

St Bonaventures Trust

St Bonaventures

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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 of St Bonaventure on the 10 February 2016. We last inspected St Bonaventure in July 2014. All the regulations we reviewed at that time were met.

St Bonaventures is a residential care home providing care and support for a maximum of seven adults with a learning disability. The home is situated in the Northenden area of Manchester, within easy reach of shops and community amenities. The home was fully occupied at the time of our inspection.

The registered manager was available at the time of the inspection. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found a breach in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. Appropriate action had not been taken with regards to the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. You can see what action we have told the provider to take at the back of the full version of the report.

People were involved and consulted with about their needs and wishes. Care records provided good information to direct staff in the support people wanted and needed. Where risks had been identified, plans had been put in place to help protect people. Information was stored securely ensuring confidentiality was maintained.

We found the system for managing medicines was safe. Staff worked closely with healthcare agencies so that people received the care and treatment they needed. Information was shared with other services, where necessary, so that people continued to receive safe and effective care.

Sufficient numbers of staff were available to support people in meeting their emotional, social and physical needs so their health and well-being was maintained. Recruitment procedures were thorough so that only suitable applicants were appointed.

Staff received on-going training and development. This helped to ensure staff had the knowledge and skills needed to meet the specific needs of people.

During our inspection we saw staff treating people with respect and dignity. People living at the home and their relatives were complimentary about their experiences and the support staff provided.

Social and recreational activities were provided considering people's individual wishes and preferences. Interactions between staff and the people who used the service were warm, friendly and relaxed.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We saw that food stocks were good and people were able to choose what they wanted for their meals.

People were offered a good standard of accommodation that was clean and well maintained. Checks were made to the premises and servicing of equipment. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

Systems to monitor and review the quality of service provided were in place to check that people received a quality service. People told us the manager and staff were approachable and felt confident they would listen and respond if any concerns were raised.

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's health and well-being was protected as risk assessments and management plans had been completed in all areas of concern.

Suitable arrangements were in place to ensure the premises and equipment used by people was safe.

Overall the system for managing medicines was safe.

People were cared for by sufficient numbers of staff who were aware of their care and support needs. Recruitment checks were completed prior to new staff commencing work. Staff had access to procedures to guide them and had received training on what action to take if they suspected abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

We found that people were involved and consulted about their care and support, where possible. However the MCA and DoLS procedures had not been followed ensuring people's rights are protected, particularly where people lacked the capacity to make decisions for themselves.

Opportunities for staff training and development were in place to help ensure all staff have the knowledge and skills needed to meet the needs of people safely and effectively.

People were provided with a choice of suitable food ensuring their nutritional needs were met. Relevant advice and support had been sought where people had been assessed as being at nutritional risk.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the staff and

the standard of care and support provided to meet their individual needs.

Staff were seen to be polite and respectful towards people when offering assistance. Staff spoken with knew people's individual preferences and personalities and were able to demonstrate how they protected people's privacy and dignity.

People's records were stored securely so that people's privacy and confidentiality were maintained.

Is the service responsive?

Good ●

The service was responsive.

Individualised plans of care were provided detailing how people's assessed needs were to be met as well as reflecting their needs, wishes and preferences.

People were encouraged and supported to follow a range of activities and routines of their choosing.

Systems were in place for people to raise any complaints and concerns. People told us they would always speak to the registered manager and staff if they were worried about anything.

Is the service well-led?

Good ●

The service was well led.

The service had a manager who was registered with the Care Quality Commission (CQC). People's relatives spoke positively about the stability of the service.

Systems to effectively monitor, review and improve the quality of service provided were in place to help protect people from unsafe or inappropriate care and support.

The registered manager was aware of their responsibilities to report any incidents that occur at the service to CQC, as required by legislation.

St Bonaventures

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was undertaken 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 an unannounced inspection and took place on the 10 February 2016. The inspection team comprised of one adult social care inspector.

Prior to our inspection we considered information we held about the service, such as notifications and enquiries. We did not request a Provider Information Return (PIR), prior to this inspection. 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.

