

Boniville House Limited

# Boniville 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

Boniville House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. Boniville House provides care and support for up to five people who live with mental health conditions. At the time of our inspection three people were using the service. Public transport and a range of shops are located close to the home.

We carried out an unannounced inspection of Boniville House on the 17 April 2018. At our previous inspection on the 4 April 2017 we rated the service 'requires improvement' and identified three breaches of legal requirements relating to safe care and treatment, staffing and good governance. At this inspection we found the provider had taken sufficient action to address the breaches of regulation identified at our previous inspection and we rated the service as good overall and for the key questions safe, effective caring, responsive and well-led.

The service has a registered manager. A registered manager is a person who has registered with the 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.

All the people using the service told us that they were happy living in the home and satisfied with the care and support that they received from staff.

People told us that they felt safe at the service. Risk assessment and management processes had been improved and staff knew about the risks to people's safety and how these were minimised by the service. Action had been taken to address the deficiencies in fire safety, and an emergency plan had been put in place.

Staff training and supervision arrangements had been improved. The provider had introduced a new training programme to ensure staff had the knowledge and skills to undertake their roles in providing people with individualised care. Staff now received effective supervision that supported them to carry out their roles.

The provider had improved and developed the arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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 gained people's consent before providing them with assistance with personal care.

People's care plans included details about people's individual preferences and information staff required to provide people with the care and support they needed in the way that they wanted. Care plans were reviewed regularly with people using the service and were updated when people's needs changed.

People told us that staff were kind to them. Staff knew people well and had a caring approach to their work and understood the importance of treating people with dignity, protecting people's privacy and respecting their differences.

People had the opportunity to take part in a range of activities of their choice. Appropriate recruitment procedures were in place so that only suitable staff were employed to provide people with the care and support that they needed. Staffing levels and skill mix provided people with the assistance and care that they needed.

People knew how to make a complaint and/or raise concerns about the service. They were confident that they would be listened to and their concerns addressed appropriately by management.

People's healthcare needs were assessed and met by the service. Management liaised with healthcare and social care agencies to ensure people's needs and preferences were met.

People enjoyed the meals provided by the service and confirmed that their dietary needs and preferences were understood and supported by staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Systems were in place to keep people safe. Staff knew how to recognise and report abuse.

Risks to people were identified and measures were in place to lessen the risk of people being harmed. Learning from incidents took place.

People were protected by the proper and safe management of medicines.

Safe recruitment practices were in place

### Is the service effective?

Good 

The service was effective.

People's dietary needs and preferences were accommodated by the service.

People received support from staff who were appropriately trained and supported to perform their roles in meeting each person's needs.

People's healthcare needs were understood by the service. People were supported to access a range of health care services to monitor and provide treatment when needed.

Staff sought people's consent before providing care and support.

The premises was accessible to each person using the service

### Is the service caring?

Good 

The service was caring.

People were treated with kindness from staff who knew them well.

People's privacy and dignity were supported. Relationships with

those important to people were supported.

People's religious, gender and cultural needs and preferences were respected.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed. People were fully involved in the development and review of their care plans.

People had the opportunity to take part in a range of activities of their choice that met their preferences and minimised any risk of social isolation.

A complaints process was in place. People were listened to. They knew how to make a complaint and were confident any concerns that they had would be taken seriously and addressed.

### Is the service well-led?

Good ●

The service was well-led

The atmosphere at the service was open and inclusive.

The registered manager had addressed the shortfalls found during the last inspection.

There were a range of processes in place to monitor the quality of the service and to drive improvement.

The registered manager provided staff with the support and direction that they needed to meet the needs of people using the service.

# Boniville 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 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 was a comprehensive inspection: It took place on the 17 April 2018 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included the Provider Information Return [PIR] which the provider had completed before the inspection. The PIR 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 discussed the PIR with the registered manager during the inspection.

During the inspection we observed interactions between staff and people who used the service. We spoke with all the people using the service, the registered manager, deputy manager and two care workers. Following the inspection we spoke with one person's relative. We also contacted three people's local authority care coordinators and had received feedback from one care coordinator at the time of the completion of this report.

We also reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of three people using the service, three staff records, audits and policies and procedures that related to the management of the service.

# Is the service safe?

## Our findings

People told us that they felt safe living in the home. A person's relative told us that they had no concerns about the safety of a person using the service and told us, "[Person] is relaxed and seems to be happy."

