

West Northamptonshire Council

Boniface House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Boniface House is a residential care home registered to provide care for up to 46 older and younger people, some of whom are living with dementia, physical disabilities or sensory impairments. At the time of the inspection 18 people were living in the home.

Boniface House has six separate units, each of which has separate adapted facilities. During the inspection two of the units were not being used.

People's experience of using this service and what we found

Systems and processes were not always effective in identifying when information was incorrect, missing or conflicting. The provider had multiple auditing processes in place. However, they had not identified the concerns we found on inspection regarding the recording of information.

People's care plans and risk assessments were not always sufficient to ensure staff had all the necessary information. We found some people did not have risks assessed or mitigating strategies recorded for known risks and some care plans had not been kept up to date.

Unexplained injuries were not always investigated, and some injuries had not been recorded with all the essential information required to ensure staff and healthcare professionals had all the information required to evaluate these injuries.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

People were supported by well trained and safely recruited staff. People were exceptionally positive about staff and used words such as, kind, caring, compassionate and lovely when describing them.

Staff felt supported within their roles and enjoyed working at Boniface House. Staff told us they worked well as a team and their wellbeing was considered by management.

Information was shared between staff and management. Regular supervisions and meetings were arranged to share information and give suggestions. Feedback was requested from people, relatives, professionals and staff to support improvements.

People had their needs met. Staff were supportive towards people and encouraged independence. Staff promoted people's right to dignity and respect. People were able to make choices on gender of staff supporting them with personal care.

People had their healthcare needs met. Staff made referrals to appropriate healthcare support as required. Staff supported people to make and access appointments as needed. Significant people were kept up to date on their loved ones process and any incidents or accidents that may occur.

People were supported to access any religious or cultural community required. People had access to religious services and staff were aware of people's preferences, needs and wants. Staff encouraged people to participate in hobbies and interests.

People's communication needs were documented, and staff followed people's preferred communication method. We observed staff talking to people in a respectful caring manner.

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

Rating at last inspection and update

This service was registered with us on 1 April 2021 and this is the first rated inspection.

A focused inspection was completed on 14 April 2022, the service was inspected but not rated. We found the provider to be in breach of Regulation 12, due the provider failing to assess, prevent and control the spread of infections. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12. However, at this inspection we found the provider was in breach of regulation 17.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

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

We have identified breaches in relation to oversight and governance at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Boniface House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was completed by 2 inspectors.

Service and service type

Boniface House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Boniface House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 3 relatives about their experience of the care provided. We spoke with 9 members of staff including, team leaders, service manager, senior care staff and care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inspected but not rated. At this inspection this key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

At our last inspection the provider had failed to assess, prevent and control the spread of infections. This was a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were at increased risks from abuse. We found unexplained injuries had not been investigated to identify a cause and prevent reoccurrence. These injuries were minor and may have been linked to people's mobility. However, this meant that the provider could not be sure how the injuries had occurred.
- Records of injuries did not always contain information on the size, shape or colour of the injury or detail if and when an injury had healed. This information would support staff and health professionals to evaluate injuries to ensure proper healing.
- Not all known risks had been assessed and mitigating strategies recorded. For example, when a person

was at risk of falls, we found no strategies recorded. 1 person did not have a risk assessment in place for known allergies and 2 people had incorrect information on their risk assessments regarding certain medicines. Risk assessments were updated immediately after feedback.

- Equipment was in place and the environment was appropriately assessed to mitigate risks to people. For example, window restrictors and sensor mats were in place and regularly checked, and legionella checks on water were in place.
- Staff told us, and training data evidenced staff received training in safeguarding. Staff understood the signs of abuse and how to report any concerns.
- People and relatives told us consistently, they felt safe at Boniface House.

Staffing and recruitment

- We found sufficient staff were deployed to maintain people's safety and meet individual needs. People told us that staff were available to them when they needed them.
- People were supported by staff who had been safely recruited. Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure staff did not have any criminal convictions and were suitable to provide support for the people living at the service.

