

# Care 24-7 Leicester Limited

## Bodnant House

### Inspection report

11 Bodnant Avenue  
Leicester  
Leicestershire  
LE5 5RB

Tel: 01162425779

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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

This was an unannounced inspection that took place on 7 April 2016.

Bodnant House is a residential care service providing personal care and support for up to 10 younger and older adults living with learning disabilities, autistic spectrum disorders, mental health needs, and sensory impairments.

The premises are on three floors, all bedrooms are single, and there is a lounge and a separate dining room on the ground floor. There is a secluded garden at the rear of the home. At the time of our inspection there were seven people using the service.

The service did not have a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection the manager had applied to become registered with CQC and their application was being processed.

Bodnant House had a lively, friendly atmosphere. The people who lived there came in and out of the premises with staff on various errands. We observed plenty of interaction between the people using the service, relatives, staff, the managers, and the provider. Everyone seemed to get on well and was sociable. Bodnant House was to be a homely place where group living was working well and people were happy and settled.

All the people using the service and relatives we spoke with said the staff were caring and kind.

Staff took an interest in the people they supported and encouraged them to develop their hobbies and interests. They talked, ate, and did activities with them. People were also encouraged to be independent and to get involved in the day to day running of the home. One relative told us this had given their family member a sense of responsibility which was positive for them as it improved their self-esteem.

People told us they felt safe at the service and relatives also said they thought their family members were safe. One relative said their family member had been at risk of harm prior to coming to the service but was now safe. Staff were trained in safeguarding and knew what to do if they had concerns about any of the people using the service. Risks were safely managed because staff enabled people to do what they wanted to do with measures in place to help ensure they remained safe.

There were enough staff on duty to keep people safe and meet their needs. The staff employed had the right skills and experience to work with the people using the service. People had their medicines safely and at the right time. We observed that staff knew the people they supported well and worked confidently with them. They were knowledgeable about people's day to day needs and knew their likes, dislikes, and how they

preferred to be supported.

People using the service and relatives said the food was good and included both English and Indian dishes. People chose what they ate and helped in the kitchen if they wanted to. Staff were aware of people's likes and dislikes and any cultural requirements they might have with regards to their diets.

Staff supported people to maintain good health and access healthcare services if they needed to. They understood where people might be at risk of poor health and what they needed to do to address this. They accompanied people to the doctor or to other healthcare appointments when necessary. Staff encouraged people to lead a healthy lifestyle by encouraging them to eat well, exercise, and take care of themselves.

People using the service were involved in how it was run. They were asked for their views and suggestions at regular house meetings held every one to two months, and during reviews and meetings with staff. The manager also spoke with them on a daily basis, as did the provider when he visited, to check they were satisfied with the service. Annual surveys gave people using the service, relatives, and visiting professionals the opportunity to comment on the service.

## 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.

People using the service felt safe at the service and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks and helped to ensure that their freedom was respected.

There were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities.

Medicines were safely managed and administered in the way people wanted them.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained to enable them to support people safely and effectively.

People were supported to maintain their freedom using the least restrictive methods.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and treated people as unique individuals.

Staff communicated well with people and knew their likes, dislikes and preferences.

People were encouraged to make choices and were involved in

decisions about their care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care that met their needs.

Staff encouraged people to take part in group and one to one activities.

People knew how to make a complaint if they needed to and support was available for them to do this.

### **Is the service well-led?**

**Good** ●

The service was well led.

The home had an open and friendly culture and the registered manager was approachable and helpful.

The manager and staff welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check on the quality of the service.

# Bodnant 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 inspection took place on 7 April 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of people with learning disabilities.

Before the inspection we reviewed the 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 also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with five people using the service and three relatives. We also spoke with the manager, the previous registered manager, the provider, the cook, one senior support worker and one support worker.

We observed people being supported in communal areas. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at three people's care records.

# Is the service safe?

## Our findings

People told us they felt safe at the service. One person said, "It's good. It's safe. The staff are here for me. The people are alright. Everyone's nice." Another person commented, "[There's] no danger, nobody hurts me. Staff are nice to us." One person added that they thought the premises were safe because, "The doors are all safely locked."

