

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

This inspection was announced and took place on 4 May 2017. We told the provider two days before our visit that we would be coming to ensure that the people we needed to talk to would be available. This was the service's first inspection since being registered with CQC.

Bourne-Citizen provides 24 hour care and support to seven people with learning disabilities who live in their own homes in Bournemouth. Bourne-Citizen also provides social support to people with learning disabilities in the community.

The registered manager was also the provider. 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.

Two people who we met and spoke with were happy and relaxed with staff. Relatives told us they were very satisfied and happy with the service their family members received and they did not raise any concerns with us.

People received care and support in a personalised way. Staff knew people well and understood their needs and the way they communicated. We found that people received the health, personal and social care support they needed.

People's medicines were managed safely and people received their medicines as prescribed.

One person told us they felt safe and the other person was relaxed with staff which may have indicated they were comfortable with staff. Staff knew how to recognise any signs of abuse and how they could report any allegations.

Any risks to people's safety were assessed and managed to minimise risks. We saw people were supported to take part and try new activities and experiences in their homes and in the community.

Staff were caring and treated people with dignity and respect. People and staff had good relationships. People had access to the local community and had individual activities provided. People's important relationships with their relatives were supported and maintained.

Staff received an induction, core training and some specialist training so they had the skills and knowledge to meet people's needs. Staff felt they were well supported by the management team.

People knew how to raise concerns or complaints. People and relatives were regularly consulted.

The culture within the service was personalised and open. There was a clear management structure and staff and people felt comfortable talking to the managers about any issues and were sure that any concerns would be addressed. There were systems in place to monitor the safety and quality of the service provided.

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.

Medicines were managed safely.

Staff knew how to recognise and report any allegations of abuse.

We found staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Any risks to people were identified and managed in order to keep people safe.

Is the service effective?

Good ●

The service was effective.

Staff received training to ensure they could carry out their roles effectively. Supervision and spot check processes were in place to enable staff to receive feedback on their performance.

Staff demonstrated a good understanding of The Mental Capacity Act 2005 and people were asked for their consent before support was given to them.

People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring.

Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Family and friends relationships were maintained and they continued to play a part in their family member's care and

support.

Is the service responsive?

Good ●

The service was responsive to people and their needs.

Staff understood people's complex ways of communicating.

People's needs were fully assessed before they started using the service.

People were supported to pursue activities and interests that were important to them.

People and relatives knew how to complain or raise concerns about the service.

Is the service well-led?

Good ●

The service was well-led. Observations and feedback from people, staff and professionals showed us the service had a positive and open culture.

Feedback was regularly sought from people, staff and relatives.

There were systems in place to monitor the safety and quality of the service. There was learning from accidents, and incidents.

Bourne-Citizen Ltd

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.

One inspector carried out the inspection on 4 May 2017. We told the provider 48 hours before our visit that we would be coming to ensure that the people we needed to talk to would be available.

We visited and spoke with two people living in their own homes. The people we visited had 24 hour personal care and support packages from Bourne-Citizen and we observed the way staff supported people in their homes. We spoke with four staff, and the registered manager/provider.

Some of the people that Bourne-Citizen supports have complex ways of communicating and were not able to tell us their experiences of the service. So following the inspection we spoke with five relatives of people who use the service. We also sought email feedback from three staff.

We looked at two people's care and support records and one other person's risk management plans, and records about how the service was managed. This included four staffing recruitment records, surveys, spot checks, audits, meeting minutes and quality assurance records.

Is the service safe?

Our findings

Relatives we spoke with felt their family members were safe. One person told us they felt safe with staff. They said, "If I was unhappy or worried I would speak with [registered manager] or the staff but I'm happy". We saw people were relaxed and smiled and interacted with the staff supporting them.

All of the staff had received training in safeguarding vulnerable adults from abuse as part of their induction and ongoing training. Staff we spoke with and those we received email feedback from, knew the different types of the abuse and were confident about how they could report any allegations.

Staff had been trained in the administration of medicines and records showed they had their competency assessed to make sure they were safe to administer medicines. Staff we spoke with were knowledgeable about each person's medicines and how and when to administer them. One person said, "They give me my tablets every day, they don't forget".