Using medicines safely

- Medicines were managed safely. This included the storage, administration, recording and disposal of medicines.
- Staff received training in the administration of medicines and undertook refresher training. Staff received regular observations of their practice to ensure medicines were administered safely.
- Staff had clear guidance for people who had medicines on a 'as required' basis, such as for pain relief. records showed when these had been administered and the outcome was recorded, to ensure they were being used in line with the prescribed reason.

Learning lessons when things go wrong

- Incidents and accidents were analysed to identify trends and patterns for falls. Staff told us that this information was then communicated to them so they understood what strategies could be implemented.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider needed to make improvements to ensure consent obtained for care and support was appropriate. We found records for consent had been signed by a person who did not have the legal authority to do so and we found no evidence of the provider requesting consent to share information. However, we found no evidence of harm.
- Not all people had best interest decisions completed for relevant decisions. When a person was assessed as lacking the capacity to make a specific decision some of the best interest decisions had not been recorded. However, we found no evidence that decisions made, were not in people's best interest.
- The registered manager kept a record of everyone DoLS status and any conditions that required actions to be completed.

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

- Care plans did not always contain sufficient up to date information. For example, 1 person's care plan stated they had a specific health diagnosis. However, staff told us this was incorrect. Another 2 people did not have enough information regarding their health condition. This meant staff did not always have the information required to support a person correctly. These documents were updated immediately, and staff and people told us, staff knew people well and understood their needs.

- Care plans demonstrated people's needs had been assessed in line with best practice guidance. For example, nationally recognised best practice guidance to identify and monitor people who were at risk of developing skin pressure damage or malnutrition were used.
- Assessment of people's needs, including those in relation to protected characteristics under the Equality Act were reflected in people's care plans.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills and knowledge to meet people's needs. Staff completed an induction, training and shadow shifts before completing any lone working. (Shadow shifts are when an unexperienced staff member follows and observes a trained and experienced staff member).
- Staff received ongoing training to help them to deliver good care and to maintain their skills and knowledge. Staff were positive about the training offered.
- Staff were supported within their roles. Staff told us and records evidenced staff were offered regular supervisions to discuss their progress, aspirations and any training needs.

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

- People were supported to maintain a healthy diet and given choices of meals and drinks throughout the day. One person told us, "If I don't like the food, the cook makes me something different."
- People's nutritional assessments specified the support they required from staff. For example, people who were at risk of malnutrition or dehydration were supported to have additional portions and/or fluids or fortified foods and drinks. (Fortifying food and drink means adding nutrients to them that don't naturally occur in the food/drink.) Staff were aware when people had dietary concerns and supported people to have those needs met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals. People were referred to appropriate health professionals such as, speech and language therapists or dieticians, when required. Staff recorded outcomes and followed advice as needed.
- When people needed to access health care professionals such as doctor, district nurse or emergency healthcare staff arranged and supported these appointments. A relative told us, "Recently [person] required an ambulance to be called, staff stayed with [person] to ensure [person] felt safe. I was called immediately. It made me feel safe knowing [staff name] was with [person]." Another relative said, "Staff know [person] if they need a doctor, staff sort it out immediately and always let me know."

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

- People's bedrooms were personalised and decorated to individual preferences. One person told us, "I have all my photos up. I choose what I want in my room."
- There were different areas within the service for people to use for their preferred activities.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were all positive about the staff working at Boniface House. One person told us, "Staff are kind and caring, they will do anything for you." Another person said, "[Staff] help me stand, they are always gentle."
- People were able to choose the gender of staff supporting them with personal care tasks. This information was recorded within care plan's and people told us the service respected this choice.
- Throughout the inspection we observed staff interacting with people in a caring compassionate way. Staff and people had genuine affection for each other. A person said, "The [staff] are all lovely, they take good care of me. I cannot speak highly enough of them." A relative told us, "The staff are absolutely brilliant, so caring, they treat [person] like family."
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.