During the inspection we had an opportunity to meet and speak with all seven people living at the service. We spoke with two of the people in more detail. We also spoke with two relatives, two support staff, the deputy manager and registered manager. We looked around the building and checked two people's care records, medication administration records, one recruitment file, training records as well as information about the management and conduct of the service.

Following the inspection we also contacted the Manchester City Council to seek their views about the service.

Is the service safe?

Our findings

We met all seven people living at the home and spoke with two people about their experiences and what it was like to live at St Bonaventure. People said they were happy and liked living at the home. One person told us; "Yes, I would say I am safe here" and "I've lived here a long time and I like it". The relatives of two people we spoke with felt their family member was safe and well cared for. One person told us, "It's very safe and well-led"

We saw policies and procedures were in place to guide staff in the safeguarding of adults. Records showed that staff training had been provided in this area. Those staff we spoke with were able to tell us what they would do if an allegation of abuse was made to them or if they suspected that abuse had occurred. Staff knew they could raise concerns in confidence and contact people outside the service if they felt their concerns would not be listened to. The registered manager told us there were no current safeguarding concerns involving people at the service. This was confirmed by the local authority.

We looked at the staffing arrangements in place to support people living at St Bonaventure. We spoke with people and staff, looked at staffing rotas and observed the support offered throughout the day. People told us there was always a staff member around to help them when needed. One person told us, "They [staff] are always there to help me". The relative of one person said, "It's well managed, they work well as a team" and "Great continuity".

The team providing support was small and comprises of the registered manager, deputy manager and five support staff. The team was very stable, with some staff having worked at the home for many years. Staffing throughout the day generally comprised of two staff and a 'sleep-in' member of staff each night. The registered manager told us that as the team was small they worked shifts with support staff. We were told that 'on-call' assistance was also available if additional advice and support was needed at night. From our observations we saw the support was well organised and enabled people to follow activities of their choosing both in and away from the home.

We looked at the personnel file for the newest member of staff. The file contained all relevant information and checks including; an application form including a full employment history, copies of the person's identification and written references. A Disclosure and Barring Service check (DBS) had also been carried out prior to the staff member commencing their employment. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The registered manager said that as part of the interview process applicants had a formal interview and an informal meeting with people who lived at St Bonaventure's. This helped them determine if the applicant had the values and attributes required as well as seeking the views of people about the suitability of the applicant. This process was confirmed by the new member of staff.

We checked the systems for the receipt, storage, administration and disposal of medicines at the home. One person told us "They [the staff] make sure I take my medication".

We saw that policies and procedures for the management of the medicines were readily accessible for staff. As the team is small, all staff were involved in the administration of people's medicines. Training was provided to ensure staff understood how to use the system in place. The registered manager told us that the service was looking to change the supplying pharmacist and that training in the new system would be offered to staff.

We found that appropriate arrangements were in place to order new medicines and to safely dispose of medicines that were no longer needed. Medicines were kept in a locked cupboard in the staff office. The service was not holding any controlled drugs (very strong medicines that may be misused). The registered manager was aware that suitable storage facilities in accordance with legal requirements would be required if controlled drugs were prescribed for people.

We looked at a sample of the medicine administration records (MARs). The MARs we looked at showed that staff accurately documented on the MAR when they had given a medicine. It was identified from the MAR sheets that some medicines were to be given as a 'variable dose' of one or two tablets. We saw that information was available to guide staff when they had to administer medicines that had been prescribed in this way. Records also clearly showed what dose had been administered. This showed people were given their medicines as prescribed, ensuring their health and well-being were protected.

One person required 'rescue medication' due to a health condition. A bed sensor had been put in place and alerted staff if the person was having a seizure. We found clear procedures were in place regarding the person's health needs and the use of this medication. We saw records to show that staff had completed specific training and competency assessment had been completed to check staff were confident in the procedure to follow. Staff spoken with confirmed they had completed this training and understood what they may need to do to help ensure the person was kept safe.

