The Orders Of St. John Care Trust

OSJCT Bohanam 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

We inspected OSJCT Bohanam House on the 9 and 11 October 2018. Bohanam House provides accommodation and personal care to 40 older people. At the time of our visit 39 people were using the service. This was an unannounced inspection.

We last inspected the home on 30, 31 March and 1 April 2016 and rated the service as 'Good'. We found the service were meeting all of the relevant legal requirements.

At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. The registered manager was leaving the post to take up a promotion within the providers organisation. A registered manager from another home of the provider was moving to the service. 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 enjoyed living at OSJCT Bohanam House. People and their relatives told us they were safe at the service and enjoyed active and social lives. People had access to activities which were tailored to their individual needs and preferences. People felt cared for and happy.

People were supported with their ongoing healthcare needs. Care staff supported people to access the healthcare support they required. People told us they enjoyed the food they received within the home, and had access to all the food and fluids they needed. Where people needed support to meet their nutritional needs, this support was provided.

The service worked with healthcare professionals to assist people at various stages of their life. Nursing staff had a clear focus on improving the service, including skin integrity care and the management of people's prescribed medicines.

People were supported by staff who were supported and trained to meet people's individual needs. Staff were supported to develop and access additional training to further improve their skills. Staff spoke positively about the support they received and felt their development was promoted.

People and their relatives spoke positively about the management of the service and felt the service was well led. The registered manager ensured people, their relatives and external healthcare professionals' views were listened to and acted upon. The registered manager and provider had systems to assess, monitor and

improve the quality of service people received at Bohanam House. The provider was implementing additional systems to drive improvements across their homes.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

OSJCT Bohanam House

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 was 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 9 and 11 October 2018 and it was unannounced. The inspection team consisted of three inspectors. At the time of the inspection there were 39 people living at Bohanam House.

We reviewed the Provider Information Return (PIR) which had been completed by the registered manager. 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 took this into account when we inspected the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with 12 people who were using the service and three people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with 11 staff members; including four care staff, a lead care staff member, a nurse, the head nurse, one activity co-ordinator, the chef, the registered manager and a representative of the provider. We reviewed nine people's care files, care staff records and records relating to the general management of the service.

Good

Is the service safe?

Our findings

People felt safe living at the service. Comments included: "I feel safe and the staff look after me"; "I'm safe and comfortable here" and "Oh I feel safe living here." Relatives told us they felt their relatives were safe. One relative told us, "If I didn't feel mum was safe, she wouldn't be here." Another relative said, "I don't have any concerns."

People were protected from the risk of abuse. Care staff and nurses had knowledge of types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to their line manager or the registered manager. One staff member said, "I would report my concern to the manager or the team leader." Another staff member told us what they would do if they were unhappy with the manager's or provider's response. They said, "We know the safety of people is important and we always raise our concerns. I would take my concerns higher, if I felt action hadn't been taken". Care and nursing staff told us they had received safeguarding training.

The registered manager and provider raised and responded to any safeguarding concerns in accordance with local authority's safeguarding procedures. Since our last inspection the registered manager had ensured all concerns were reported to the local authority safeguarding team and CQC.

People could be assured the home was safe and secure. Safety checks of the premises were regularly carried out. People's electrical equipment had been checked and was safe to use. Fire safety checks were completed to ensure the service was safe. Fire exit routes were clear, which meant in the event of a fire people could be safely evacuated. There were personal emergency evacuation plans for each person. A copy of these plans were kept alongside fire safety documents in the event of an emergency.

People had been assessed where staff had identified risks in relation to their health and well-being. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information on the support they needed to assist them to be safe. For example, one person had been assessed as being at risk of skin damage as they required assistance from care staff for all their mobility needs and spent a large part of their day in their bed or personal chair. There was clear guidance for care and nursing staff to follow to protect this person and maintain their health and wellbeing.

Where people had a pressure area the nursing team implemented an acute care plan for the support the person required. When the area had healed this plan was then archived. Care staff explained how they assisted this person and would raise any concerns to nurses if they had any concerns about sore skin. One member of staff said, "We always look at pressure areas, we check them and we take responsibility to tell the nurses." One person's relative told us, "The staff are very thorough, when (relative) came back from hospital, they did a full body check (as relative is at risk of pressure sores). I think they are on the ball."

We spoke with the head nurse who explained the overview they had in relation to tissue viability and how

they had raised nursing and care staff awareness with a focus on prevention. The head nurse focused on monitoring people's skin integrity and ensuring staff had the information they needed. They had set up a tissue viability notice board within the home, which provided staff, people and their relatives with information, including recognised best practice guidelines.