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

- People told us staff always asked for consent before completing a task. One person said, "They [staff] always ask if it is OK to do something."
- People told us they were offered choices on daily tasks such as food and drink, clothes to wear, if they wanted a shower or bath and how they wanted to spend their day.
- Staff understood people's communication needs. We observed staff communicating effectively with people in their preferred manner.
- People were offered the support of an advocate. An advocate is someone that helps people to speak up about their care.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's privacy, promoting their independence and supporting them with dignity.
- Staff told us, and people confirmed, staff always ensured curtains and doors were closed when supporting a person, always knocked and requested permission before entering a person's room, and always made sure conversations about people were held in private.
- People were encouraged to remain as independent as possible. One staff said, "I always encourage people do things for themselves when they are able. I will always offer support and guidance without taking over. People need to be able to remain doing things and being independent. It is good for their wellbeing."

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed before they started using the service. Pre-assessment paperwork was completed to identify the person's needs and ensure staff had the skills to meet these needs.
- People and relatives felt involved with the care planning process. One person told us, "I told them what I can do, and they wrote it down. They [staff] then ask if anything has changed so they can update it [care plan]." A relative told us, "I was involved in the care planning process, the information they [staff] have, has come from me, so I know it's right."
- Records were in place to evidence people were supported with specific personal care tasks in line with their preference.
- Staff understood the needs of the people living at Boniface House. Care plans included information such as, routines, preferences and people's individual likes/dislikes. One staff member told us, "We [staff] know people well, we have time to chat with them and get to know their individual needs and wants."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans had information regarding their communication needs including information regarding any visual or hearing aids required and if a person was able to communicate verbally. We observed staff communicating with people in their preferred way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access activities and hobbies on a daily basis. We observed people joining in planned activities as well as being able to engage in their own hobbies and interests.
- People were supported to stay in contact with their friends and relatives.
- People had the opportunity to attend religious services held at the home, which were organised by the registered manager.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people, relatives and staff knew how to complain

and told us, they felt they would be listened to and their concern rectified

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- People had end of life support documentation in place. However, some end of life plans required additional information. People had evidence in their care plans regarding their do not attempt cardiopulmonary resuscitation (DNACPR) status.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inspected but not rated. At this inspection this key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes were not effective in ensuring care plans, risk assessments and best interest meetings contained up to date, relevant and factual information. The auditing process for care plans and risk assessments checked 3 people's records monthly. We found information was missing, conflicting or incorrect within 4 people's care plans and/or risk assessments. We found 2 people had missing information within their best interest meeting documents.
- Systems and processes were not effective in ensuring information was recorded consistently. We found not all incidents had been recorded on an incident form and when people showed anxiety or agitation this was not consistently recorded on the providers specified paperwork. This meant trends and patterns could not be identified or reviewed appropriately.
- Systems and processes were not in place to review and investigate injuries to people. We found unexplained injuries had not been investigated to find a cause and not all injuries had the necessary information recorded to ensure people were protected from abuse.
- Systems and processes to ensure medicines were given at the correct times were not always effective. Although we found medicines to be managed safely. 1 person had been given their medicine at the incorrect time. The audit had not identified this issue.

The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service had a nice relaxed atmosphere. Staff were attentive to people and relatives spoke highly of the staff working at the home. A person said, "If I need staff, they come straight away." A relative told us, "The staff are brilliant. I would give them 15 out of 10 as they are that good."
- Staff told us they felt supported and they all worked well together to provide good care to people.
- People told us they enjoyed living at Boniface house and staff were person centred in their approach.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Systems were in place to take account of people's opinions of the service they received by regular meetings and an annual survey. Responses received were all positive and the provider completed an action plan to act upon any suggestions made.
- Relatives were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred. A relative told us, "I am kept up to date on any accidents and activities. Staff are very helpful when I phone, and they always keep in contact with me."
- Information was shared with staff through meetings, supervisions and handovers. Staff told us they felt confident to raise any suggestions or feedback to their line manager.
- The management team were engaged and open to the inspection process and remained open and transparent throughout. Concerns found on inspection were responded to promptly.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.