

St Bonaventures Trust

St Bonaventures

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

St Bonaventures is a residential care home for up to seven people with learning difficulties and autism. The service is located in a large adapted detached house; accommodation is provided on the ground and first floors. The service does not have a passenger lift.

At our last inspection in February 2016 we rated the service Good. 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.

The atmosphere at St Bonaventures was comfortable and homely. People appeared happy and comfortable in their surroundings and with the entire staff team.

People told us they felt safe living at St Bonaventures and from our observations, speaking with staff and the records we looked at during our inspection confirmed this. The provider ensured there were adequate systems in place to help ensure people were safeguarded. For example, we saw recruitment processes were robust, enough staff were deployed to support people's needs, medications were stored and administered appropriately and regular environmental and equipment checks were carried out.

The service worked within the principles of the Mental Capacity Act and made appropriate applications for Deprivation of Liberty Safeguards. The registered manager was awaiting the outcome of their most recent applications from the local authority. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff personnel and training records showed that staff had the relevant skills and experience to carry out their role effectively and received regular support from their line manager in the form of supervisions and staff meetings.

From our observations, we found that people were well cared for by a well-established staff team who knew them well and understood their support needs. People told us they liked the staff and we saw they had good relationships with them. Staff's approach was very caring and empathetic and we saw that they carried out their duties in a friendly yet professional way.

The service responded to people's needs by ensuring care plans were person-centred and contained relevant and up-to-date information. Information was communicated to people in a format that they could understand and people were able to engage in activities within the home and in the community that were meaningful and enjoyable to them.

While we saw no complaints had been recorded we saw the service had procedures in place to ensure any

concern or complaint raised would be dealt with appropriately.

The staff team worked well together. Staff were very complimentary about the registered manager and the board of trustees. The registered manager felt supported by the trustees and staff.

There were policies and procedures in place and regular staff meetings were held to help ensure staff were supported to undertake their role effectively.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service has improved to Good.

We found the service was working within the principles of the Mental Capacity Act 2005 and had made appropriate applications for the Deprivation of Liberty Safeguards. This helped to ensure people's rights were protected where people did not have the capacity to make decisions for themselves.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remains Good.

St Bonaventures

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 14 February 2018 and the first day was unannounced. The inspection team consisted of an inspector and an inspection manager.

Before our inspection, we reviewed information we held about the service such as notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. Because this inspection was brought forward from its scheduled date, we did not ask the provider to complete a Provider Information Return (PIR). 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 contacted Manchester local authority commissioning, safeguarding and public health teams to obtain their view of the service and to collect information they held such as safeguarding referrals and infection control audits. We did not receive any feedback from them. We also contacted Manchester Healthwatch who told us they had not received any feedback about this service so far. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

We spoke with four people, the registered manager and three support staff. Throughout the inspection, we observed the way staff supported and interacted with people. We looked at the environment and the standard of accommodation offered to people as well as records relating to the management of the service; these included two care files, medication administration records (MARs) for two people, one staff recruitment file, staff training records, minutes of staff and residents meetings and policies and procedures.

Is the service safe?

Our findings

People told us and our observations confirmed St Bonaventures was a safe environment. Comments included: "Yes I am very safe living here" and "(Staff) keep me safe."

There were processes in place to help ensure people were protected from abuse. Staff we spoke with knew what to do if they suspected abuse was taking place and they had received relevant training in this regard.

Recruitment processes were robust and helped to ensure only suitable candidates were hired to work with the people living at St Bonaventures. The process involved two sets of interviews, the second of which the candidate was invited to the home to meet and interact with the people living there.

During our inspection we found there were sufficient staff to support people safely. We saw people were supported safely according to their needs in an unrushed and person-centred way.

We found that accidents and incidents were recorded appropriately. We noted two examples which did not clearly identify what action, if any, the service had been taken to follow up on these incidents. The registered manager was able to explain what action had been taken. While we acknowledged these concerns were minor we pointed out that good practice would be to ensure actions taken were recorded.

Risk assessments were person centred and provided clear direction to help staff to manage people's identified risks and to meet the person's individual needs. Examples of risk assessments included for self-medication, foot care, being out in the community and engaging in particular activities such as cycling. We saw these measures helped to ensure staff knew how to support people to meet their needs while managing risk at all times.

We found medicines were managed safely. Training records we looked at showed all staff had been appropriately trained and their competence checked regularly. Staff checked medicine records and balances at the end of each shift and the registered manager made their own checks weekly to ensure medicines had been administered correctly. There were good systems in place to ensure people who visiting relatives took their medication as they should.

We saw that staff kept people safe from risk of infection by using personal protective equipment (PPE) such as gloves as required. Hand gel sanitisers were installed outside all bedrooms and all infection control supplies were kept well stocked. From the minutes of staff meetings we reviewed we noted there had been discussions about infection control and prevention.