People and their relatives told us there were enough care and nursing staff to meet their needs and they could seek the attention of care staff when required. Comments included: "I just press my button and the staff come right away"; "Staff come and visit me, they have time for me" and "I think there are enough staff, sometime at night I think they could have some more. The manager has discussed staffing with us."

Care and nursing staff felt there were enough staff to meet people's day to day needs. Comments included: "We get everything done, sometimes it's tight, however we make sure everyone is sorted"; "The staff levels are really good" and "Staffing is usually okay. I think we keep people safe." A number of staff had moved to Bohanam house from another home which was operated by the provider which was in the process of closing. These staff were working at Bohanam House to enable them to get used to the service. The registered manager explained that this meant there were additional staff on duty at this time.

There was a pleasant and lively atmosphere within the home during our inspection. Care staff, activity co-ordinators and nurses had time to spend with people throughout the day. People enjoyed sitting with staff in communal areas of the home, engaging with them at mealtimes, during activities and when visitors and group activities were happening.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

Nursing and care staff kept a clear and accurate record of when they had assisted people with their prescribed medicines. The head nurse discussed systems they had implemented to drive improvements in the administration, recording and safe keeping of people's prescribed medicines. Staff kept a daily record of people's prescribed medicine stocks to assist them in identifying any medicine administration errors. This had led to improvements in people's prescribed medicines, for example there were no errors in September 2018. People's medicine administration records (MAR) were consistently recorded and stock counts reflected the amount of people's prescribed medicines kept in stock.

People's prescribed medicines were kept secure. Where people required controlled drugs (medicines which required certain management and control measures) to ensure their wellbeing these were administered in accordance with the proper and safe management of medicines. Where people required 'as required' medicines (such as pain relief) and homely remedies there were clear guidelines for nursing and care staff to follow when administering these medicines.

We observed one nurse assisting people with their prescribed medicines. The nurse clearly communicated what the medicines were for and asked if the person wanted to take them. The nurse encouraged the person to take their medicines in a patient, gentle and reassuring manner. The person was in control throughout, offered choice by the nurse and given a drink with all their medicines.

Staff followed recognised good practice to protect people from the spread of infection. For example, one person was currently receiving barrier nursing as they had been diagnosed with a contagious infection. Care staff told us the actions they took to reduce the spread of infection, including the use of personal protective clothing (gloves and aprons) and safe removal of linen and clothes. The home was clean on both days of our

inspection, with housekeeping staff having the equipment they needed to ensure the home was clean and free from preventable odours.

Good

Is the service effective?

Our findings

People were supported by care and nursing staff who had received effective training and support to meet their needs. People and their relatives felt care and nursing staff were skilled and trained. Comments included: "The staff know what to do, they look after me"; "The staff are well trained, I have no complaints" and "The staff are fantastic."

Care staff, nursing assistants and nurses told us they felt they had the training they needed or could access this training on request. Comments included: "I am getting stoma training and other training to help the nurses I get all the training I need" and "They are really good at training." One member of staff told us how they had been supported to take on additional responsibilities whilst working at OSJCT Bohanam House. They said, "I am doing a mentorship course, to mentor student nurses. I also support the staff, they're keen to learn."

Staff told us they could request additional training and qualifications including diplomas in health and social care and management in care and felt supported to develop in their role. One member of staff told us, "I am doing a qualification (in health and social care), I get loads of support." Another staff member told us, "You can do an NVQ (qualification in health and social care) if you want to, they encourage it."

Care staff had access to supervisions (one to one meeting) and appraisals with their line manager or the registered manager. The registered manager informed us that supervisions had not been carried out as regularly as they required, however alongside the provider they had identified this concern and were taking effective action. All staff we spoke with felt they had the support they required to carry out their role successfully. Comments included: "We have trust in conversations, through these I can request training and support" and "I can't complain I can always talk to a senior."

The registered manager and nursing staff ensured people's capacity to consent to their care had been recorded in accordance with the Mental Capacity Act 2005. The 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 lacked mental capacity to take a particular decision, any made on their behalf must be in their best interests and as least restrictive as possible.

Where staff were concerned that a person did not have the mental capacity to make a specific decision, they had completed a mental capacity assessment. These assessments clearly documented if the person had the capacity to make the decision. Where people had mental capacity, they were involved in planning their care and had signed to show they consented to their care. People's care records showed where they could make decisions in relation to their day to day care, and how they communicated these choices, such as around eating and drinking.

