

# Optima Care Limited

# Bon Secours

## 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 

## Overall summary

The inspection took place on 25 September 2015 and was unannounced.

Bon Secours provides accommodation and personal care to up to three adults. Each person has their own bedroom and some rooms have en suite facilities. There is a shared kitchen, dining area and lounge. There is a garden with patio area, seating and vegetable plot. There were three people living at Bon Secours when we inspected.

The registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

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

The registered manager provided leadership and guidance to the staff and had oversight of all aspects of the service. Staff were motivated and said they felt supported by the manager. The staff team were aware of the aims of the service that was to 'provide high quality

# Summary of findings

support'. Staff told us that the manager was approachable and they were confident about raising any concerns they had with the manager. One person told us "The staff are superb."

There were enough staff, who knew people well, to meet peoples' needs at all times. Staffing was planned around peoples' activities, hobbies and appointments. Staff had the time and skills to provide the support people needed. Staff were clear about their roles and responsibilities. Staff recruitment systems were in place and new employees had been checked to make sure they were suitable. People had been involved in recruiting staff in the past; although no new staff had been employed for some time. The staff team were established and had worked at the service for some time, people told us they liked and trusted the staff.

Staff were supported to provide good quality care and support. A training manager was employed who had a training plan in place to keep staff skills up to date. New staff completed a thorough induction before they were assessed as competent and could work on their own. Staff met regularly with the manager to discuss their work and any concerns they had.

Staff knew the possible signs of abuse and knew how to alert the manager or external agencies. Staff knew how to keep people safe in an emergency. Risks were managed so that people were not restricted but empowered to try new things. People were supported to participate in hobbies and activities they enjoyed and were supported to have paid work and to continue their education.

People's needs had been assessed and support was planned with people to support them to be as independent as possible. Each person had a support plan that was personal to them with pictures and photographs. As well as this each person had a health action plan detailing their health needs and a 'hospital

passport' which had information about the person that hospital staff may need to know. People received their medicines safely and were supported to take as much control of their medicines as they could.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

People were involved in planning and preparing the meals and were supported to have a balanced diet and regular exercise. Everyone was involved in the housework and gardening and everyone had a say about how the service was run. People were treated with respect and their privacy and dignity was protected. Staff were kind, caring and compassionate and knew people well.

People were confident about raising concerns and complaints about the service. These were investigated and people had received a satisfactory response. The manager and staff completed regular checks of the quality of the service provided. When shortfalls were found action was taken quickly to address these. People, their relatives, staff and visiting professionals were asked about their views of the service. People's views were used to improve and develop the service. The environment was safe, clean and homely. A representative from the local authority told us that the service was clean, homely and well managed.

Accurate records were kept about the care and support people received and about the day to day running of the service. Staff had the information they needed to provide safe and consistent care and support to people.

# 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.

People were protected from abuse and harm. Risks were managed so people were not restricted in any way.

There were enough staff on duty to support people's activities, hobbies and appointments. Staff were checked before they started work at the service and people had a say about who was employed to support them.

Medicines were managed safely and people were supported to have as much control of their medicines as they wanted to.

Good



### Is the service effective?

The service was effective.

People received good care and support that was based on their needs and wishes. Staff received the training and support they needed to have the skills and knowledge to support people and to understand their needs.

People were supported to have an active and healthy lifestyle. Mealtimes were social occasions and people were supported to eat a healthy varied diet of home cooked food and drink.

People were given the support they needed to make day to day decisions and important decisions about their lifestyle, health and wellbeing.

Good



### Is the service caring?

The service was caring.

The registered manager and staff were committed to providing individual personal support. People had positive relationships with staff that were based on respect and shared interests.

People had support from friends and family to help them make decisions and have a good quality lifestyle. People were fully involved in planning their futures.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Good



### Is the service responsive?

The service was responsive.

People received the care and support they needed to meet their individual needs. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The service was flexible and responded quickly to people's changing needs or wishes.