We looked at the medicines plans, administration and monitoring systems in place for people. The two people had received their medicines as prescribed. There were clear PRN 'as needed' medicines plans in place for people. Staff were able to describe the circumstances when they administered any 'as needed' medicines. This reflected what was written in people's medicine and positive behaviour support plans.

People had effective risk assessments and plans in place. These covered their home environment, nutrition, medicines, access to the community, behaviours which need positive support, health condition specific risks and epilepsy management. There were easy read risk assessments supported by pictures completed with and signed by the person where appropriate. There was a positive focus on risk taking so that people were able to safely try and experience new activities. For example, one person's risk management plan included how they were to engage with members of the public so they could safely interact with their dogs. The person told us about this and how staff supported them with it.

The staffing levels for each person were based on their assessed needs and determined by health and social care professionals. People's care and support was funded through direct payments that were managed by an independent agency. The registered manager kept people's needs under review and told us they would refer people back to health and social care professionals if they required more or different support funding. All of the people supported by Bourne-Citizen had one to one staffing and 24 hour care packages.

People were supported by staff they knew well. Each person had a stable staff team and any new staff worked alongside existing staff before lone working with people. Relatives told us people had consistent staff teams and this was important to their family members. People who were able to signed new staff's induction records to agree that new staff could shadow existing staff in their homes.

There was an 'on call' system operated by the management team who provided out of hours cover. Staff spoke highly of the support of the 'on call' managers and the support they provided. They told us they were available whenever they wanted them and provided telephone support but would also come to people's

homes whenever they needed them.

We looked at four staff recruitment records and spoke with one new member of staff about their recruitment. We found that recruitment practices were safe and that the relevant checks had been completed before staff worked with people in their homes. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

Is the service effective?

Our findings

One person and relatives told us they were cared for and supported effectively. One relative said staff were "Fantastic" and understood and knew how to support their family member. They told us this had meant their relative had a much better quality of life than they had in their previous care settings.

People received care from staff who had the skills and knowledge to meet their needs effectively. The registered manager sent us the training plan and we saw staff training records. Staff completed core training that included the provider's compulsory and specialist training. Staff completed on line training that covered the subjects included in the Care Certificate, which is a nationally recognised induction standard. In addition face to face training in positive behaviour support was provided. Staff told us this was personalised to the people they supported.

Staff we spoke with had a good understanding of their roles and a member of staff told us the induction had prepared them for working at the service. The induction programme for staff included observing experienced staff, reading people's care plans and getting to know people. A member of staff told us when they started work they were given time to 'shadow' (work alongside) experienced care staff and read care plans. This made sure they got to know the person they would be supporting and they understood the person's needs. They explained this process was not rushed and they were only worked alone with the person once they felt confident in their knowledge and skills.

Staff told us they had one to one support meetings with the deputy managers or registered manager. In addition the managers undertook announced spot checks where they observed staff supporting people in their own homes. They felt well supported by their line managers especially as they were lone workers. We saw records of these meetings in staff files. Staff spoke highly of the support they received from their line managers. Staff told us they could speak and approach the managers whenever they wanted. Staff had not yet received an annual appraisal. The registered manager had these planned to be completed by the end of May 2017.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in the community is called Community Deprivation of Liberty Safeguards (Community DoLS).

No-one had a Community DoLS in place at the time of our inspection. However, the registered manager knew the principles under which Community DoLS applications to Court of Protection should be made. The registered manager understood their responsibilities under the Mental Capacity Act.

People were involved in their care planning and records showed their consent was sought to confirm they agreed with the care and support provided. People were supported to make everyday choices and told us staff listened to what they wanted to do and acted on their decisions. Relatives told us where their family member lacked the mental capacity to make a specific decision they were consulted about the decisions. One relative told us that their family member had "More freedom" and fewer restrictions since being supported by Bourne-Citizen. This had meant their family members' confidence and behaviours that needed positive staff support had reduced significantly.