Relatives also said they thought their family members were safe. One relative said their family member had been at risk prior to coming to the service but was now safe. They told us, "When he went there, he was in a terrible state, mentally and physically. At Christmas [since being at Bodnant House] he was saying to me 'thank you so much for bringing me here'. I can't believe how he has changed. I thought it wouldn't happen or that it would take a long time. The change has been incredible."

All staff were trained in safeguarding and knew what to do if they had concerns about any of the people using the service. Records showed that if there were any safeguarding concerns these were dealt with following the provider's policies and procedures. Posters displayed at the premises reminded the people using the service of their right to be safe and told them what to do if they were unhappy or had any concerns.

Risk were managed so that people were protected and their freedom supported and respected. The provider had a safe system of risk assessment in place. We looked at risk assessments belonging to two people using the service. These had been written in consultation with the person themselves, their family, and, where appropriate, health and social care workers. They focused on minimising risk while enabling the person to become more independent and make choices about their lifestyle.

For example, one person needed extra support when going shopping as they didn't like crowds. Their risk assessment stated that two members of staff must accompany them and they should go in the morning or evening when the shops were less busy. This showed that staff enabled the person to do what they wanted to do with measures in place to help ensure they remained safe.

Another person was at risk of their mental health deteriorating. In order to monitor this their risk assessment listed signs and symptoms that might indicate this was happening, for example 'disturbed sleep' and 'refusing medicines'. Having this information helped to ensure that staff could take prompt action if their person was becoming unwell, and involve mental health professionals if necessary.

People using the service told us there were enough staff on duty to keep them safe and meet their needs. One person said, "There's always somebody around. Somebody there with you." Another person commented, "The staff come and sit and talk. I call if I need to and they come."

Relatives were also satisfied with the staffing numbers. One relative said, "There are enough staff for them [the people using the service]. There's never just one member of staff there." Another relative told us, "Staff are always there, every time I ring."

Records showed that staffing levels were satisfactory and consistent and the staff members we spoke with confirmed this. Staff said they were happy with how many staff were on duty for each shift. One staff member said, "Yes, there are enough staff during the day and at night."

Records showed the provider operated a safe recruitment process to help ensure the staff employed had the right skills and experience and were safe to work with the people using the service. We checked two staff files and found they had all the required documentation in place including police checks and references.

People told us they were satisfied that their medicines were given to them safely and at the right time. One person said, "I get my medicine. I always take it. It's in there [pointed to the place where medicines were stored]. They always give it - they don't forget." Another person commented, "They give them [my medicines] to me. They don't forget. I'd remember anyway."

A relative said they were pleased that since being at the service their family member had been able to come off some of their medicines. They said the person was now only on essential medicines and these were given at the correct time. Another relative told us they had seen their family member have their medicines on time.

The staff we spoke understood the importance of people having their prescribed medicines at the correct time. For example, a staff member explained to us how one of the people using the service had to have their medicines a set time after their meals or they would not be effective. Records showed they were given at the right time and this had helped to stabilise a medical condition the person had.

Medicines were safely stored and administered. All staff who gave out medicines had been trained to do this. Following this training senior staff carried out 'competency checks' to help ensure the staff administered medicines safely. The managers also audited medicines records to ensure they were completed correctly and showed that people had had their medicines when they needed them.



# Is the service effective?

## Our findings

All the people using the service and relatives we spoke with made many positive comments about the staff team. People said they were 'patient', 'efficient', and 'knowledgeable' and supported people in a calm and friendly manner.

During our inspection we observed that staff knew the people they supported well and worked confidently with them. They were knowledgeable about people's day to day needs and knew their likes, dislikes, and how they preferred to be supported.

Records showed that when staff joined the service they completed the Care Certificate. This is a nationally-recognised induction training course for care workers. Staff work through it with their managers and it aims to provide them with the necessary skills, knowledge and behaviours to provide good quality care and support.

Staff went on to do general training courses in subjects such as care planning, risk assessment, and safeguarding. If staff needed specialist training to meet the need of particular individuals using the service this was provided by psychologists and community psychiatric nurses. This helped to ensure staff had the skills they needed to provide the people they supported with effective 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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at how people's consent to care and treatment was sought in line with legislation and guidance. Records showed that all the people using the service had mental capacity assessments in place with regard to making certain choices and decisions. Where appropriate, people had been referred to the DoLS team for assessment and the service was awaiting the outcome of these. This showed that the principles of the MCA were being followed at the service.