We saw three people were prescribed a 'thickener'. Thickeners are added to drinks, and sometimes food, for people who have difficulty swallowing. This helps to prevent a person from choking. We saw there was no readily accessible guidance for staff in relation to the amount of thickener to be added to drinks. It was identified that staff signed the MAR sheet to show thickener had been provided on four occasions each day. However we were told thickeners were used each time the person had a drink, therefore a full and accurate record was not maintained. It is important this information is recorded accurately to reflect when people receive their prescribed medicines. We discussed this with the registered manager and deputy manager who said that an alternative method of recording would be put in place. Immediately following the inspection the registered manager sent us documentation to show how this was to be done.

We checked documents to show equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions. We did not see up to date information in relation to portable small appliances, fire equipment, mains electric and gas safety. The registered manager told us that all checks had been completed as required and would provide evidence of this. Immediately following our inspection the registered manager sent us documentation to show these checks had been completed. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

We looked at what systems were in place in the event of an emergency occurring within the home, for example a fire. The registered manager had implemented a continuity plan in the event of an emergency or mains failure and a fire risk assessment. The records we looked at showed that checks had been carried out with regards to the fire alarm, fire equipment, means of escape and emergency lighting. We saw personal emergency evacuation plans (PEEPs) had been developed, detailing the level of support required.

Information was available in both written and pictorial form so that people were able to easily read and understand the information. This information also assists the emergency services in the event of an emergency arising, helping to keep people safe.

We looked at the care records for two people to check if potential risks to people's health and well-being had been identified, assessed and planned for. We saw assessments were in place to address areas such as, nutrition, medication, epilepsy and mobility. Plans to guide staff had been put in place, helping to reduce or eliminate the risk.

We looked around most areas of the home and saw that the bedrooms, dining room, lounge, bathrooms and toilets were clean. Policies and procedures were also available to guide staff in the management of cross infection. We were told all staff were responsible for completing domestic tasks, protective clothing such as aprons and gloves were available and records showed that refresher training in infection control procedures and health and safety were provided. This helped to ensure staff understood what they needed to do to minimise the risk of cross infection to people.

Is the service effective?

Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 found the MCA and DoLS policy and procedure were out of date and did not reflect current up to date guidance. Immediately following the inspection the registered manager sent us an up to date policy, which reflected all necessary information to guide staff. We saw that training in MCA and DoLS had been provided for the team. Two staff spoken with were able to demonstrate a good understanding of MCA and DoLS and where 'best interest' decisions would be made.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that whilst they had sought some advice from the care homes association; applications to deprive people of their liberty, where necessary, had not been made to the supervisory body (local authority). The registered manager must ensure MCA and DoLS procedures are followed so that decisions are made in the person's 'best interests' and their rights are protected, particularly where they lack the capacity to make decisions for themselves. This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From our discussions with people, our observations and a review of people's care records we saw people were consulted with and consented to their care and support, where able. We found people made decisions about their support and routines. Where people had limited verbal communication, other forms of communication were used, such as picture cards or Makaton helping to promote people's involvement when making decisions.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at St Bonaventure. We were told there was a programme of induction, staff supervision and team meetings. One staff member we spoke with confirmed they completed a period of shadowing and relevant training on commencing employment. A review of records confirmed what we had been told.

The registered manager told us that a programme of supervisions and team meetings were in place. Meetings with staff were held three or four times a year. We were not able to see records to evidence this due to IT issues. However staff spoken with confirmed that individual and group meetings were held. Staff said

they felt supported and said, "It's a good team", "There's good communication and we support each other".

The deputy manager took responsibility for organising training for staff. We were told training was sourced from an external 'distance learning' provider. This involved staff completing a workbook which was then externally verified on completion. We saw current workbooks being completed by the team in a range of subjects including; nutrition, person centred care, equality and diversity, MCA and DoLS, safeguarding adults, infection control, first aid, fire safety and equality and diversity. In addition staff had also completed vocational qualifications in health and social care. Staff spoken with confirmed they received on-going training to help them support people properly. On-going training helps staff to develop the knowledge and skills needed to support people appropriately and safely.

