us, "Everyone Bourne-Citizen supports has an up to date yellow health book which acts as their healthcare passport and is used at all health-related appointments".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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 with appropriate legal authority. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People who used Bourne Citizen Limited were living with a learning disability, mental health needs or autism, which affected some people's ability to make decisions about their care and support.
- The service had consulted with the person, their relatives and professionals where appropriate. One person did not have MCA assessments in place. The registered manager told us that MCA paperwork would be put in place as a matter of priority and confirmed this following the inspection.
- Staff showed a good understanding of the MCA and their role in supporting people's rights to make their own decisions. One staff member told us, "People have to be in the centre of everything we do. All decisions made are in their best interest".

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 and relatives told us staff were kind and caring. A person said, "Staff are nice. They are all alright and kind". Relatives told us, "Staff are very kind and caring I have no issues at all" and "Staff are really nice and very well mannered". A professional told us, "They are very caring and skilled in the support of people with learning disabilities and mental health issues, they go the extra mile to ensure people are happy, healthy and safe".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

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

- People were able to express their needs and choices and staff understood their way of communicating. For example, we observed one person who kept asking the staff the same questions. The staff member kept deflecting the questions back to the person to answer themselves and then agreed with the answer. This gave the person peace of mind and reassurance.
- People told us they were supported to make choices and decisions for themselves. A staff member said, "We provide people with information to make their own decisions. Each person has a different level of understanding. It's about getting to know them for who they are".
- People and relatives were pleased with the care delivered by the service. A relative said, "[name] is very well supported. I am very happy with their care".

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff being respectful and kind to people they were supporting and people's right to privacy was respected.
- Promoting independence was important to staff who supported people to live fulfilled lives. A staff member told us, "I work with people to build confidence and independence. I offer support to people to do things for themselves".
- People were encouraged and supported to do tasks for themselves in their own homes. For example, loading and unloading washing machines, washing up and keeping their homes tidy. A staff member said, "[name] can't use the Hoover but will move furniture to help me, they enjoy this".

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised and relevant to the person. However, further development was needed with plans in regards behaviour management. We discussed this with the registered manager and they made arrangements to do this with the person, their family and professionals.
- Information was available to staff. This included people's life histories which helped staff understand people's backgrounds. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people.
- People received annual reviews with all those who were important to them and people who were newer to the service received these more frequently. A relative said, "I am actively involved in my loved one's care. There is good three-way communication and the staff are very responsive to [name] needs".
- The registered manager told us that people were invited to their reviews which often took place in their own homes. The registered manager told us they were looking at reviewing this process to make the reviews more person led.
- A relative said, "[name] needs are met, and staff are very person centred".

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

- People were supported to access the community and participate in activities which matched their hobbies and interests. A staff member said, "[Name] likes planes, lights and trains. We took them on the train to Southampton to watch the planes land and take off, they loved it". We observed the person smile and nod with excitement.
- A person said, "I go to massage every Wednesday. I go out to pubs and cafes. Went out for lunch this morning. It was nice. I like my community".
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.
- People were supported to keep in contact with their relatives. We were told that this included days out and overnight stays at the family home.
- One person was very proud to show us windows, doors and sheds they had made. The person was supported to create a workshop in their back yard and purchase materials and tools to be able to make these. They also told us how they had replaced all doors and painted them in their home.

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.

- People's communication needs were identified, recorded and highlighted in care plans. These reflected people's needs and were shared appropriately with others, for example, if someone was admitted into hospital.
- People's identified information and communication needs were met.
- Copies of information and procedures were also available in easy read format. For example, safeguarding and complaints.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns and felt confident they would be addressed. One person said, "Talk to staff if not happy". A relative told us, "I have no complaints at all".
- The service had not had any formal complaints. However, the registered manager said that they would be recording minor comments and complaints. This was to encourage improvements and for transparency.
- People and relatives told us they knew how to raise concerns and make complaints. One person said, "Talk to staff if not happy". A relative told us, "I have no complaints at all".

End of life care and support

- At the time of inspection, the service was not providing end of life care for anyone.
- People had end of life plans and staff had explored their wishes with them. We discussed with the registered manager about exploring how they would support people to manage grief and the death of a loved one. The registered manager said this was something they would consider and has been part of the care and support they have provided in the past.

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 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

- Staff felt proud to work for Bourne Citizen Limited. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "I am part of a team which makes a difference". "The company strives for perfection in every way, the people we support are of paramount importance and at the centre of everything we do". "I feel like we do great work together and make people's lives more enjoyable and positive".
- People, staff and relatives were positive about the management of the service. Comments included; "I know the registered manager [name]. He sometimes visits me. Nice man". "The registered manager [name] is a superb manager and role model". "The registered manager [name] is easy going, easy to get along with, calm and not judgemental". "The registered manager [name] is supportive and cares about the clients". A professional told us the service was well led and said, "Staff have always been very positive and complimentary about the registered managers [name] management and leadership skills and style".

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

- Staff told us they felt supported, valued and listened to by the registered manager and office team. One staff member said, "I feel valued by the provider and the families. I am always listened to by the registered manager and office staff". A relative said, "Bourne Citizen Limited is a brilliant service".
- Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. The registered manager told us it was vital to monitor the care given to have oversight and to be able to identify any deterioration in people's condition.
- Systems were in place to support learning and reflection. The registered manager and deputy manager had completed weekly audits, such as medication, incidents and care records.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

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 the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They

told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The service sought people's feedback through questionnaires. The results of those were positive. The registered manager told us they were looking to introduce an interactive survey on a tablet to make this easier for people to complete.
- The service held individual meetings for people and their relatives. Records showed people and their relatives were involved in the service and kept up to date. Relatives were routinely asked for their views and they told us they felt involved in the care of their loved ones. A relative said, "Bourne Citizen Limited is a brilliant service".
- They did not have staff meetings but had individual meetings with people and their regular support staff. The service communicated through emails and messaging services, the registered manager told us this was effective to keep staff updated.
- The service had some links to the local community. The registered manager told us they wanted to increase these links in the future. People had their individual links with day services and clubs.
- Learning and development was important to the registered manager. They attended regular provider meeting forums and had used online guidance and publications. The registered manager told us they were keen to develop, learn and improve the service for people. The registered manager had the support of a deputy manager at the service.
- The service had good working partnerships with health and social care professionals. A professional told us, "There is an excellent and close level of partnership working between the service I manage, myself and Bourne-Citizen".