Staff had been trained in the Mental Capacity Act 2005, and the staff we spoke with had a good understanding about this and making decisions that were in people's best interests. The spot checks undertaken by managers considered whether staff were acting in people's best interests and the principles of the Act. However, mental capacity assessments and decisions that were being made in people's best interests were not consistently recorded. The registered manager took immediate action and confirmed following the inspection that these assessments and decisions had been recorded.

People's nutritional needs were assessed, monitored and planned for. Each person had a plan that detailed the person's likes, dislikes, types and consistency of food and drink. For example, one person had been assessed as at risk of choking by a Speech and Language Therapist. There was a clear plan in place about how the person's food needed to be cut up. Staff were aware of this when we visited the person in their own home. People were encouraged to make their own meals and drinks with support from staff when needed. One person we visited had photographs and pictures of food so they could easily make their choices of what they wanted to eat.

People had access to specialist health care professionals, such as community mental health and learning disability nurses, speech and language therapists and specialist consultants.

Each person had a health plan that was supported by pictures to make it easier for them to understand and included important information about them if they went into hospital. People's health needs were assessed and planned for to make sure they received the care they needed. For example, one person had epilepsy and there was an epilepsy care plan in place that included at what point staff were to call emergency services.

Is the service caring?

Our findings

One person told us they liked all the staff that supported them. They said, "They're all alright" and "I'm very happy with them all in my house".

Relatives spoke very highly of the caring qualities of staff. They all said that their family members were happy being cared for by the staff. One relative said, "[Person] is very happy and he's in Shangri-La". Another relative told us, "Staff support [person] to face time and I can see the staff and see how happy he is with them". A third relative said, "There's not one [staff] I can fault they're all lovely".

During our visits to people's houses we observed staff providing supporting to people. They were respected by staff and treated with kindness and compassion. Staff showed genuine affection for people and recognised and knew them as individuals. For example, staff were able to describe what was important to one person and told us how they supported them to do these things.

People and relatives told us that people's privacy and dignity was maintained. One relative told us when staff supported their family member to visit them they always sat outside so they had some privacy together. They said, "They don't interfere and [person] really likes that and they respect that they work in [person's] home."

From observations and speaking with staff they knew people well and understood their preferences. We found that people's care plans included how people made their preferences and choices in their everyday lives. One person communicated differently and staff understood them and they used PECS (a picture exchange system) and photographs so the person could choose what they were doing that day.

People and relatives told us and we saw staff provided care and support in ways that promoted people's independence in their own homes. One person told us staff helped them with managing their money, shopping and keeping their house tidy and clean. Staff said the person now recognised themselves when the house needed cleaning and independently got the Hoover out and changed their own bedding weekly. During our visit, another person was supported and encouraged by staff to make their own hot drink. The staff explained each step to the person, who then did it and then staff assisted them by pouring in the boiling water.

People and staff told us people had family and friends to visit them at their homes and they were supported to maintain important personal relationships. Relatives told us they were supported by staff to maintain their relationships. This included staff taking people to visit their relatives, using Facetime, texting, phoning or emailing.

Is the service responsive?

Our findings

People told us and we saw that staff responded to their requests for help or support quickly.

People's needs were assessed before Bourne-Citizen started to support them. This made sure staff had the right knowledge and skills to meet people's individual needs. From these assessments detailed care plans were developed. They were person centred and covered all aspects of support the individual required. They included important aspects of people's lives, for example their preferred daily routine and all aspects of their daily living support needs. Care plans focussed on people's strengths were as well as what they needed support with. This enabled staff to provide personalised care that was not task focused. For example, one person's plans detailed their skills at making windows and doors and the ways staff could support them safely to do this. The person told us staff helped them to go the DIY store to buy tools and paints.

The service was responsive and creative as to how they supported people. For example, one person's strengths were that they liked to direct their staff team but they did not always do so in a safe way. As a way of effectively supporting the person to do this the registered manager spent time with them explaining how to be a good manager and setting out clear guidance. This included regular 'managers' email correspondence and telephone calls between the person and the registered manager. This had led to the person managing their staff team safely and a reduction in incidents where they presented challenges to staff.