Environmental checks were carried out to help ensure a safe environment was maintained for the people living there and staff supporting them. Maintenance and safety records we looked at showed the relevant checks took place to ensure equipment and the environment were safe. These checks included the fire equipment, gas and electrical equipment and water systems. Staff told us and records confirmed that regular fire drills were carried out. We noted that one of the recommendations from the water systems check

was that staff received Legionella awareness training. Legionella is a bacterium which could cause a severe form of pneumonia (called Legionnaires' disease).

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

At the last inspection in February 2016 we found a breach of the Health and Social Care Act 2008 in relation to how the provider ensured MCA and DoLS procedures were followed to ensure decisions were made in people's best interests. At this inspection we found sufficient improvement had been made and the registered manager had submitted the necessary DoLS applications to the local authority.

The registered manager told us and we saw in an email dated 9 August 2017 from the local authority DoLS team that the previous five DoLS applications had expired and these needed to be renewed. The registered manager showed us records of the new applications made but up to the time of this inspection the service had not received any further response from the local authority. We asked the registered manager to contact the local authority and to indicate we had raised this issue at our inspection.

We looked at the care records for two people living at St Bonaventures. We saw the registered manager completed detailed initial assessments before people were admitted and these recorded the specifics of care and support required. They told us the most recent admission visited and stayed overnight which helped to assess their suitability. These processes helped to ensure St. Bonaventures was able to effectively meet the person's assessed needs. We saw initial assessments were used to develop person centred support plans for each identified need, for example, medication, nutrition, mental health and well-being and social interaction.

The registered manager told us and we saw, from care records and staff handover notes, that people had access to healthcare professionals so that their changing health needs were met. Where required we saw the service had made appropriate referrals such as to the speech and language therapy team. We found records were kept of appointments people attended and treatment received, for example, GP appointments. This helped to ensure people's changing needs were responded to so that their health and well-being was maintained.

People were supported effectively by staff who had appropriate skills, knowledge and experience. Staffing training records we looked at showed all staff had received a robust induction and shadowing experienced

staff when they first started at the service. Staff also received relevant ongoing training in topics such as safeguarding, person centred care and autism awareness. Staff were complimentary about the training offered and told us this had adequately prepared them to do their job.

We found there were appropriate systems in place to help ensure staff were supported in their roles and had ample opportunity to identify areas for personal and professional development. Supervision records showed that staff had regular one-to-ones with the registered manager and we saw staff were able to discuss work related concerns, training and support needs and where relevant personal concerns that may affect their work. Staff told us the registered manager and the provider were very supportive and they felt valued for their contributions to the service.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. The registered manager showed us a menu book which was a photographic compilation of various dishes and foods including dishes from other countries. This was used to prompt people to decide what they dish they wanted to prepare and helped to reduce the anxiety and distress that some people experienced when they could not clearly express what they wanted. People told us they enjoyed the food at the home and we saw they helped to prepare lunch and dinner. During our inspection we saw that people and staff ate together. Staff told us this was a usual practice and that it provided a good opportunity to talk with people.

We looked at the kitchen, which was clean and well organised. We saw a rota system for cleaning was in place and tasks were done by both staff and the people living at the service.

The home environment was suited to the needs of the people that lived there. Each person had their own bedroom which was decorated to reflect their character and personality. The individuality of each room demonstrated that people's involvement in making sure they were comfortable in their surroundings. There were two bathrooms which were accessible to everyone living at the service.

Is the service caring?

Our findings

We found the service to be very caring and observed a familial atmosphere at the home. People were well-presented and looked well cared for. They told us, "I like it here" and "They (staff) are very nice to me."

Care records we looked at each contained detailed information about people's history and included ethnic group, likes and dislikes, interests/hobbies, religion and communication needs. This information helped staff to understand and support people in a compassionate way. The staff at St Bonaventures were all longstanding and clearly demonstrated they knew the people they supported.

Throughout our inspection, we saw people interacted well with staff. There was the distinct sense of friendship between people and staff and people appeared comfortable and relaxed in their environment. The registered manager told us, "We're like a big family – the residents and us, the staff." We saw several examples of this such as at meal times and when activities were done. One staff member said, "Everyone (people and staff) sits together at meal times. We (staff) are able to observe any changes (with people) in with discreet way and also discuss people's days."

We saw people living at St Bonaventures had good relationships with each and enjoyed spending time together in the communal lounge and going out to various social events. For example during our inspection, we saw two people suggested singing Karaoke and then participated together as a family. The registered manager told us people had asked to attend two upcoming events and they showed us tickets purchased for these. It was evident that the service was people-driven and their choice was at the forefront of the support provided.

Staff treated people with dignity and respected people's independence and privacy. We observed this by the manner in which staff supported people to their rooms or the toilet, when people wanted some time alone in their rooms and how people were supported to spend time away from the service with family members.

Is the service responsive?

Our findings

We looked at two care plans and found these were written in a person-centred way and identified and recorded, in great detail, people's physical, mental, emotional, social and communication needs. This helped the service to respond appropriately to their needs.