Suitable arrangements were in place when people needed support to attend appointments or in the event of an emergency. The registered manager said that staff would always provide support to people in meeting their health care needs. We saw people had a 'hospital passport', which provided information should people need to go into hospital. The passport outlined what support needs people had and what they were able to do for themselves. This helped to ensure people received continuity in their care and support when transferred between services.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We found the kitchen was clean with sufficient fresh, frozen, tinned and dried food stocks available. We were told that people were encouraged to make their own drinks and meals. We saw people preparing their own lunch during the inspection and cooking activities such as pizza making and baking took place each week. We saw a menu board displayed in the dining room telling people what the meal was for that day. We saw people and staff had their evening meal together in the dining room providing an opportunity for people to discuss their day whilst all together. People told us they were happy with the choice of food offered.

We saw all staff had completed training in relation to nutrition, food hygiene and infection control procedures. This helped to promote people's nutritional needs and ensure safe practice was followed.

St Bonaventure's is a large detached property in a residential area of Northenden. Accommodation is provided over two floors and comprises of a lounge, dining room, kitchen, laundry area, staff room and seven single occupancy bedrooms with shared bathroom and toilet facilities on each floor. There was no passenger lift.

We spent some time looking around the home. We found accommodation was clean, comfortable, and well maintained. Aids and adaptations had been fitted to help promote people's independence. People had personalised their own rooms with their own pictures and belongings.

Is the service caring?

Our findings

We spoke with people who used the service and staff and observed how people spent their time. People we spoke with told us; "I can do what I want really" and "I like being able to come and go".

One person said they had their own key to the front door and staff supported them with their medication and handling money, adding, "Staff help me manage".

The relatives of two people also told us, "It's wonderful to see how happy he is", "It's fulfilling", "You couldn't ask for anything more" and "I can't praise them enough".

There were seven people living at the home when we visited. Most of the people had lived at the home for many years and knew each other well. People were seen chatting and relaxing with each other. The atmosphere within the home was calm and relaxed. We saw people spent their time in communal areas or in the privacy of their own rooms.

People were able to express their needs and wishes and make decisions about their daily lives. From our observations staff interacted well with people. Staff were sensitive to people's needs and offered reassurance and encouragement where necessary. Staff spoken with were aware of how people were to be supported in meeting their individual needs.

We saw people had varying levels of support to meet their personal care needs. One relative said, "They take care of [person] appearance". From our observations we saw people were clean, well presented and nicely dressed. We saw ample supplies of individual toiletries available for people. One person who had limited verbal communication had been provided with a call bell to alert staff when they needed support. This enabled them to access support easily. Staff were seen to be respectful and considered people's privacy and dignity when offering support.

The registered manager said they were aware the physical abilities of some people were changing as they got older; therefore consideration had been given to the bathroom facilities, making it more accessible enabling people to maintain their independence for as long as possible. The registered manager said that people would be supported to meet their changing needs for as long as possible, with support from external health care support where necessary.

We saw information about people who used the service was treated confidentially. Care records were kept in a locked cupboard in the staff office and were easily accessible to all staff. A staff handover also took place at each shift change so everyone was made aware of any changes in care and support people needed.

Is the service responsive?

Our findings

We asked the registered provider to tell us how they ensured people received safe care and treatment that met their individual needs. We were told the registered manager or deputy manager would arrange a home visit and/or a visit to the person's day centre or college in order to complete the pre-admission assessment. The registered manager or deputy manager would then report back to the Chair of Trustees.

People considering a move to St Bonaventure's would be invited to meet everyone. This too provided an opportunity for further assessment to be completed as well as arrange further visits to the home. The relative of one person confirmed what we had been told and said they felt fully informed and involved in the process. Adding; "I don't think we could have found anywhere nicer".