People were supported to make choices about their day to day lives. People took part in daily activities, including jobs, which they had chosen and wanted to participate in. People had opportunities to be part of the local community.

Good



# Summary of findings

People could raise concerns and complaints and trusted that the staff would listen to them and they would work together to resolve them.

## Is the service well-led?

The service was well led.

The registered manager and staff were committed to providing person centred care.

The registered manager promoted an open and inclusive culture that encouraged continual feedback. Audits and checks were carried out to make sure the service was safe and effective.

People's views and interests were taken into account in the running of the service. All feedback was considered and acted on. The service worked effectively to create strong links in the local community.

**Good**



# Bon Secours

## 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 25 September 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also looked at

notifications we had received from the registered provider and the registered manager. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

During our inspection we spoke with two of the three people living at Bon Secours, the registered manager and two staff. We received feedback from commissioning officers from the local authority. We looked at the support plan, health action plan and associated risk assessments for one person. We looked at medicines records, management records including training and support records, health and safety checks for the building, and staff handover information. We observed the support provided to people. One person showed us their bedroom, the garden and around the communal areas of the service.

The last inspection of Bon Secours was carried out on 22 June 2013 when no concerns were found.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. One person said “I feel absolutely happy and safe here.”

People were protected from harm and abuse. The provider had a clear policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising any signs of abuse and how to report it. Staff we spoke with had received training on safeguarding people and told us about the different types of abuse and what signs to look for. Staff knew how to report abuse and how to raise an alert with the local authority, should they need to. Staff understood the importance of keeping people as safe as possible.

Staff were aware of the whistle blowing policy and knew they could report concerns to external agencies if they felt they were not being dealt with properly. Staff told us about a dedicated whistle blowing number they could use to report any concerns. Staff told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected.

People were protected from the risk of financial abuse. There were clear systems in place to safeguard people's money and these were regularly audited and checked. People said they were happy with these arrangements and had access to their money when they needed it.

There were systems in place to keep people safe in the event of a fire or other emergency. Easy to read posters were displayed in the kitchen with photographs and pictures showing what to do in the event of a fire, water leak or gas leak. People talked us through the posters and procedures and told us they took part in fire drills.

Potential risks to people were identified and assessed. The assessments considered the severity and likelihood of the risk. Control measures were then considered to reduce, or where possible, eliminate the risk. Risk assessment focussed on enabling the person to take risks rather than on restricting them. For example, one person enjoyed an activity that placed them at risk of harm. Rather than restrict the person from the activity, staff worked with the person and took actions to reduce the risks. Staff supported people to take risks so they had as much control and freedom in their lives as possible. Risk assessments

were reviewed so they were up to date but there was no record of if and when a risk had occurred which would help to know if the risk was still an issue or not. This is an area that might be improved.

There was always enough trained staff on duty to meet people's needs. Staffing was planned around people's hobbies, activities and appointments so the staffing levels were adjusted depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and she kept the staffing levels under review. One to one staff support was provided when people needed it. One person told us “There are always staff around and they are superb.”

The manager and senior staff shared an on call system so were available out of hours to give advice and support. There was a team of staff who worked across the provider's services who could step in at short notice to cover staff sickness or to provide extra support with activities and provide one to one support when needed.

Some people needed time to get use to new staff, but it was clear people had an obvious affection for staff. There were very natural and respectful exchanges and conversations with people by staff and staff anticipated people's needs and wishes well. For example, staff noticed that one person was becoming anxious so they took turns with another staff member to talk to the person and encouraged them to talk about their day and about their holidays. The person appeared visibly calmer after talking with staff.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character. People were involved in recruiting staff so they could have a say about who might support them although no new staff had been taken on for some time.

