Saffronland Homes 3 Limited

Bonhomie House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service

Bonhomie House provides nursing and personal care for up to 78 people who may be living with dementia, have complex mental health needs or a disability.

People's experience of using this service

The provider did not have effective oversight to consistently drive improvement. Systems and processes were not always effective to assess, monitor and improve the quality and safety of the service.

The provider failed to ensure the decision to use CCTV had been appropriately assessed and documented in line with the code of practice set out by the Surveillance Camera Commissioner (SCC). We recommend the provider seek guidance from the Surveillance Camera Commissioner to ensure people's human rights were respected and protected.

The maintenance and cleanliness of the building required improvement to ensure good infection control procedures were being followed.

Medicines were not always being managed safely.

Records relating to end of life care did not consistently document people's wishes and preferences.

Staff had received safeguarding training and had their competency in this subject checked. They were aware of the types of abuse that could happen to people, what signs to look out for and their responsibilities for reporting any concerns.

The registered manager had a good understanding of their responsibilities to notify the CQC of important events that happened within the service. People and their families had been given information so that they knew what to expect from the service.

Staff received an appropriate induction into their role and learning opportunities were made available.

Most staff said they felt supported in their role. They told us they received regular supervision and appraisal.

Staffing levels met the needs of the people using the service. Staff had been recruited safely.

People were supported to have choice and control of their lives.

People had good access to healthcare services.

People, their families and other professionals had been involved in an assessment before the service provided any support. The assessment had been used to create care and support plans that addressed people's individual identified needs. Staff demonstrated a good understanding of the actions they needed to take to support people.

A complaints procedure was in place and people told us they were confident that concerns would be dealt with appropriately by management.

Staff were supported and encouraged to share ideas about how the service could be improved and had been pro-active in supporting changes. Most staff spoke enthusiastically about the positive teamwork and support they received.

Why we inspected
This service was registered with us on 11 January 2019 and this is the first comprehensive inspection.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach of Regulation 17 (Good governance) at this inspection. The provider failed to ensure governance systems consistently drove improvement.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our safe 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Bonhomie 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team consisted of two inspectors and a specialist nurse advisor.

Service and service type
Bonhomie House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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 inspection
We reviewed information we held about the service including complaints and notifications submitted to us by the provider.

During the inspection
We spoke with seven people who used the service and four relatives about their experience of the care

provided. We spoke with eight members of staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, clinical and care audits and feedback questionnaires.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from two healthcare professionals about the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Staff spoken with were able to say how decisions were made to support people with medicines prescribed to be taken "when required". However, the care plans to support this had very limited information.
- Controlled drugs (medicines that have additional controls due their potential for misuse) were not always stored in accordance with current regulations.
- Pain relief patches were applied in accordance with the prescriber's directions. The recording of the location of application of the patch and removal was seen to be carried out consistently. There was no monitoring system to check that the patch remained in place. However, we did see that when one person's patch came off that this was identified, and a new patch applied.
- Staff had been assessed to ensure they were competent in the safe administration of medicines. We saw that staff gave medicines to people in a caring and supportive manner.

Preventing and controlling infection

- We could not be assured that the provider was promoting safety through the layout and hygiene practices of the premises. This is because the maintenance, decoration and cleanliness of the building required improvement.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place.

● Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

Assessing risk, safety monitoring and management

● Effective arrangements were in place to regularly assess and manage risk. Risk assessments had been conducted for skin integrity, oral health, repositioning and behaviours that may challenge others. When risks had been identified, appropriate measures had been put in place to ensure people received safe care. When speaking with one of the nurses they demonstrated good knowledge of the risks associated with people's care needs.

● A staff member said one person they supported had behaviours that challenged others and told us they could be aggressive and occasionally violent towards staff. The staff member said there were care plans for this which gave guidance on calming and de-escalation. The staff described what they did when the person pushed them against a wall and that they stepped back to give the person time and space to calm. Incidents of these behaviours were appropriately reported, recorded and discussed with the staff and management.

● Assessments were in place for each person who required support to manage their skin. For example, one person with sores had a care plan detailing the measures required to treat their wounds and to reduce the risk of infection.