For example, one person who was hearing impaired used some Makaton signs to communicate and we saw that staff were able to communicate with them. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate by speaking. In another person's care records we noted how the service supported their goal to improve social interactions. The registered manager showed us a 'chat book' that had been created. This was a compilation of pictures which served as a dictionary the person could use if they were struggling to find the right word. They would point to the picture of that word. The registered manager told us that more recently and especially when in the community they used either a tablet or smart phone to identify pictures. This helped to protect the person's dignity.

There was a key worker system in place at the service. A key worker is a staff member who has been designated to work closely with a specific service user. At St. Bonaventures, the keyworker was responsible for updating their assigned person's care records and ensuring aspects of the person's support were met including monthly reviews, supporting with cleaning their bedrooms and clothes shopping. We found that care plans were reviewed monthly and there was evidence that people and their relatives, if applicable, were involved and contributed to the care planning and review processes.

We found the service incorporated activities into people's lives in a way that was natural and meaningful. The registered manager told us they felt very strongly that activities were considered as "part of normal life". We saw that people were able to engage in activities that added value and enjoyment to their lives. During our inspection, the registered manager showed us tickets of various events that people had decided they wanted to attend such as the cinema, a visiting circus and a weekly disco. The registered manager and staff told us the provider owned a caravan in Wales and that holidays there were planned each year. People we spoke confirmed this and from our conversations it was clear they were looked forward to and enjoyed these holidays.

We asked to see the service's policy and procedure for managing complaints. The registered manager told us they had not received any complaints but showed us there was a complaints procedure in place and this was available in a format that people using the could understand. People we spoke with said they would speak with the registered manager or a staff member if they were unhappy about anything.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager in the day to day running of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We saw the registered manager was visible within the service and found they engaged easily with people and the staff team. The registered manager spoke passionately about the service and had a clear idea of how the service delivered quality care that was person-centred and empowered the people supported to achieve positive outcomes. They were proud of the history of the service which was founded by friends and family of prospective residents to provide a caring and supportive environment for people with a learning disability. The registered manager also credited much of their success at the service to the dedicated staff team and support received from the trustees. They said, "[St Bonaventures] is a good organisation and (I've got) a good staff group, (they are) flexible and good at what they do."

The provider is a charitable trust run by a board of trustees. We spoke with the chair of trustees, a founding member, who told us, "The philosophy of St. Bonaventures is about helping each other, no matter who it, resident or member of staff." The trustee spoke highly of the registered manager and the staff team. They said, "[Registered manager's name] is such a good manager. (They are) efficient and fair" and "We've got fantastic staff."

All the staff we spoke with told us they enjoyed working with the people at St. Bonaventures. They said the registered manager was approachable and supportive as was the trustees. Comments included, "[Registered manager] is very supportive and will bend over backwards to help" and "[Registered manager] is proactive in acting on people's changing needs."

There were adequate systems in place to monitor and assess the quality of the service. These helped to ensure people's safety and welfare were maintained and people achieved meaningful outcomes. Quality checks included medication administration records, care records, regular environmental checks such as fire equipment and feedback surveys. The registered manager told us additional oversight was provided by the board of trustees in the form of informal checks of the service and management meetings between registered manager and the chair of trustees. We noted these checks were not recorded but that a record of management meetings was kept and documented the discussion of issues facing the service and what action was required to resolve them. We noted from minutes the board of trustees met on a regular basis to discuss how the service was being run including the review of accidents and incidents and staff training.

We saw annual feedback surveys had been sent out to people's relatives in August 2017. The responses were positive and complimented the service in relation to person centred care provided, management style, ability to communicate effectively, and its open and transparent culture. We observed there was a definite 'open door' policy at the home with people comfortably approaching the management team when needed.

We asked the registered manager what steps they took to ensure continuous learning and improvement. They told us one of the ways they did this was by attending annual conferences in health and social care which was fully supported by the board of trustees. They gave us an example of some learning which had helped them provide a more person-centred and dignified approach to presenting softened and pureed foods by using silicone food moulds. The registered manager then showed us how these were currently being used.

We saw people and staff at St Bonaventures were involved in how the service was run and there were appropriate forums in which matters pertaining to the service could be discussed, such as resident house meetings and staff meetings. Minutes of house meetings showed that people were able to discuss what was important to them such as how they wanted to spend their spare time. We saw staff meetings gave the staff team the opportunity to discuss service-related issues as a group with their colleagues and the registered manager.

There was appropriate documentation in place to ensure staff were supported in their roles. We saw the provider had policies and procedures in place to provide guidance and support to staff in carrying out their caring role; these included safeguarding, medication management and fire safety. We saw that these documents were readily accessible to staff in the staff room and also available via an app. There were also regular staff meetings in which staff were able to discuss service related issues and the registered manager was able to reinforce good practice.

The registered manager also told us they attended regular provider forum meetings at which they were able to discuss good practice and challenges facing providers within the industry. They told us this helped them to keep abreast of what was happening in the industry and how they could improve their service.

We received appropriate notifications which demonstrated the registered manager understood their legal obligations including notifying CQC of any significant incidents relating to the service.