At our previous inspection in April 2017 we found that some risks to people's safety and welfare had been identified and that risk management plans to mitigate and manage those risks had been completed. However, we found that there were some risks to people's safety that had not been assessed. These had included risk of scalding from uncovered radiators, health and safety risks of staff working alone and the recording of a risk assessment and management strategies regarding a person's behaviour in relation to food.

Deficiencies found from a fire risk assessment of the premises had not been addressed. Three doors located in the communal area had been found to be wedged open, which made them ineffective in the event of a fire. Also, the service did not have an emergency contingency plan in place that detailed how the staff needed to respond in the event of emergencies such as gas, water leaks and loss of electricity supply.

At this inspection we found risk assessment and risk management had been developed and improved. Following carrying out a risk assessment of the radiators the provider had been responsive in ensuring that the radiators were protected by suitable covers to prevent people being injured. The service now had a lone working policy. Staff had a good understanding about how to keep safe when working alone. They knew who to contact for advice and in the event of an emergency. A risk assessment with management procedures to reduce a person's risk of being harmed due to their behaviour with food. The other people using the service could freely access food without restriction. The registered manager had completed an emergency contingency plan and addressed the fire safety deficiencies found during the last inspection.

People's care plans included information about any risks to their safety. Where risks had been identified, actions and guidance for staff to follow were in place to keep people safe. People's risk assessments included risks associated with smoking, behaviour and self-neglect. Risk assessments were regularly reviewed and when people's needs changed.

The above action taken by the provider showed us that they were no longer in breach of the regulation relating to safe care and treatment.

The service had a safeguarding policy to protect people and keep them safe. Staff had a good understanding of different types of abuse. They knew they needed to report any concerns to the registered manager. Staff told us that they would contact the host local authority safeguarding team and the CQC if no action was taken by management. Records showed that staff had received training about safeguarding adults. Contact details of the host local authority were accessible to people, staff and visitors as they were displayed in the home.

Staff were aware of whistleblowing procedures and told us that they wouldn't hesitate to report any poor

practice from staff or other concerns to do with the service to the registered manager

People received support with their finances that met their individual needs. There were appropriate arrangements in place for managing people's finances. Some people managed their own monies with some support from staff, and others had support from a relative and staff. People had individual financial care plans that detailed any support people needed with their finances. Arrangements were in place to monitor people's cash that was held in the home. Records of people's income and expenditure were maintained and checked regularly by the registered manager and/or deputy manager. People's cash was stored safely and they signed for any money that they received. People had a good understanding of how their monies were managed and confirmed that they made decisions about expenditure.

Accidents and incidents were recorded, addressed appropriately and monitored. Staff understood their responsibilities to report and record incidents. The registered manager spoke of the importance of learning from incidents. They had reviewed incidents as part of a recent comprehensive audit of the service. They had looked for patterns and learning from them to minimise the risk of reoccurrence.

Safe recruitment practices continued to be followed, including checking staff's eligibility to work in the UK, obtaining references from previous employers and undertaking criminal record checks. We checked three staff's records, which showed appropriate checks had been carried out. The registered manager informed us that one member of staff who had worked in the home for many years had only one reference due to it having been mislaid before the current registered manager was in post. The registered manager provided us with a detailed summary of this matter, which indicated that the current risk to the service of the person only having one reference was very low.

We looked at the arrangements that were in place to ensure there were sufficient staff on duty so people received the care and support that they needed and were safe. One staff member was on duty most of the time. Management staff visited the service most days and provided people with care and support when needed and accompanied people to healthcare checks and other appointments. A person's relative told us that a person received continuity of care from staff that they knew well. They told us that this was important to the person using the service.

Arrangements were in place to manage and administer medicines safely. People's medicines were stored safely and medicine administration records showed that people had received their medicines as prescribed. Staff told us that they received training about medicines and had their competency to manage and administer medicines assessed, which was confirmed by records. Comprehensive details of each person's medicines including the reason for them being prescribed were available to staff. One person did not have a written protocol for the administration of one medicine that they received when they needed it [PRN]. This was completed promptly during the inspection. We observed staff administering people's medicines safely. They gave people time to consume their medicines before administering medicines to other people. People were very knowledgeable about their medicines.