Medicines were managed safely. People said that they were happy with the way their medicines were managed. One person said “I like it that staff take care of my tablets; I get my tablets on time.” All medicines were stored safely in a lockable cabinet. Medicines were ordered and checked when they were delivered. Clear records were kept of all

## Is the service safe?

medicine that had been administered. The records were clear and up to date and had no gaps showing all medicine had been administered and signed for. Any unwanted medicines were disposed of safely.

Staff were trained in how to manage medicines safely and were observed a number of times administering medicines before being signed off as competent. People were supported to take as much control over their medicines as possible. There was information in people's support plans about their medicines, what they were for and side effects

to look out for. If people wanted to take 'over the counter' medicines this was supported and staff checked this would not affect the action of the person's prescribed medicine. Staff made arrangements for people to take their medicines with them when they went out for the day or went to stay with friends.

There was information in support plans informing staff how to tell if a person was in pain, if they were unable to tell the staff. The information was clear, up to date and readily available to staff.

# Is the service effective?

## Our findings

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an on-going programme of training which included face to face training, on line training and distance learning. A training manager, based at the provider's head office, tracked any training needs and arranged training for staff. Staff completed work books or answered questions and took tests to complete courses. Some training was provided in house including fire awareness so that everyone could take part in a fire drill. People also took part in this so they knew about fire safety and how to evacuate the building. One person told us "The staff know me well; they know how to look after me."

New staff completed an induction during their probation period. The induction included completing a work book covering the standards recommended by Skills for Care, a government agency who provides induction and other training to social care staff. The manager was introducing the new Care Certificate for all staff as recommended by Skills for Care. Staff attended face to face training over a week long period during their induction and worked closely with other staff until they were signed off as competent and able to work on their own.

Training was provided about people's specific needs, including autism and epilepsy, and staff had a good understanding of people's varying needs and conditions. Staff had regular supervision meetings with a line manager to talk about any training needs and to gain mentoring and coaching. Staff had an annual appraisal to look at their performance and to talk about career development for the next year.

Staff understood the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff had been trained about the MCA and put what they had learned into practice. Staff asked people for their consent before they offered any support. People's capacity to consent to care and support had been assessed. If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. Some people had to make important decisions, for example, about medical treatment. When this happened information about the choices was presented in ways that people could understand and their loved ones were involved to help them decide.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people were constantly supervised by staff, at times, to keep them safe. Because of this, the manager had applied to local authorities to grant DoLS authorisations to ensure that any constant supervision was lawful. The applications were being considered at the time of our inspection.

Everyone was involved in planning the menus, buying the food and preparing meals, snacks and drinks. Everyone took part in setting the table and clearing away and washing up. Meal times were a social occasion when everyone came together around the dining room table. One person said "I like cooking; I like it when the staff help me."

Staff knew about people's favourite foods and drinks and about any special diets. Healthy eating and exercise was encouraged. If staff were concerned about people's appetites or changes in eating habits, they sought advice. One person chose and made their lunch of soup and a roll. They told us "Scampi and spaghetti bolognese are my favourites. If I don't like what's on the menu I have something else."

People were encouraged to take regular exercise to help the feeling of well-being. People enjoyed regular walks with staff and told us about activities they enjoyed including swimming and gym classes. People were active and said they enjoyed getting out and about and getting fresh air.

People's health needs were recorded in detail in their individual health action plans. The plans had photographs and pictures with large coloured print to make them more meaningful to people. There were photographs of doctor's surgeries and hospitals to help people become familiar with and feel more comfortable about these places. People were supported to attend routine appointments including dentists and opticians. One person told us they attended a 'well person' check that week. Staff acted quickly if people became unwell and worked closely with healthcare professionals to support people's health needs. Each person had a 'hospital passport' which gave important information to hospital staff should the person be admitted to hospital.

# Is the service caring?

## Our findings

The whole service provided in the home was organised around people's needs and wishes. Staff offered choices so that care and support was then given in response and in the way people wanted it. People said they liked the staff and had a special bond with some of them. They were complimentary about the staff. One person said, "(Staff member) is on later, I like them a lot, they make me laugh." There was a lot of laughter in the home and people were supported to develop and maintain friendships and relationships.

