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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 

Overall summary

This inspection took place on 24 March 2015 and was unannounced. When we last visited the home on 29 October 2013 we found the service met all the regulations we looked at.

Person Centred Care Homes-1 Bodiam Close is a care service that provides accommodation and care to a maximum of six people who have learning disabilities or are on the autistic spectrum.

The home had a registered manager. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received individualised support that met their needs. The service had systems in place to ensure that

Summary of findings

people were protected from risks associated with their support, and care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

Staff treated people with kindness, compassion, dignity and respect.

Safeguarding adults from abuse procedures were in place and staff understood how to safeguard the people they supported. People using the service, relatives and staff said the manager was approachable and supportive. Medicines were managed safely.

People were provided with a choice of food, and were supported to eat when required. People were supported effectively to meet their health needs.

Staff understood what to do if people could not make decisions about their care needs as assessments of

people's capacity had been carried out. Staff had received training on the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. These safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

People's complaints had been responded to or action taken to resolve them.

The registered manager had carried out regular audits of complaints, care plans and medicines administration. People and staff felt able to speak with the registered manager and provided feedback on the service.

Summary of findings

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. Staff were available in sufficient numbers to meet people's needs.

Staff knew how to keep people safe. Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and managed appropriately.

People were supported to have their medicines safely.

Good



Is the service effective?

The service was effective. People received care from staff who were trained to meet their individual needs. Staff were supported by managers to carry out their roles effectively.

The registered manager had taken sufficient action to comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received a variety of meals and the support and assistance they needed from staff with eating and drinking, so their dietary needs were met.

People were supported to maintain good health and had access to healthcare services.

Good



Is the service caring?

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support, and information was presented in ways they could understand to facilitate this.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and their care records included detailed information and guidance for staff about how their needs should be met. Where they were able to, people consented to their care.

People said they knew how to make a complaint if they needed to. They were confident staff would listen to them and they were sure their complaints would be fully investigated and action taken if necessary.

Good



Is the service well-led?

The service was well-led. The service had an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored, and these resulted in improvements to service delivery.

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.

This inspection took place on 23 March 2015 and was unannounced.

The inspection was carried out by an inspector, and a specialist professional advisor who was a nurse with knowledge of the needs of people who have a learning disability.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider about the staff and the people who used

the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local safeguarding team, a learning disability nurse who was working with people who used the service and the GP to obtain their views.

During the visit, we spoke with three care staff and the registered manager. We spent time observing care and support in communal areas.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interaction between people and the staff who were supporting them.

We also looked at three care records of people who used the service, five staff records and records related to the management of the service.

Is the service safe?

Our findings

Arrangements were in place to protect people who use the service from the risks of abuse and avoidable harm. We saw that staff knew how to communicate with people and support them if they became distressed. Information was available in a pictorial format for people about whom they could talk to if they had concerns about the way they were treated. Staff could explain how people might communicate that they were distressed or being abused. Staff knew how to report concerns if they felt people were at risk of being abused. They understood the services policies regarding abuse and safeguarding. These were available for staff to consult. Staff told us, and training records confirmed that they had received training in safeguarding adults.

People's care plans contained up to date risk assessments that detailed any identified risks to their safety or that of others. For example, a person needed support with moving and handling and the risks relating to this had been assessed and a plan was in place to address these. Particular ways to respond to people's behaviour were recorded in their risk assessments and care plans. One person liked to go for a walk to help them to relax and this was recorded in their care plan.

Where appropriate people who used the service and their relatives had been involved in preparing risk assessments. We saw that a person wished to go out to the shops and in line with their risk assessment they were accompanied by a member of staff. The staff member was able to explain the specific risks that the person might face when in the community, such as not understanding how to cross the road safely, and what they needed to do in order to maintain the person's safety. Action was taken to mitigate the risks to people who used the service so they could participate in community based activities safely.

Sufficient staff were on duty to meet people's needs. Five staff were on duty when we visited. This meant that where people needed one to one support to access the community this was available. Staff explained that

additional staff would be available later in the day when people returned from their community based activities. We saw that daily records and the rota highlighted when staff were provided to support people to access services or activities in the community. Where people needed support from staff this was provided. The registered manager explained that they monitored staffing levels and made sure that sufficient staff were available to meet people's individual needs.