Regular safety checks were carried out to ensure people, staff and visitors were safe. These included checks and servicing of electrical and gas appliances. We noted that regular temperature checks of the hot water outlets were not being carried out. The registered manager told us and records showed that thermostatic mixer valves had been installed to ensure the hot water was within a safe temperature range. We checked the hot water temperature and found no indication that it was unsafe. The registered manager told us that they would commence carrying out hot water outlet temperature checks.

The service had an up to date fire risk assessment. Routine fire safety checks and fire drills were carried out.



Each person had a personal emergency evacuation plan [PEEP. These detailed the support people would need if the building had to be evacuated in an emergency.

The home was clean. We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. Records showed us that staff had completed training on infection control and food hygiene. Protective clothing including disposable gloves and aprons were used by staff when undertaking some tasks, to minimise the risk of cross infection."

People using the service worked with staff to keep the environment clean. A person using the service told us about the household tasks that they regularly completed. Another person spoke in a positive manner about cleaning and tidying their bedroom. Information about good hand hygiene was displayed. We heard people being reminded to wash their hands prior to preparing food. Infection control checks of the service were regularly carried out by management.

The service had recently received a rating of 5 [very good] following a food safety inspection carried out by the host local authority.

# Is the service effective?

## Our findings

People using the service told us they were satisfied with the service and felt that staff provided them with the care and support that they wanted and needed. They told us that their choices were respected and that they were fully involved in the decisions about their care and the life that they chose to lead. A person's relative told us that they felt that staff were "very good with what they do," and were competent.

At our previous inspection in April 2017 we found that there were shortfalls in the provision of training and supervision provided to staff. It was not evident that staff received the instruction and support that they needed to undertake their duties in meeting people's needs and develop their skills.

At this inspection we found that the provider had implemented an electronic learning programme for staff. Management and staff spoke positively about the training that staff now received. Staff told us and records showed that staff had completed a wide range of training relevant to their role and responsibilities. Topics of staff training and learning included, emergency first aid, food and hygiene, fire, health and safety, infection control, safeguarding adults, Mental capacity Act [MCA] and Deprivation of Liberty Safeguards [DoLS]. Staff had also completed training in mental health awareness, record keeping, person centred care and equality and diversity.

Staff told us that they felt well supported by management. They spoke of receiving regular day to day supervision and support from management staff as well as formal one-to-one supervision. The registered manager had completed training about carrying out staff supervision and appraisals. Records of one-to-one supervision showed that staff development and topics to do with the service were discussed with staff. A member of staff told us that they had started to complete their part of the appraisal documentation.

The provider had taken appropriate action to address the shortfalls we found during the previous inspection and was no longer in breach of regulation relating to staffing.

Staff were knowledgeable about people's needs. They told us that they read people's care plans and spoke of good communication between them and management which ensured they were always up to date with people's current needs. People using the service spoke of their care plans. A person told us that they were fully involved in their plan of care and that staff, "Sit and talk with me about my care plan and goals."

People told us that they were listened to and their choices respected by staff. A person confirmed that they were fully involved in the reviews of their care plans. We heard staff encourage people to make choices about activities and meals. People's choices were respected by staff.

People's care plans and other records included information about each person's healthcare needs. Care plans showed that people's healthcare needs were monitored closely. They included details of people's medical conditions and guidance for staff to follow to meet those needs. People told us about a range of healthcare services that they accessed. Care records included a record of appointments with healthcare professionals that included GPs, dentists and opticians. A person's care coordinator told us that they found

staff to be very supportive of a person using the service and had been effective in ensuring that the person received the medical assessment and treatment that they required.

Staff told us and records showed that when staff first started work they had received an induction that had prepared them for carrying out their role and responsibilities. The induction had included learning about their role, the organisation, health and safety issues and people's needs. The registered manager told us that they were looking into developing the current induction to include Care Certificate induction standards. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff in the health and social care sectors. Most staff had achieved relevant qualifications in health and social care.

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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff supported people in line with the MCA. People living in the home had the capacity to make decisions about their lives including care and treatment. Staff were aware that when a person did not have capacity to make a particular decision, a decision would be made on their behalf in liaison with relevant professionals and others involved in their care. At the time of this inspection no people had DoLS authorisations in place. People were not restricted, they had a key to the front door and went out and about freely during the inspection. A person's relative told us that staff supported a person to "have a lot of freedom."

Staff knew about the importance of obtaining people's consent before helping them with personal care and all other support.