We looked at the how the service supported people to have sufficient to eat, drink, and maintain a balanced diet.

People using the service told us they liked the food. One person said, "The food is lovely. They're good cooks [here]." Another person commented, "I enjoy the food. There is a good choice. They make it [here]." English and Indian food was served and people said they liked having the choice of both. For example, one person

told us, "Food - I have dhal (lentil curry) and roti, yes. I do eat English food (also) - it's okay. It is tasty food." And another person commented, "I like both Indian and other foods. I get halal meat."

Relatives said their family members' dietary needs were met. One relative told us, "He couldn't eat before [he came here]. He lost so much weight. He only ate crisps. Here he eyes up all the curries and he's never stopped eating them and making his own chapattis. He's put weight on and looks different." Another relative said the staff served authentic Indian food and drink, for example tea with lychees.

Lunch was served during our inspection. The dining room was clean and well-presented with a choice of tables for people to sit at. The walls were decorated with large pictures of the typical meals served including fish and chips, roast dinner, apple crumble and custard, fresh vegetables, and Indian curries. This helped people decide on the sort of meals they would like.

Before lunch the cook asked people what they wanted to eat from the day's menu and some people went into the kitchen to look at the food before they decided. We saw that one person using the service, who liked cooking, was preparing food in the kitchen alongside the cook.

Staff were aware of people's likes and dislikes and any cultural requirements they might have with regards to their diets. This information was also in people's records. For example one person stated they liked a mixture of Indian and English dishes including chapattis, curry, fish, lasagne and chicken. We checked this person's 'food monitoring record' and saw they had had these items over the last few weeks so their choice of meals had been served.

Staff told us they ensured people had the food they wanted. One staff member said, "[Person's name] likes his English dinner that he chooses himself and we cook for him. Yesterday he wanted hash browns with bacon and I made them. Or he'll have tortilla wraps." People using the service said they could have snacks and drinks whenever they wanted and they were allowed to use the kitchen 24 hours a day with or without staff supervision depending on their support needs.

People using the service were encouraged to be a healthy weight and staff weighed them to check this. We saw that staff took action if a person's weight changed significantly, for example they had recently referred one person to a dietician via their GP because of weight changes. However, weight charts did not show what people's ideal weights should be or how much they had to gain or lose before medical attention was sought. We discussed this with the manager who agreed to add this information to help staff support people effectively.

People told us the staff supported them to maintain good health and access healthcare services if they needed to. Comments included: "I go to the dentist and to the doctor with staff in the car."; "I went to the chiropodist. They [the staff] made an appointment for me."; and "If I don't feel well, they [the staff] see to me."

Relatives said they were satisfied with how their family members' healthcare needs were met at the service. They told us that staff took people to the doctor and dentist when they needed to. Records confirmed this and provided evidence of people using the service being seen by a range of healthcare professionals in keeping with their needs.

Each person using the service had a 'physical health care plan'. This highlighted areas where they might be at risk of poor health and what staff needed to do to address this. For example, if a person had or was at risk of diabetes staff supported them to see a dietician, take more exercise, and have a healthy diet. Staff also

put up easy-read health promotion posters in the dining room so people could learn about how to have a healthy lifestyle. This type of approach helped to ensure that people's healthcare needs were met.

## Is the service caring?

### Our findings

All the people using the service we spoke with said the staff were caring and kind. One person said, "The staff look after you. They chat and I can talk to them. They do ask how I am. The attitude of the staff and the respect is good." Another person told us, "They talk to me if I'm feeling sad."

Relatives agreed. One relative said, "[My family member] loves the staff and they love him. They listen to him. He talks about his childhood, his music, they put films on that he likes, and a whole variety of things to see what he likes." Another relative told us, "Yes, the staff are very caring and kind. His key worker is amazing."

During our inspection we observed many caring interactions between staff and the people using the service. For example, one person was keen on a particular singer and had a collection of CDs. The manager had given them a CD player and taken an interest in this singer too. As a result both were now fans and we saw the person and the manager having a lively discussion about the singer and singing along to one of her songs.