Where people were unable to leave Bohanam House without supervision, as they were at risk of harm and neglect if they left the service, the registered manager had made a Deprivation of Liberty Safeguard (DoLS)

application for this person. 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 care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Care staff understood the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and knew how to promote choice. Comments included: "We always offer choice, and we respect people's choices" and "I encourage one person to do as much as they can for themselves. Supporting them with their choices and getting ready in the morning. With encouragement they can make a lot of their own choices."

We observed and people told us they were always offered choice and were in control of their care. Comments from people included: "I never feel like I am pushed to do things I don't want to" and "My decisions are respected."

People had access to health and social care professionals. Records confirmed people had been referred to a GP, dentist and an optician and were supported to attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, some people had required the support of a dentist to ensure their needs were being met.

Where people were at risk of choking or malnutrition they were provided a diet which protected them from these risks such as soft meals and thickened fluids. Care and nursing staff knew which people needed this support. For example, one person was assessed as being at risk of choking. There was clear guidance in place for staff to support this person with their meals and drinks. Guidance had been sought from speech and language therapists and this was clearly referenced within their care plan. Care staff confidently discussed how they assisted this person to support them to maintain their health and wellbeing.

People spoke positively about the food and drinks they received in the home. Comments included: "I enjoy my lunch. I have one (beer) every lunch time. It's my favourite"; "The food is good, I'm having spring chicken today. I'm ready for it" and "There is plenty of food and drink and it's all good."

People's dietary needs and preferences were documented and known by care, nursing and catering staff within the home. The home's chef knew what food people liked and which foods were required to meet people's nutritional needs. The chef and care staff were informed when people had lost weight or if their dietary needs had changed. People's care plans documented their dietary needs, such as a pureed or soft diet.

People were able to orientate themselves around the home and were not restricted with access to other areas of the home, including communal lounges and their individual rooms. People were comfortable in their environment. The registered manager had ongoing plans to improve people's access to outdoor spaces surrounding the home. They had plans for an enclosed garden for people to enjoy in safety and privacy.

Good

Is the service caring?

Our findings

People had positive views on the caring nature of the service. Comments included: "I'd rather be at home with my husband, however I know why I'm here, I am happy about it"; "The staff are lovely, caring and kind. I'm happy with them"; "I'm comfortable here" and "I am very happy here. I tend to stay in my room and the staff respect that." Relatives felt the staff were caring. One relative told us, "It's like a little family. They (people) couldn't want for anything."

People enjoyed positive relationships with care staff, nurses, activity co-ordinators and the registered manager. The atmosphere was friendly and lively in the homes lounge with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. People were informed about the purpose of our visit by staff. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person told us how they liked to spend time in their room, they said, "I like to spend time in my room, I like doing knitting and reading. Staff come and visit me and we chat." Care staff told us about one person who liked to spend time in their own company with the exception of some external visitors. During our inspection the person was reminded and supported to attend this activity, before returning to their room for lunch. They told us they were happy at the home.

People's emotional wellbeing was promoted by caring and attentive staff. For example, care staff and the registered manager told us about two people who spent most of their time in their room and required full support from staff to mobilise. They told us how they supported these people to attend the home's main dining room/lounge to enable them to have a change of environment and take in the atmosphere. Staff explained the positive impact this had both people and helped ensure people were comfortable and calm.

Another person was previously supported with all of their care within their room as there was no safe means of supporting the person to access communal lounges. The registered manager pursued a specialist chair for the person, however there was no resource for the person to have a funded chair. The registered manager challenged this viewpoint to limited success. The registered manager then asked the provider for funds to buy a chair to support this person, citing the positive impact this would have on the person's wellbeing. A representative of the provider agreed to this and a chair was funded by the provider. This meant the person now had means to safely leave their room and enjoy the company of others within Bohanam House. We observed the person enjoying conversation with other people during our inspection. The person also told us, "They know the support I need. I get to go out and about now. It's great. I like my room, however this is better."

Staff knew what was important to people and supported them to meet their needs and goals. The home operated a key worker system which provided each person and their relatives with an allocated member of staff. This helped people, their relatives and staff to build professional relationships and share information. This led to staff being able to share information and tailor people's care to meet their individual needs and wishes.

One person who was end of life, wished to return to their favourite seaside location, however was physically

unable to. The registered manager and a nurse informed us they decorated the person's room with lights and pictures. Another person's wishes had clearly been respected after they passed away. Their keyworker baked a cake in the person's memory which people enjoyed as they celebrated and remembered the person's life.