We saw that people's care plans and records were supported by pictures and photographs to make it easier for people and staff to understand. Relatives told us they were involved in care planning where the person was not able to make those decisions themselves. We saw people and or their relatives had signed their care plans to show they agreed with them.

We saw from care records and speaking with people, staff and relatives that each person had the opportunity to be occupied both in their homes and in the community.

People had access to activities that were important to them and had individual activity plans that were supported by pictures and photographs. However, these plans were flexible and people were always offered choices and different opportunities. For example, staff told us one person could not always visualise a new experience even with photographs until they had tried it. On the day of the inspection staff and the person were going to try a game of crazy golf instead of their usual weekly game of bowling. They said they would assess how the person was during the activity and then if it was successful it would be added to their PECS and photographic choices cards. This was so they could then make the decision themselves.

There was a written and pictorial complaints procedure. However, this did not include that people could complain to the ombudsman. The registered manager immediately updated the procedure and told us they also planned to make sure each person's plan included details as to how they would let staff know if they were unhappy or worried.

One person said if they were worried about anything they spoke to staff and they sorted it out. They said, "If I was unhappy I would talk to [registered manager] or staff but I'm happy". Staff we spoke with also had a good understanding of how people communicated when they were upset and how to support people to make a complaint.

Relatives told us they knew how to complain. All but one of those we spoke with told us they had not needed to complain as things were sorted out before they reached that stage. One relative had made a complaint and told us they were happy with the registered manager's response to complaint. The actions that had been put in place were still working and they had no further concerns.

Is the service well-led?

Our findings

Observations and feedback from people, staff, relatives and professionals showed us the service had a positive and open culture. Relatives told us the service was well managed. Staff and relatives told us the registered manager and management team were approachable and listened to them. They said whenever they suggested or raised anything action was taken. One relative said about the management team, "They are fantastic people all round, I can't fault them. I constantly consulted and kept informed". Another relative told us, "He's thriving with the package he's got its brilliant".

The registered manager was also the provider. They were supported by two deputy managers and a senior support worker.

The registered and deputy managers visited people's home's regularly and staff told us that this had made a big difference as to how well people and staff felt supported, involved and listened to. This was particularly important because staff were lone working with people. Relatives told us how effective they thought the 'spot checks' were for people and staff.

Surveys had been completed with people and or their representatives and professionals involved with people. One professional commented, "The manager encourages the team with a clear vision, client now lives in his own home where all previous placements have failed".

The registered manager told us that the deputy managers undertook weekly quality audits in people's homes. We saw the records of these audits for the people we visited. They covered areas such as; activities, medication, finances, and the care and support provided to people. From these quality audits and any actions were identified and followed up with the staff team. For example, staff had not completed one person's financial transaction records correctly and the error was picked up at the weekly audit. In response a new handover checking system was introduced to make sure it did not happen again.

There was a medicine error reporting and auditing system in place. Staff told us there was a positive no blame culture about reporting any medicine errors. There was a programme of medicine competency assessments in place for staff. Where any errors occurred staff were reassessed to ensure they were competent to administer medicines.

There were systems in place for monitoring and learning from incidents and accidents. We saw these were reviewed on a monthly basis and any actions and learning from incidents was shared with staff. For example, following an incident in the community with a person and a member of the public, the staff team worked with the person to look at how best to manage any other potential incidents. The person's care plan was updated and the information was shared with the whole staff team by email and at handovers. The person proudly told us about the plan that had been put in place and what they now did so there were not any further incidents.

Staff were provided with information about how to whistleblow during their induction. All of the staff we

spoke with and emailed feedback to us, knew how to whistleblow and raise concerns. They were confident that any issues they raised would be addressed.

The registered manager kept their knowledge up to date and attended the local learning disability provider forums and networks.

The registered manager told us they were proud of the quality of service provided to people and the staff team's commitment to people. They planned to improve people's presence in their local communities over the next 12 months. This included supporting people into employment.

There was high staff retention and low staff sickness. All the staff we spoke with or emailed feedback told us they felt valued and supported by the registered manager and management team.