The provider followed safe recruitment practices. Staff files contained pre-employment checks such as criminal records checks, two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

People's medicines were managed so that they were protected against the risk of unsafe administration of medicines. We observed staff giving people their medicines at lunchtime. Staff checked that they were giving the correct medicine to the right person, and stayed with the person while they took their medicines. People received their medicines when they needed them. We saw that staff knew when to offer people the required medicines as they noticed if a person was in pain and asked them if they wanted their pain relieving medicine.

People's current medicines were recorded on Medicines Administration Records (MAR) as well as medicines received into the home. All people had their allergy status recorded to prevent inappropriate prescribing. Medicines prescribed as a variable dose were all recorded accurately and there were individual protocols in place for people prescribed as required medicines (PRN). This meant that staff knew in what circumstances and what dose these medicines could be given, such as when people had changes in mood or sleeping pattern. There were no omissions in recording administration of medicines. We confirmed that medicines had been given as prescribed.

Is the service effective?

Our findings

People were supported by staff who had the skills to meet their needs. Staff told us they received regular supervision and training that helped them to meet people's needs effectively. Staff who had recently started to work at the home had completed a detailed induction. This included time spent getting to know the needs of people who used the service and how these should be met. Training records showed that staff had completed all areas of mandatory training and had also received specific training on autism and managing behaviour that challenges. Some staff had completed a vocational qualification in care. A training matrix was used to identify when staff needed training updates.

Supervision records showed that staff were having supervision every three months in line with the service's policy. Staff had received an appraisal in the last year. Records showed that staff appraisals identified areas for development and any required training.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. Staff understood people's right to make choices for themselves and also, where necessary, for staff to act in someone's best interest. Staff knew how to communicate with people and understood when they made choices about their care and support. People pointed, used Makaton sign language or took the member of staff to what they wanted and staff gave them what they requested, for example, a cup of tea or some fruit.

Staff had received training in the Mental Capacity Act 2005 (MCA) and DoLS. Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS. The majority of people who used the service had a DoLS authorisation in place. This was usually so that they could be accompanied by a member of staff as they were not safe when crossing the road or accessing local shops and other services. DoLS

were reflected in people's care plans and risk assessments which identified how staff should respond to people's varying capacity to make decisions regarding their care and support. The registered manager had attended a recent briefing session organised by the local authority to discuss changes to the operation of DoLS and how these affected people.

People were supported to eat and drink to meet their needs. People who used the service had individual menus each week, which were created in consultation with the person and reflected their individual nutritional needs. We observed that people were asked what they wanted to eat for lunch and where they wished to, were involved in the preparation of their meal with staff support. People were involved in purchasing the food for the week with staff support.

Care plans identified people's specific nutritional needs and how they could be supported to eat a nutritious and healthy diet. One person's care plan stated that they were on a weight reducing diet. Their care plan showed that this had been discussed with them and their relative. Each person's weight was monitored monthly. The dietician and the speech and language therapy team had been consulted regarding appropriate diets when needed to meet people's needs. This information had been recorded in the people's care plans.

People were supported by staff when they visited their GP or the dentist. Care records showed that people had seen their GPs when they needed to. Records showed that staff involved medical and healthcare professionals when necessary, and people were supported to maintain their health. We found that people had had their annual health checks to establish whether there had been changes to their health needs. This meant that their health needs had been addressed in a timely and consistent manner.

Each person had a health passport, which is a record of their medical needs and how they might communicate that they are in pain, which is important when they are not able to communicate this information verbally. These were completed and had been reviewed so the information was up to date. People were supported so that they received the medical treatment they needed if they had to attend accident and emergency or be admitted to hospital.

Is the service caring?

Our findings

People were treated with respect and their views about their care and how their needs should be met were acted upon by staff. There were caring and positive interactions, which were noticeable between staff, the registered manager and people.

Staff responded to people sensitively when offering support to them with their personal care needs. Staff understood people's preferences relating to their care and support needs. Care plans recorded people's preferences and likes and dislikes regarding their personal care and the support they received. This included if they preferred certain foods or when they wished to have same gender staff for support with personal care.