● Referrals to the appropriate healthcare professionals were made in a timely manner. During our analysis of evidence, we contacted the Clinical Commissioning Group, CCG to advise them we had significant concerns regarding one person's wellbeing. The registered manager and staff told us they had notified numerous organisations about their concerns and their ability to meet the person's needs.

● Another staff member told us care was always provided so people were safe and that two staff used a hoist to transfer one person they cared for. They confirmed they were trained in moving and handling. They told us the person concerned had occasional seizures and described what they did when this happened ensuring the person's airway was clear and contacting a nurse on duty who would assist. The staff member said the procedures they were required to follow in the event of the person having a seizure were detailed in their care plan. The staff member also described the importance of creating a calming atmosphere in the person's accommodation following a seizure.

Staffing and recruitment

● Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. DBS carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

● Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

● Sufficient staff were deployed to meet people's needs. Through regular ongoing assessment the registered manager was able to review and amend staffing levels to meet the needs of people. Staff and relatives told us they were confident people's needs were met at all times.

Learning lessons when things go wrong

● The registered manager was open and honest about the development of the service and provided us with examples of how they learned lessons. They said, "The top floor didn't appear to have enough physical checks. We put hourly checks in place for those residents and two others on another floor. Staff are checking these residents hourly and this has encouraged some of them to come out of their rooms more".

● The registered manager provided us with a second example and said, "The staff toilets where the bin lid was off. This had been recorded on the November 2021 infection control audit. However, I evaluate all these on a monthly basis ready to action and purchase new items. From the 27th of each month is when I would usually do this. The bin has been replaced and now is a pedal opening bin".

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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).
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.

● A member of staff described the arrangement of several CCTV cameras in one person's living area which was relayed to a laptop and was monitored 24 hours a day by the person's Power of Attorney (POA). The staff member understood this was consented to by the person's POA. We visited the person and found numerous cameras to be in place. We viewed the care records associated with the decision to install CCTV. Whilst a mental capacity assessment had been conducted and a best interest decision had been documented, we could not be assured the provider had considered to the least restrictive option or complied with the code of practice set out by the Surveillance Camera Commissioner (SCC). The provider failed to provide us with evidence demonstrating they had conducted a data protection assessment (DPIA) regarding the use of CCTV. The provider did tell us they were registered with the Information Commissioner's Office (ICO) which started in June 2021. However we could not be confident the person's human rights were always respected.

We recommend the provider seek guidance from the Surveillance Camera Commissioner to ensure people's human rights are respected and protected.

●Staff were observed seeking consent from people before providing any care. Consent forms were in place and signed by people where they had capacity to make these decisions. Mental capacity assessments had been carried out where required and best interests' decisions made, involving people's relevant representatives.

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

● The decoration and design of the building was not always suitable. Carpets were stained and in many places were worn. This did not promote good infection control practice.

● The registered manager sent us an action plan after our inspection assuring us the provider was in the process of making improvements to the decoration and cleanliness of the building.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● Assessments of people's needs were completed before people moved to the home. These identified people's needs and the choices they had made about the care and support they wished to receive.

● Staff delivered care and support in line with best practice guidelines; for example, they used nationally recognised tools for assessing the risk of skin breakdown and the risk of malnutrition and planned care to reduce any risks for people.

Staff support: induction, training, skills and experience

● There was a consistent approach to supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff received regular one to one supervision, annual appraisal and on-going support from the registered manager. This provided staff with the opportunity to discuss their responsibilities and the care of people living at the home.

● Records of supervisions detailed discussions and there were plans in place to schedule appointments for the supervision meetings. Staff had regular appraisals of their work performance and a formal opportunity to review their training and development needs.

● Competency assessments had been carried out in relation to moving and handing, personal care, risk management, medicines administration and infection control.

● An agency nurse said they were supported with regular supervision by a clinical lead who had recently left the service, so she was not sure who was going to supervise her since both the registered manager and the incoming deputy were not clinical. The registered manager advised us the provider was in the process of reviewing their clinical oversight arrangements. The staff member confirmed that their competencies were assessed regularly and that the service was good with offering training, for example in addition to mandatory training, she had received training in end of life care, diabetes, epilepsy, dementia and Parkinson's disease.