Staff spoke with people, and each other, with kindness and patience. The atmosphere was calm and relaxed and staff responded appropriately when a person appeared to become anxious. Staff spoke with the person calmly and reassured them and the person became visibly calmer.

Staff spent time with people making sure they had what they needed. People were occupied with meaningful activities and were relaxed in the company of staff. There was an atmosphere of equal value and caring for each other's wellbeing and there were no barriers between staff and people. If people wanted something to eat or drink they helped themselves in the kitchen. Mealtimes were social occasions set at a calm pace with planning and discussion of events and activities around the table when people had finished eating. There was a real feel that everyone worked together to make Bon Secours a good place to live.

People were actively involved in making decisions about their support at weekly meetings and review meetings. Staff were in close contact with people's family and friends who were involved in helping people to achieve their goals and aspirations. People were confident about 'having a say' and knew their views would be listened to. Information was presented in ways that people could understand which helped them to make choices and have some control over making decisions. Staff communicated with people in a way they could understand and were patient, giving people time to respond.

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who

supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. People had 'circles of support' from family members and friends who would advocate for them. People could choose who they wanted to be involved to help them if they needed to make important decisions and general day to day decisions.

People were supported with their personal care and appearance. People enjoyed having their hair and nails done and wearing nice clothes. People were supported to have an appearance and clothing style that suited them and was appropriate for the activity and weather.

People's privacy and private space was respected. Staff knew when people wanted some privacy or space and made this happen. There was a day to day practice of knocking on people's doors or asking permission before entering rooms. People were able to choose who they wanted to support them and they had the option of having someone of the same gender supporting them if they preferred this. People had chosen the way their bedroom was organised, the colour scheme and décor. One person said they had chosen the colour scheme for their bedroom recently.

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings where people's needs were discussed were carried out in private. People could go and get their folders containing their care plans and health records when they wanted to and were aware that these were their private records. The design of the care plans included pictures, photos and straightforward language. The information contained in the care and support plans was agreed with each person, so that they were meaningful and relevant to people's interests, needs and preferences.

Staff supported people to learn new skills and to increase their existing skills. One person showed us photographs in a booklet about a recent cooking course they took part in. They told us they had support to plan a meal and to write a list of ingredients, purchase the ingredients and make the meal. They said they had made several meals and were keen to do more cooking. There was a plan in place to support this.

# Is the service responsive?

## Our findings

People told us about the activities they took part in; they said they enjoyed various activities including swimming, gym sessions and trips to local restaurants and pubs. Each person had their own timetable of activities and events that they had been involved in writing. Some people had jobs and everyone had the opportunity for further education and learning. One person said “I go to the day centre and I like to do my shopping on Friday. I clean my room and do my laundry, the staff help me. I like to do a bit of cooking, I keep busy.” Another person told us about their job at a local café where they served food and drinks, they said they enjoyed it.

People lived active, varied lifestyles and followed their own interests. They had opportunities to participate meaningfully in the community and develop their skills at work on the various projects run or accessed by the provider organisation. People were supported individually or in small groups to attend clubs, places of interest and events. When people were at home they were occupied with their hobbies and helped do the cooking and cleaning. One person showed us their pet rabbit; they said that the staff helped them to look after their rabbit. They showed us the vegetable plot in the back garden and they looked very happy picking runner beans, tomatoes and lettuces that they had grown.

There was a clear care planning system that people were involved in. An assessment was completed before people moved into the home to make sure that the staff could meet the persons’ needs. People were supported to contribute to their assessment and to their support plan on a regular basis at informal and more formal review meetings. People’s individual communication needs were supported so that they could meaningfully contribute to the planning and delivery of their care. The support plans, health action plans and activity plans were all kept in folders so that the information was accessible for people and staff to refer to. One person showed us their support plan folder and was familiar with the contents. Support plans included pictures and photos to make them meaningful to people. They contained all the information needed to make sure each person was supported in the

way they preferred. Each support plan gave the staff clear guidance about how to give the right support. Support plans were regularly reviewed to make sure they were up to date and relevant.