Staff told us they made sure that people were treated with dignity and respect. Staff explained that they knocked on people's doors before entering their bedrooms, and made sure that doors were closed when providing people with personal care. They explained what they were doing and addressed people by their preferred names. We observed that staff spoke to people in a respectful and dignified manner. Staff engaged positively with people who used the service, using a range of communication techniques.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Care plans were available in a range of pictorial formats that reflected people's communication needs. Staff explained that these were used in monthly key worker meetings with people to discuss how their needs were being met and to help identify any changes that people might want in how their care and support was provided.

Meetings were held with people where issues regarding future activities and the general running of the service were discussed. These minutes were in an easy read format so that people who used the service were able to understand and participate in decisions. The manager had monthly discussions with the relatives of people who used the service and these were recorded in their daily notes and reflected in their care plans. Where people did not have a relative who could advocate on their behalf the service had helped them to access a community advocacy service so that they were supported to share their views were they wished to do so.

Is the service responsive?

Our findings

We saw that staff understood how to meet people's needs and responded in line with the needs identified in their care plans. Staff also understood the importance of meeting people's cultural and religious needs, by supporting them to attend the place of worship of their choice and community activities.

Care records showed that people and their relatives had been involved in the initial assessment and ongoing reviews of their care needs. As part of the initial assessment process people were able to spend time at the service so that staff could become familiar with their needs. This also supported people to become familiar and comfortable using the service.

People's behaviour that might challenge the service had been identified in their care plans. There were detailed plans in place to tell staff how they should respond to such behaviour. Staff were aware of how and when people might behave in ways that might be challenging. There were systems in place to monitor people's behaviour. The actions identified through this monitoring were reviewed. Review dates had been set and health professionals had been consulted.

Staff supported people to engage in a range of activities that reflected their interests. These included regular shopping trips, going to the park and attending local day centres and clubs. Each person had an individualised pictorial activities plan. Daily records showed that people were supported to take part in these activities. We observed that one person went on a shopping trip in the morning, while another person went to the local park in the afternoon. Care records showed that people were also supported to participate in their local community by attending religious services to support their spiritual needs.

The service responded to people's and relatives complaints so that their concerns were addressed. The complaints policy was available around the home in both an easy read and pictorial format. Minutes of meetings with people and discussions with relatives showed that they were asked if they had any concerns about the service. Where they had concerns, action was taken to address these and the outcome had been recorded.

Staff told us they took any comments about how the service could be improved seriously and acted on them. The manager told us that he used any feedback about the service to improve the care and support that people received. We saw that where a person had requested a change to their daily routine this had been incorporated into their care plan.

Is the service well-led?

Our findings

The service had an open culture that encouraged good practice. The registered manager was available and spent time with people who used the service. Staff told us the registered manager was open to any suggestions they made and ensured they were meeting people needs. Weekly house meetings were held so that people could share their views, plan what they wanted to do and identify any support they needed.

People told us that the manager and staff responded promptly to any suggestions they made. A suggestion box was available for people and their relatives to share their ideas for improving the service. The registered manager explained that two suggestions had directly led to changes in practice within the service regarding how people's emotional needs were met.

The registered manager had carried out a survey of people used the service, relatives and professionals in the last year to get their views of the service and to identify any areas for improvement. The results of this were generally positive and people said that the service responded to their needs. Some suggestions were made regarding food and activities and these had been addressed. The professionals we contacted told us that the provider always acted on their advice regarding people's care needs.

Staff said that the registered manager was always open to suggestions about how the service could be improved.

Records of regular staff meetings showed that staff were able to discuss how the service could be improved. These meetings were also used to check that staff remained competent in the skills they needed to meet people's needs. Minutes of these meetings showed staff had discussed how to handle safeguarding issues, and how a recent incident had been handled. The registered manager had discussed areas of good practice with staff in supervision so that people's needs were met. In this way staff were supported to develop and improve their practice.

The registered manager carried out regular audits of the quality of care provided by the service. These included audits of care plans and risk assessments, medication and health and safety. The audits and records showed that where improvements needed to be made these had been addressed. The most recent of these audits showed that where issues had been identified an action plan had been put in place to address these.

Staff knew where and how to report accidents and incidents. There had been four incidents in the last two months. These had been reviewed by the registered manager and action taken to make sure that any risks identified were addressed. Accidents reports showed that, where necessary, people had been referred to their GP for further treatment and review. Accidents and incidents were monitored so that the risks to people's safety were appropriately managed.