Since the inspection the Nominated Individual, who is a Registered Nurse has taken responsibility for clinical lead oversight of the service.

● Staff member comments included, "I can ask for support as and when I need it. I definitely feel supported. The registered manager acts on any issuers raised." Another staff member said, "I don't feel valued at all" and asked us to raise their issues with management. A third staff member said they were supported well.

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

● People were protected from risks of poor nutrition, dehydration and swallowing problems. Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.

● A Malnutrition Universal Screening Tool (MUST) and Waterlow (pressure area risk assessment) scores were regularly reviewed. Any person who had weight loss was monitored with food and fluid charts.

● One person who had a diagnosis of Type 2 diabetes and epilepsy had detailed care plans in place and had been referred to the speech and language team (SALT) for high risks of choking. There were specific care plans to guide staff on how to manage these conditions and the person concerned was supported accordingly. A second person who had been assessed as high risk of dysphagia had also been referred to the SALT team and had a clear and detailed nutrition plan.

Staff working with other agencies to provide consistent, effective, timely care

- Regular meetings took place to discuss care where new information was shared, and staff had the opportunity to raise any issues and concerns.
- Where people required support from external healthcare professionals, this was organised, and staff followed guidance provided.
- Records confirmed people had regular access to GP's, district nurses and other professionals.
- Transfer records were available for when people required admission to hospital.

Supporting people to live healthier lives, access healthcare services and support

- People had access to specialist services such as physiotherapists, opticians, podiatrist, dentists, and the Community Mental Health team, CMHT. Nutritional assessments demonstrated people had access to dieticians or speech and language therapists.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was evidence that people's preferences and choices regarding some of these characteristics had been explored and documented in their care plans. We found no evidence to suggest people were being discriminated against.
- The registered manager commented, "Our team is multi-cultural and made up of people from all different nationalities. From them, we continue to learn and encourage our residents to be part of that" and, "We work as a team to ensure our staff can continue to follow their religious vows, this include providing private spaces for prayer time and adapting shifts to enable [staff to observe] religious events such as Ramadan and Ede. It is very important to me for every member of staff to feel valued and supported".
- We observed a number of examples where people who were living with a disability were treated with dignity, respect and were provided with equal opportunities. For example, people in wheelchairs were asked if they wanted to join in with activities and exercise and they were supported to take part.

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

- Staff supported people to make decisions about their care. For example, when they wanted to get up, what they wanted to wear, how they wanted to spend their time and what activities they engaged in.
- People said they felt listened to and were confident to talk to any staff about concerns they might have. People were encouraged to engage in their care planning and to provide input for the development of the service. One person said, "There is always a member of staff around so if I am unhappy about anything then I can just tell them. I told them I was unhappy about a meal once and they got it sorted for me".
- Staff understood peoples' communication needs and the registered manager and staff adapted their communication to meet people's preferred method of communication.

Respecting and promoting people's privacy, dignity and independence

- Where required people were provided with adapted crockery and cutlery to enable them to remain as independent as possible with meals.
- Staff showed they were caring, and one staff member said the standard of care was very good and that they would be "happy" if one of their relatives lived at the home. A member of staff said care was based on individual needs and preferences and that the "residents are the most important part of our work."
- Comments from people included, "I feel safe here", "The staff do a really good job, they make me smile" and "When they are helping me to the toilet they take their time with me and I don't feel rushed".

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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.
● The service understood and had responded to the AIS. People's communication needs were included in the assessment and care planning process.
● Staff communicated with people, using ways best suited to their individual needs. The registered manager said written information could be provided in various accessible formats if required.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● There was clear evidence of person-centred care within people's care records. Care plans were individualised, and regular reviews provided a summary of the effectiveness of the care or whether things had changed.
● People received personalised care and support specific to their needs and preferences.
● Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
● Staff involved people and their relatives where appropriate in the support. They gathered information from a variety of sources to ensure that care plans implemented were based on the individuals needs and preferences.
● Care plans and our observations demonstrated that people's choices were respected.