People engaged with each other and staff and were comfortable in their presence. They enjoyed friendly and humorous discussions. For example, people enjoyed each other's company, and treated each other with respect. We observed people deciding with care staff whether to watch television or listen to music during lunch. A member of care staff supported people to come to a decision they were happy with. People decided to watch a programme on television, which they were all comfortable with. One member of staff told us, "This is a regular thing, however it's important. It's their home and we have that choice in our own homes."

People were cared for by staff who were attentive to their needs and wishes. For example, staff knew what was important to people and supported them with their day to day needs and goals. Staff spoke confidently about people and what was important to them. One person could often be anxious, and the registered manager and staff had identified that the person liked to spend time with the registered managers dog who was at the home when the registered manager was present. The registered manager and staff had identified this reassured the person and reduced their anxieties.

Staff demonstrated that they knew how to approach people in ways which supported and helped them with decision making. We observed that staff were skilled in informing people of available alternatives in an empowering way that minimised misunderstanding or confusion. For example, one member of staff provided one person with two choices of their meal. They showed the person the food they could enjoy to enable them to make an informed choice. The person then enjoyed a meal they preferred.

People's dignity was respected by all staff at the home. We observed staff assisting people with their daily needs. Where people required support, they ensured this was carried out in privacy ensuring the person was not uncomfortable. During our inspection, we spoke with one person in their room. A member of staff was waiting to serve their lunch time pudding, they waited for the person to finish their conversation, before knocking on the door and asking if the person would like assistance. The member of staff appreciated and respected this was the person's individual space.

The home had a Dignity Champion in place. The focus of the dignity champions role was to ensure that the essence of dignity runs consistently throughout the home to provide residents with personalised outcomes in their daily living. Staff were always encouraged to engage with people in a dignified manner. The dignity champion had implemented a dignity board containing the views of staff, residents and relatives stating what Dignity meant to them as individuals. The registered manager told us, the quotes provided a proactive means of ensuring that dignity is it the heart of everything that happens in the home.

People where possible were supported to make decisions around their care and treatment. For example, one person's care plan clearly documented their views and their wants and wishes regarding their end of life care. This person had also decided to refuse resuscitation in the event of cardiac arrest. This decision was clearly recorded in the person's care plans.

People's cultural and religious needs were recorded and respected. When people came to stay at OSJCT Bohanam House, the support they required to meet these needs were clearly recorded. All staff were aware of people's cultural and religious needs and knew how to support them. For example, the activity co-

ordinator told us that one person was supported to go to their local church weekly. The person confirmed that they liked going to church weekly and that this was important to them.

Good

Is the service responsive?

Our findings

People's care records provided a clear record of the support people needed with all aspects of their individual needs. This included support around moving and handling, medicines, anxiety and nutrition. People's care plans were personalised and included their individual life histories and preferences. For example, one person's care plan provided clear details for how they should be supported with their personal care, what they liked to do by themselves. The care plans provided staff with guidance on the person's dietary preferences and how they should be supported with day to day choices.

People's important relationships were recorded. Where people had relatives or representatives involved in their care this was clearly recorded and documented where they should be involved in decisions or informed of any changes in their needs. For example, one person was visited by a relative daily, who assisted them with their lunch on a daily basis. The person's relative told us they always felt welcomed. They said, "I am always around, I am always welcome. I am very hands on and they welcome and respect that."

People's relatives told us they were informed of any changes in their relative's needs. For example, one relative spoke confidently that staff would contact them if their relative was unwell. They said, "I am informed of any changes, they always ensure I have the information I need and make me feel welcome."

Staff responded well when people were unwell or their needs changed. For example, one person told us they had recently had a short period of time in hospital because they were dehydrated. They spoke confidently about how staff assisted them. They said, "They always offered drinks, I need to drink more, I'm aware of that."

People had access to activities, events and interests which they enjoyed and which reflected their needs, interests and preferences. We observed people being engaged in a range of activities and events which they enjoyed. For example, people enjoyed a singing and dancing session with children from a local child minders group. Some people enjoyed a pampering session and lively discussion where they talked about things that were important to them.

People told us there were things for them to do at Bohanam House and their choices and decisions were respected. Comments included: "I don't ever feel bored, it's quite a lively place" and "I do my own thing most days, they respect that, it's important."