People told us that they were satisfied with the meals that were provided and could choose what they wanted to eat. People's dietary preferences were supported and a person spoke about the foods that they enjoyed and confirmed that their dietary cultural preferences were met by the service. People made their own drinks throughout the day and told us that there was always food including fresh fruit available when they wanted a snack. A person's relative spoke of a person using the service having their own personal food storage cupboard and spoke highly of the food provided to people which they told us was "home cooked."

The home was pleasantly warm and well-maintained. People told us that they were happy with their bedrooms. A person showed us their bedroom which was personalised with items of their choice.

People were fully mobile and were able to access all areas of the premises. Maintenance issues were addressed promptly.

## Is the service caring?

### Our findings

People using the service told us that staff were kind. We saw positive engagement between people and staff. Staff spoke with them in a respectful friendly manner. A person's relative told us, "I am happy, staff are very nice, they know [person] well," and that they felt a person was "relaxed," living in the home.

Staff spoke of the satisfaction that they got from caring and supporting people who use the service and of their liking and respect for them. People's care plans included detailed information about their background which helped staff understand their preferences, needs and wishes. Staff knew people well. They spoke about providing people with the emotional day to day support as well as when people experienced challenging times in their lives, such as bereavement.

People's privacy and dignity was supported. They had their own key to their bedroom so could lock it when they wished. Staff had a good understanding of what privacy and dignity meant in relation to supporting people with their care. They knew the importance of respecting confidentiality by not speaking about people to anyone except those involved in the person's care. People's care records were kept secure.

Staff encouraged and supported people to be as independent as possible. They spoke of their role in helping people to develop their confidence and competence to be more self-reliant.

People carried out a range of household tasks to maintain and develop their skills. On occasions they took part in activities outside of the home and attended appointments independently. A relative told us that a person using the service had benefitted from their participation in carrying out household "chores". People had been supported to obtain travel passes that enabled them to access public transport for free, which promoted their independence and minimised the risk of social isolation. A person spoke of having regularly used their travel pass to access community facilities.

A person provided us with many examples of how with support from staff their independence had developed since they started living in the home. They told us that they had been actively involved in making decisions about their care and had more confidence to take part in more community based activities. They spoke of their aim with support from staff to live more independently in the future. The registered manager told us that a person who had used the service had moved on to live in a supported living service. A care coordinator told us about staff having supported a person to achieve an effective outcome following encouraging the person to develop their self-care.

The registered manager told us that they monitored the engagement between staff and people using the service and obtained feedback from people about their experience of the service including the care and support they received from staff.

People were supported to maintain relationships with family and friends. People told us about their families and of their visits to see them in the home and of their visits to relatives. A person's relative told us that they regularly visited the service and always felt welcomed by staff.

People and staff confirmed that festive occasions and people's birthdays were celebrated by the service. People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff had completed diversity and equality training. They were aware of the importance of treating people fairly and respecting their differences and human rights. People's religious and cultural needs were supported by the service. A person spoke of their regular attendance at a place of worship.

## Is the service responsive?

### Our findings

People using the service told us that they received the care and support from staff that they needed. A person told us, "They [staff] are nice, they help me."

A person's relative told us that they were kept well informed about a person's needs and wellbeing and that they "Couldn't fault them [staff]."

People's care documentation showed that people's needs and preferences had been assessed with their involvement before they moved into the home, to help ensure that the service was able to meet their needs. People's care plans were developed from the initial assessment and included details about their healthcare, personal care; social and behaviour needs and guidance for staff to follow to ensure those needs were met. Staff told us that people's needs and wellbeing were assessed every day to ensure they provided people with the care and support that people needed.

People's care plans were personalised. The care plans included specific information about people's individual needs, background, preferences and routines and detailed information about how each person would like to be supported. Care plans and other records indicated that staff had been responsive to any changes in people's needs. Staff were currently supporting a person with arranging and attending healthcare and hospital appointments in response to a change in their health.

Staff had a 'handover' at the start of each shift when people's care needs and any changes were discussed and reviewed by staff. Staff also completed 'daily' records about the care, support and needs of people using the service so staff always had up to date information about people's current needs. This was of particular importance as staff often worked alone. The support needs of people described by members of staff corresponded with the care plans we looked at and from our conversations with people using the service.