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
● Staff described how they supported one person on outings to the shops and to a swimming pool. The service employed an activities coordinator who staff said provided a range of events for people to take part in including exercise.
● Comments from people and relatives included, "It has been difficult because of COVID-19, but we have had chances to have visitors and we can now go out and see people if we want", "I can make calls to family if I need to" and "We have visited and everything has been OK".

Improving care quality in response to complaints or concerns
● We looked at the complaints log folder. Three complaints had been made in 2021 and there was a front sheet in the folder with the date and nature of each complaint. For each complaint there were a number of

documents.

● Two complaints had the original email letters. For a third it was difficult to tell what the complaint actually was; there were notes of meetings with two staff who appeared to have had allegations against each other regarding a disagreement. The typed notes were well recorded with dates of discussion but did not have the name or signature of the author. The registered manager said she was able to explain exactly what occurred in each complaint and that further recorded details were needed. We were satisfied the provider had investigated complaints and had taken the appropriate action.

End of life care and support

● Care plans failed to consistently document people's end of life wishes and preferences. Therefore, we could not be assured people received appropriate end of life care. This was fed back the registered manager who provided us with actions they were taking to make improvements.

●People at end of life were encouraged to remain in the care home via the provision of any specialist equipment needed. If needed, one of the nurses said palliative care specialists supported them. Records showed their do not attempt resuscitation, DNAR status had been discussed with people and shared with family.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Whilst the provider had arrangements in place to monitor the quality and performance of the service, we could not be assured their governance system for doing this always drove improvement. Medicines were not always managed safely; complaints were not always recorded appropriately, end of care plans did not consistently document people's wishes and preferences and the environment was not always clean and the premises were poorly maintained. We could not be assured the provider had complied with the code of practice set out by the Surveillance Camera Commissioner (SCC).

The failure to ensure governance systems were effective at driving improvement was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were satisfied the registered manager had notified us of other incidents they were required to tell us about in a timely manner.
- Most staff commented the registered manager was approachable and supportive.
- Staff morale was mostly positive, and they told us they enjoyed their jobs. Staff were clear about their roles and responsibilities.
- The registered manager regularly completed a range of checks on the quality and safety of the service provided. This supported them to identify any areas for improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff were enthusiastic to provide high-quality, person-centred care. They were committed to ensuring people received personalised care which met their preferences. We observed a positive, welcoming and inclusive culture within the home.
- People and their relatives also told us the home was well-run. Comments from people and their relatives included, "It has been a difficult time with the staff having to work through COVID-19 but I feel they have done a decent job", "I think they have some pretty complex people here but I am sure the staff do all they can to help" and "It's a very off time because people are wearing masks and its tricky to work out if staff are happy or not but I think they try to make people happy as best they can".
- There were systems and processes in place to check staff carried out their roles effectively. The home had an open culture and the provider was committed to improving the care provided and learning from any incidents or complaints. People, their relatives and staff told us they were confident the registered manager

would act on any concerns they raised.

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

● Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

●People, their relatives and staff had opportunities to give feedback about the home.

● Staff were able to share feedback during regular supervision meetings and staff meetings. The registered manager operated an 'open-door' policy and staff could speak with them about any ideas or concerns whenever they wanted to.

● During care reviews and meetings people could discuss any concerns they had about the home or any ideas about how it could be improved.

● Feedback was also obtained from people and staff via surveys. This information was used to make improvements to the home.

Working in partnership with others

● The management team worked effectively with external healthcare professionals to support improvement. For example, the quality team at Hampshire County Council conducted a visit to the service on 29 June 2021 to assess the quality of care. They observed staff using PPE appropriately, observed people being treated with dignity and found food and fluid was accessible to people. The record we viewed indicated the home was not always clean and hygienic.

● An interim quality review was also carried out by the CCG on 5 November 2020. The report found the service to be operating safely but found pre-admission assessments and feedback questionnaire and their analysis could be improved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure governance systems were consistently effective at driving improvement.