People had ‘circles of support’ who were friends, relatives and people that were important to them who would suggest ideas for new experiences and help make decisions in the person’s best interests. Contact details of people who were important were written in each person’s support plan. People were encouraged to keep in touch with all their friends and family. There were no restrictions on when people’s friends and families could visit and people were supported to make telephone calls and visits to friends and family.

Each person had a key worker and some people had two key workers. This was a member of the care team who took responsibility for a person’s care to maintain continuity and for the person to have a named member of staff they could refer to. Key workers were matched to people over a period of time so that people could get to know each other and personalities and interests would be compatible.

Complaints and comments about the service were encouraged as they helped to make improvements to the service. There were leaflets asking visitors to give any feedback about the service including any comments, compliments or complaints. People could also give feedback through the provider’s website.

The complaints procedure was displayed and showed who would investigate and respond to complaints. Regular house meetings gave people the opportunity to raise any issues or concerns. Any issues raised were taken seriously, recorded and acted on to make sure people were happy with the service. One person said “I tell the staff if I am not happy about something and they sort it out.”

The environment supported communication. There was a large board with large print, pictures and symbols in the kitchen which gave people information about a variety of subjects including how to make complaints and give feedback. The manager checked any complaints on a regular basis to make sure they had been fully investigated and responded to.

# Is the service well-led?

## Our findings

People and their loved ones were fully involved, in a meaningful way, in developing and shaping the service. There was a culture of openness and inclusion with everyone taking a role in the running of the service. People took part in regular house meetings, others carried out some of the health and safety checks and everyone took part in the cooking and cleaning. One person told us about the house meetings saying, “We all have our say, we say what we’d like to do.” The manager made sure people had a say about the staff throughout the recruitment process when people were asked for their views and opinions about staff.

There were links with the local and wider community and people had friends locally and knew their neighbours. People had built relationships with people in the local and wider community and were supported to keep in touch with their friends and family and to make new friends. The manager had organised events like an activity day for National Care Homes open day to which everyone was invited and a ‘Come dine with me’ day that people enjoyed. People told us they enjoyed attending events as this often meant they met up with friends.

There was a culture of openness and honesty; staff spoke to each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on treating people as individual’s and supporting people to reach their full potential.

Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. The registered manager knew people well and had worked with people with learning disabilities and related conditions for several years. The registered manager was supported by a deputy manager and staff team. Staff told us they felt well supported and felt comfortable asking the deputy manager or registered manager for help and advice when they needed it. Staff told us they had regular team meetings and that their views and opinions were listened to.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The service had links with other organisations and forums to share and promote best practice. The registered manager attended local network meetings including the Kent Challenging Behaviour Network so she could find out about current best practice and share ideas. A representative from the local authority told us that they thought the service was ‘well managed’ and that people had the support they needed.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

People, their relatives and staff were asked for their feedback about the service on a regular basis. A variety of methods was used to gain people’s views including sending out surveys, having meetings and requesting feedback about specific topics. Surveys were produced in an easy read format with large print and pictures. People were also invited to give feedback via the provider’s website. Feedback had been read and considered and the registered manager acted to address any issues that were raised. All the feedback we saw was positive, comments included “(My relative) always seems happy” and “Any problems are dealt with swiftly.” The results were collated and a summary of the results was published.

Checks and audits were carried out regularly of the environment, records, staff training and the support provided. People were involved in these checks so took some control over how the service was run. The registered manager and another senior manager carried out quarterly and yearly audits and produced reports that had actions allocated to staff to complete to improve the service. One staff member had the role of health and safety representative and took responsibility for checking the service was safe and for attending meetings about best practice in health and safety.