

The Orders Of St. John Care Trust

# OSJCT Boultham Park House

## 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

OSJCT Boultham Park House provides support for up to 35 older people in one adapted building. Thirty-three people were receiving a service at the time of this inspection.

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

We received very positive views from people about the support provided to them. People said they felt safe and staff were respectful.

Staff had positive links with health care professionals, which promoted people's wellbeing. We made a recommendation about medication administration and 'as and when required' protocols.

Care and support was tailored to each person's needs and preferences. People and their relatives were fully involved in developing and updating their planned care.

Staff had received appropriate training and support to enable them to carry out their role. Recruitment checks were carried out to ensure staff were suitable to work in the service.

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 interest; the policies and systems in the service supported this practice.

The registered manager led by example to ensure people received a good service. People and staff told us the registered manager was approachable and listened to them when they had any concerns. All feedback was used to make continuous improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 15 December 2016).

### 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.

# OSJCT Boultham Park House

## **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

OSJCT Boultham Park House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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

This inspection was unannounced.

#### What we did before the 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 spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, head of care, senior care workers, care workers and the chef. We spoke with one visiting professional.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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.

### Using medicines safely

- Some medicines were not administered or recorded in line with best practice. No harm to people was identified because of this practice. The registered manager addressed this immediately after our feedback.
- Protocols in place to guide staff when 'as and when required' medicines should be administered required further detail.
- All other medicines arrangements were safe and managed appropriately.
- People were encouraged to manage their own medicines where they had those skills.

We recommend the provider consider current guidance on best practice for administering medication and 'as and when required' protocols.

### Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary; any incidents had been managed well.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems in place identified and reduced the risks to people. Individual risk assessments provided staff with descriptions and guidance on the support people needed.
- Accidents and incidents were responded to appropriately; trends and patterns were monitored and used for learning purposes.
- People felt safe, confident and happy when being supported by staff.

### Staffing and recruitment

- There were enough staff available to meet people's needs.
- Staff were recruited safely; appropriate checks were carried out to protect people.
- People received care in a timely way.

### Preventing and controlling infection

- Staff followed infection prevention and control practices and used personal protective equipment to help prevent the spread of healthcare related 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

- Assessments of people's needs were comprehensive and care and support was regularly reviewed.
- Care and support was planned, delivered and monitored in line with current best practise and evidence based guidance.

Staff support: induction, training, skills and experience

- People felt staff had the right skills to look after them. One person said, "Some staff have been here a long time and they know what they are doing." A visiting professional told us, "Staff seem well trained, I have never observed any bad practice."
- Staff received supervision and appraisal; they had appropriate skills and knowledge to meet people's individual needs.
- A staff induction and training programme was in place.
- Staff felt supported.

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

- People were involved in meal choices and supported to maintain a balanced diet.
- People were supported to maintain their independence with eating and drinking.
- People were protected from risks of poor nutrition and dehydration.

Adapting service, design, decoration to meet people's needs

- Areas of the home were pleasant including a café area, homely lounges and a well-presented dining room.
- Some dementia friendly signage was used within the environment to help orientate people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals.
- A visiting relative told us, "It was a health professional who recommended this place to me. They knew it was good place."

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



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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. People could make individual choices and decisions about their daily lives.

# 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 were comfortable and well looked after; staff were friendly and considered people's individual needs. People said staff were friendly, one person said, "I'm very happy, they are a good bunch."
- Staff communicated in a caring and compassionate way. They gave people time to respond.
- People were treated fairly and equally; information about their diverse needs was available to staff.

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

- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives.
- Staff directed people and their relatives to sources of advice and support or advocacy.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect.
- People were comfortable and their personal care needs were met. They told us staff were friendly and nice.
- People were supported to remain as independent as possible.

# 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

- People's needs and information on how best to meet their preferences were identified, met and reviewed.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.

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.

- Information shared with people met their communication needs.

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

- There was range of group activities and entertainment for people to access. The service had good links with the local community and they encouraged people to take on individual roles within the home. This included gardening and being the fire marshal. People were proud of their roles and this met their wider needs.

Improving care quality in response to complaints or concerns

- People had access to the complaints procedure which was displayed in the home.
- Where complaints had been made, they were responded to in line with company policy.
- People and families knew how to provide feedback about their experiences of care and the home. This included meetings, suggestions boxes, feedback surveys and comments.
- People and their relatives told us they have never needed to complain but knew what to do if they did.

End of life care and support

- People were supported to make decisions about their preferences for end of life care.
- Staff knew to respect people's religious beliefs and preferences.

# 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

- The service benefited from having a registered manager who was committed to providing good quality care to people who used the service.
- Staff understood the provider's vision and worked as a team to deliver good standards. They told us they were listened to.

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

- Reflective practice was used to encourage people to be open and honest and learn from experiences.
- Duty of candour was evidenced.

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

- The registered manager understood their legal responsibilities.
- The culture of the service was open, honest and caring.
- The service was organised and well-run; people were treated with respect and in a professional manner.
- Regular checks ensured people were safe and happy with the service they received.

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

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- Links with outside services and key organisations in the local community were well maintained. Events were well attended by the local community.

Continuous learning and improving care

- Systems were in place to ensure the service was consistently monitored and quality assurance was maintained.