The manager gave us examples of his staff being particularly caring to the people using the service. He told us staff came to the service's Diwali and Christmas parties in their own time, and also took people out even when they weren't on shift so people had more opportunities to access the wider community. And staff told us the manager had delivered de-cafeinated coffee to the home at 10pm at night because two people using the service, who preferred this type of coffee, had run out of it.

We looked at how staff developed positive caring relationships with the people using the service. We saw they did this by talking with them, eating with them, and doing activities with them. One person told us, "The staff are great. We all have lunch together. I like it." Another person said, "They take me out if I'm feeling down."

All the people using the service had personal profiles in their care records containing information about their life histories, families, likes/dislikes, and hobbies and interests. This helped staff to get to know people and provided them with topics of conversation for when they spent time with them. Care records, which staff had signed to say they'd read, included references to the need for staff to build therapeutic relationships with people in order to build their self-esteem. We saw this approach during our inspection when staff were supportive and also encouraged people to do things for themselves, for example cooking and making a drink.

People were supported to express their views and be actively involved in making decisions about their care and support. One person told us, "I let them [the staff] work out the care plan as they notice all the things I do every day. They say, 'Is it what you want?' I say, 'Yes'." Another person said, "I choose what I want to do."

Relatives were also involved in their family member's care where appropriate. One relative told us, "I'm fully involved overall. I go to review meetings, and everything. If I'm not happy, I will make noises." Another

relative said, "They (staff) give me an update every day." The manager told us family members were invited to reviews which gave them the opportunity to comment on their family member's care and support.

People's privacy and dignity was respected and promoted. All the people using the service had their own keys to their bedrooms and we observed that staff knocked before entering. Medication was administered to one person at a time to allow for privacy. Staff understood the need for confidentiality and signed an agreement to say they would respect this.

## Is the service responsive?

### Our findings

People using the service and relatives said the staff provided personalised care that met people's needs. One person said, "If I need anything or any help with anything the staff are there for me." A relative commented, "[My family member's] got a care plan. The staff sit and discuss it every morning with him; if he wants a wash, what food he wants."

People using the service were assessed prior to admission and this formed the basis of their support plans. Those we looked at were individual to the people using the service and focused on their strengths and preferences. They included information about their health and social care needs, likes and dislikes, and cultural needs. People's preferences with regard to their lifestyles were included. This helped staff to provide care in the way people wanted it.

One relative told us their family member had improved since coming to the service. They said they appeared 'a lot happier and a lot calmer' and had increased in independence and was now doing some of their own personal care.

People using the service were encouraged to be independent and to get involved in the day to day running of the home. For example, one person helped at mealtimes and another went to the shops to pick up items for people using the service. A relative said, "They involve [my family member] to help around. He sets the table and gets people to sit and eat." And staff told us, "[Person using the service] does shopping for the home. I ring him and say 'Will you get this or that. I'll give you the money'. He loves doing that. He likes that sense of responsibility."

The manager told us the service provided personalised care that centred on people being given choice. For example, people could choose their own key worker (this is a staff member with particular responsibility to support an identified person), and if people preferred to be supported by staff of a particular gender this was facilitated. One person told us they had two favourite staff members who always assisted them with their personal care as this was what they wanted. Some people had first languages other than English and the members of the multicultural staff team were able to converse with them in these. People were supported to follow their religions and attend places of worship as appropriate.

People told us they enjoyed the activities available at the home. Two people told us they were looking forward to going to the garden centre the following day to choose plants for the garden. Another person told us about the activities they did each week which included attending a place of worship, having friends to visit, and trips to the local shops. And a further person told us, "If I wish to do something, I can say."

Relatives said they thought the service provided a good range of activities. One relative said, "Gardening! It's only just started, but on Sunday he [their family member] was asking lots of questions about growing plants, so I know he's not bored." Another relative commented, "The staff take him [their family member] out, he goes shopping." A further relative told us that staff, "Really focus on social events, Christmas, Diwali, Hallowe'en ...".

We looked at activity records and talked with the people using the service, relatives, and staff about the activities people enjoyed. These included listening to music, gardening, day centre attendance, arts and crafts, cookery, shopping, and meals out.