We discussed the Accessible Information Standard [AIS] with the registered manager. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. Information about the service and policies and procedures were in written format. The registered manager told us that currently people using the service were able to read and did not have sensory needs which affected their access to information. The registered manager told us that they had recently obtained information about AIS. They told us that they would look into developing the format of information provided by the service to ensure that it was accessible to people using the service if their needs changed and for prospective people using the service who might have a disability or sensory loss.

People were supported to take part in activities of their choice. A person's relative told us that a person was supported and encouraged by staff to take part in activities. People told us about their daily routines and the things that they enjoyed doing. They told us that they liked the local community and often did shopping in nearby shops. People went out to the shops during our visit. Staff encouraged people to try new activities

to help with developing their skills and confidence. A person spoke enthusiastically about the wide range of activities that they took part in. They spoke of enjoying, shopping, visiting a library, swimming and taking part in some indoor activities with staff that included board games. A person told us about their enjoyment of volunteering in a local charity shop and spoke of being, "busy."

The service had a process in place for recording and dealing with complaints appropriately. The complaints procedure was displayed. Two complaints within the last twelve months were recorded. Appropriate action had been taken to address them. People using the service told us that they would speak with the registered manager or the deputy manager and/or relatives if they had any worry or a complaint about the service.

At the time of the inspection there was no one receiving end of life care. The registered manager told us that there had been an occasion when a person had received care and support during the end of their life. They spoke of their liaison with GPs and community nurses in supporting the person. The registered manager told us that they planned to engage with people using the service about their end of life wishes and document this in their care records.

# Is the service well-led?

## Our findings

People using the service and staff spoke highly about the registered manager and deputy manager. People told us that management staff were supportive. A person told us that they felt that the service was well run. When we asked a person's relative whether they would recommend the service they told us, "Absolutely." They told us that they felt the home was well run and "couldn't fault them [staff]."

At our previous inspection in April 2017 we found there were not effective systems to review and improve the quality and safety of the service provided to people. We found at this inspection that the provider had taken action to improve their practice by carrying out a range of checks of the service provided to people. These included checks of window restrictors, fridge freezer temperatures, hot food temperatures, medicines, fire safety, and cleanliness of the service. Improvements to the service were made following these checks. For example, a window restrictor was repaired after a check had found that it was damaged. A health and safety check of the service had recently been completed by a specialist provider and records showed that action had been taken to address shortfalls found. We saw the programme of weekly and monthly audits of key areas of service were carried out.

The registered manager had recently carried out a comprehensive review of the service provided to people. This had included analysing key areas of the service such as, complaints, incidents, and medicines management. The registered manager had identified where there were trends and where lessons had been learnt and improvements made.

The provider had taken appropriate action to address the shortfalls we found during the previous inspection and was no longer in breach of regulation relating to good governance.

The registered manager ran the service with support from the deputy manager. Care staff were knowledgeable about the lines of accountability and spoke positively about communication with management. They told us that they were comfortable raising issues with management about the service and were confident that they would be addressed. Staff had the opportunity to attend team meetings where they were informed about any changes to do with the service, discussed people's progress and best practice. Staff spoke well of the registered manager and the deputy manager they told us that they were always available when they needed advice and support. A care worker provided an example that showed that the registered manager had been very responsive during a significant event.

The registered manager told us about how they kept up to date with relevant legislation and good practice guidance. They spoke of regularly attending the local authority's provider forum to keep informed about changes to do with relevant legislation and social care services.

The registered manager spoke about the improvements in communication with care staff and some people's relatives that had been made by the use of an electronic messaging system. A member of staff provided us with an example of this positive communication. They told us that they and other staff had received an electronic message from management about a particular issue which needed a response from a



care staff. They spoke of having responded quickly to the request and addressed the issue.

The registered manager told us and records showed that the service liaised with people's local authority placing care coordinators about people's care needs. A care coordinator provided us with positive feedback about the management and service provided to people.

Records showed that residents meetings were organised. A range of topics to do with the service were discussed during these meetings and showed that people had the opportunity to raise issues or feedback about their experience of the service.

Feedback questionnaires had recently been sent to people's relatives, healthcare professionals involved in people's care and people using the service. Feedback that we looked at was positive about the service.

Care documentation was up to date. The service had a range of up to date policies and procedures in place. The policies included the guidance staff needed to follow and act upon in all areas of the service such as responding to complaints and health and safety matters.