The registered manager and activity co-ordinator engaged with a range of services in the community to ensure people had access to their community. The registered manager explained the importance of engaging the local community within the Bohanam House as well as accessing local amenities. The activity co-ordinator discussed how they supported people to access the local community, including going shopping. They explained the activities people enjoyed, including sitting in the sunshine. The registered manager told us they hoped the home would have an enclosed garden in the future, a view which people living in the home told us they agreed with. One person told us, "I love it when we go outside, it would be nice to have space out there."

People and their relatives knew how to make a complaint if they were unhappy with the service being provided. The registered manager kept a record of complaints and compliments they received about the service. They had clearly investigated these complaints and discussed the outcomes with people and their relatives. The registered manager used people's concerns and complaints to improve the service people received regardless if the complaint was upheld. For example, people had raised concerns in relation to an agency carer. The registered manager carried out a comprehensive investigation and took effective action, which included barring the agency member of staff from working at Bohanam House. One relative told us, "I raised a concern and it was dealt with quickly. It's important to the safety of people."

People were supported with their end of life care. At the time of our inspection nobody was receiving end of life care, however the service had clear arrangements in place to support people, their relatives and staff. Staff informed us that no one would be left alone at the end of their life and their focus was on ensuring the person was comfortable. The registered manager and head of care ensured that where a bereavement had occurred in the home that staff were supported to reflect on this, to discuss their feelings, the person's care and changes they would make so they could continuously improve the end of life care people received.

Additionally the registered manager conformed they provided and end of life care box, which contained toiletries and essentials to support people's relatives when staying with the person at the end of their life. This supported relatives to stay at the person's side, without the need to go home.

Good

Is the service well-led?

Our findings

All staff told us they felt supported by the registered manager and their management team. They told us that they had information they needed on the service and in relation to people's needs. Comments included: "I feel supported, (registered manager) is always approachable and listens to us" and "From day one they've been really supportive." Care staff who had moved from another of the provider's homes which was closing felt the registered manager was approachable and supported them with this change. One member of staff said, "They have made us feel very welcome. Where things haven't been communicated they apologised and sorted it out."

People and their relatives spoke positively about the registered manager. Comments included: "They're really on the ball"; "They've always sorted things out for me" and "They are very involved and focused on the residents."

The registered manager informed us that they would shortly be undertaking a promotion within the provider's organisation and would be leaving their post. The manager from another of the provider's homes was moving to Bohanam House with the intention of becoming the registered manager. The current registered manager discussed that they would have a period of handover with the new manager and also planned to visit people living at the home when visiting the providers office. The registered manager spoke proudly of the achievements they had made to the home and the continued development they hoped the home would make.

All staff shared a clear vision for Bohanam House and a clear focus on it being people's home. Comments included: "The residents have their own community, they look out for each other, if someone doesn't come down to the lounge they ask. It's their home"; "Their choices are important. The battle for the television remote is ongoing, and they all get involved" and "We want people to continue having a good fulfilling life."

The registered manager and the management team had systems in place to ensure and maintain the quality of service people received. These included audits around the management of medicines, infection control, falls, complaints and tissue viability. These audits fed into a monthly operational review for the service, which was reviewed by representatives of the provider and provided them with information on actions being taken within the service. Where concerns or shortfalls had been identified these informed the home's action plan. Additionally, any actions were discussed at team meetings, or at specific meetings, such as care planning meetings. For example, at a general meeting in July 2018 the feedback from a recent audit was discussed in relation to training completion of staff.

The registered manager kept an overarching home action plan, any shortfalls identified through audits or lessons learn through complaints were recorded onto this plan. Each action was clearly allocated to a member of staff with a clear deadline. Where actions had been completed these had been signed off, for example, updating the fire risk assessment for the service.

People were protected from risk as the managers ensured lessons were learnt from any incident and

accidents to protect them from further harm. They used this information to identify any trends around accidents and incidents. The provider had recently appointed a data analyst to produce detailed information on the service and other services operated by the provider, this included information on complaints, falls and pressure area care. The head of care had started to use data in relation to pressure ulcers to reflect on their practices and drive improvements across the providers services. For example, they had identified Bohanam House had a high level of reported pressure ulcers. However, they were discussing how the identification of concerns earlier at Bohanam House had a positive impact on people's health and wellbeing. They were planning on working with the providers lead for tissue viability care to spread learning to improve people's care and treatment through early identification of concerns.

The registered manager arranged team meetings for all staff. Team meeting minutes were available which clearly documented the topics of discussion, such as changes to the home's environment and CQC checks.