Each person using the service had an individual activity planner which showed what activities they took part in each week. If an activity was offered and the person declined this was recorded too so there was a record of people being given choice about whether or not they wanted to take part in activities.

There was also an activities board on display at the service with pictorial information about different activities people could try including hand massage, yoga and fitness classes, and hair and makeover sessions. This encouraged people to think about activities and what they would like to do.

People using the service said they would tell staff if they had a complaint about any aspect of the service. One person told us, "I know about complaints. I'm happy enough." Relatives said they were aware of the service's complaints procedure. One relative said, "I've had no complaint yet, but if I have to, I do know how." Another relative commented, "I'd ring if I was worried about [my family member]."

The manager told us the people using the service had monthly meetings where they were asked if they had any concerns or worries they wanted to express on a one-to-one or group basis. The provider's complaints procedure was in the statement of purpose and service user guide which all the people using the service and their relatives had access to.

# Is the service well-led?

## Our findings

People using the service told us the home was well-managed and they were involved in decisions about how it was run. One person told us, "We have meetings once every six weeks, every month or every eight weeks, about how the home is, is the food okay, have we got any complaints. It is well run." Other people told us the managers were 'good' and 'easy to talk with'.

The relatives we spoke with said they were satisfied with all aspects of the home. One relative told us, "At the moment I'm overjoyed. I'm so happy he's there." Another relative said, "The [staff] team are very professional and very caring, and most important they involve all the residents. I'm there to see and the residents know me too. A wonderful atmosphere it is when all get involved. They get involved in a film together and the staff team sit with them." Further comments from relatives included: "It's well-run, yes, it is good"; "There's a lot of interaction going on here between everyone"; and "I'd be happy to stay there myself."

When people using the service came to Bodnant House they were given a 'welcome book' that kept in their room. This was full of information about living at Bodnant House, presented in a friendly and easy-read format with pictures. This was a useful document for people to refer to if they needed to read information about the service.

We looked at how the people using the service were involved in how it was run. Records showed they were asked for their views and suggestions at regular house meetings held every one to two months, and during reviews and meetings with their key workers. The manager also spoke with them on a daily basis, as did the provider when he visited the service.

The provider carried out annual surveys of people's views. The last one was held in January 2016. Six people using the service completed questionnaires and all respondents said they were pleased with the service and made positive comments about it. One respondent wrote that they would like to go to a car boot sale. We asked about the service's response to this and the manager said the person had since gone to two car boot sales with staff. This was an example of the service listening to people and taking up their suggestions.

Four relatives and two visiting professionals had also completed questionnaires. All said they were 'very satisfied' or 'satisfied' with every aspect of the service. Relatives' comments included: 'caring atmosphere'; 'friendly and caring staff'; and 'the menu looks very good'. One relative wrote that they were made to feel welcome at the service, supplied with good information about it before their family member moved in, and that the environment was 'homely'. Visiting professionals' comments included: '[the staff] care and respect the residents and visitors'; and 'residents are treated as individual'.

A couple of respondents pointed out that the garden was in need of improvement. At our inspection we found that this had been actioned and staff and people using the service had drawn up plans for how they wanted the new garden to look. Work had already started on the garden and people using the service told us they were going to a garden centre the following day to buy plants. This showed that the provider and



manager had listened to people and made changes and improvements in response to their suggestions.

The manager told us the service aimed to restore or improve people's quality of life by encouraging them to integrate them into the wider community, maintain contact with relatives and friends, and, where appropriate, move towards independent living. He was proud of the diversity of the people using the service in terms of age, religion, language, and culture which reflected the local area. The provider was also closely involved with Bodnant House. One person using the service and a relative told us he personally went out of his way to engage with and support the people living there, their relatives, and staff. The combined approach of the manager, provider, and staff resulted in supportive and empowering environment for people.

We looked at how the provider and manager monitored the quality of the service provided. They used a system of audits covering all aspects of the service including care, the environment, staffing, and safety. Records were available to demonstrate this and showed that action had been taken where necessary to continually improve the service. The service had also had a local authority audit in February 2016 where they were judged to be compliant with health and safety legislation. This provided external verification that an important aspect of the service was being well-managed.