Information gathered during the assessment was then used to develop the person's care plan. We examined the records for two people. We found the care plans provided information in written and picture form so that people were able to easily read and understand the information. Plans included a document 'what you need to know about me'. Information provided a good overview of the persons support needs, like, dislikes, routines and preferences.

Staff spoken with were clearly aware of the individual needs of people. Staff told us that the service was "Person led" and "Geared towards what people wanted so that they were offered a varied and fulfilling life."

We looked to see what activities were provided for people. There was an activities board showing what activities were available each day. These included; arts and crafts, music, cookery, bowling use of laptops, hairdresser, film nights and personal shopping. From our observations and discussions with people and staff we found the activities were centred around what people were able, or wished, to do. During the inspection we saw people going out, either to the shops or bowling alley. We spoke with one person who told us they worked at a local park five days a week.

Staff told us that other opportunities were also provided; such as the cycle club and holidays. Trips had taken place to Wales, Blackpool and London. Staff had helped one person arrange a trip abroad to visit family. We were told people were encouraged, as much as possible, to maintain their independence by carrying out household tasks and daily living skills; such as shopping, laundry and cooking. On arrival at the home we saw one person vacuuming the communal areas and at lunch time people made their own meal; staff supported where necessary.

Consideration was given to people's cultural and religious needs. There was a church next to the home, which one person told us they attended regularly.

The home had a well maintained garden with raised flower beds and outside furniture, which people were said to use in the better weather.

We looked at how the registered manager addressed any issues or concerns brought to their attention. We were told no recent complaints or concerns had been received. We saw the service had a complaints

procedure which was displayed in the hallway. A complaints form was also provided and a collection box making it easy for people and their visitors to raise any concern should they need to. We found the policy did not clearly inform people of the external agencies they may wish to contact should they need to. We raised this with the registered manager. They sent us a copy of the amended procedure immediately following the inspection.

We asked people what they would do if they had any concerns. People we spoke with said they would speak to any of the staff if they had any concerns or were worried about anything. One person said, "I would speak with staff if there was anything bothering me". The relatives of two people we spoke with told us they had no concerns, but would not hesitate to speak with the manager and staff if they needed to. One relative said there was always a quick response to any questions or queries.

Is the service well-led?

Our findings

The service was managed by a registered manager who took responsibility for the overall management of the service. The registered manager was supported in their role by a deputy manager and five support staff. The team was stable, with little staff turnover.

People's relatives spoke positively about the management and conduct of the home. They told us; "It's absolutely wonderful", "As an organisation they are fantastic at caring for people" and "They put the interests of people first". When asked if they thought the service was safe, effective, caring, responsive to people's needs and well led; one relative said "Yes, it's brilliant" and another said, "Yes, happy with all of it".

We also spoke with staff to seek their views about the service and management support. Staff spoken with told us; "[Manager] is on the ball when dealing with people's changing needs", "She's hands on and always around to offer support", "She's very approachable" and "She's been very supportive towards me". Other comments included; "The service is very stable which is good for people, it's caring" and "It's near perfect, feels like home, it's a family".

We looked to see how the registered manager monitored the service provided so that improvements were made where necessary. We saw that the registered manager and deputy manager had involvement and oversight of all areas of the home including care records, medication, training, recruitment, health and safety and the environment. We saw 'business objectives' had been identified and were kept under review. This helped to ensure that any action identified could be addressed without delay.

We found detailed policies and procedures were in place for staff to refer to. From our discussion the registered manager was aware some information was due to be reviewed and updated. Other information was provided in an 'easy read format'. This included; consenting to the care and treatment, advocacy support, confidentiality, how to make a complaint and the sharing of information. This helped people to understand the systems in place as well as promote their involvement.

We saw opportunities were provided for people and staff to comment on the service and share ideas. We were told and saw records to show that resident meetings were held. A record of the meeting was made and showed that people discussed things that were important to them. Minutes of staff meetings were also available and showed discussions with the team included training, policies and procedures and events within the home. Staff spoken with confirmed there was good communication between the team and they were kept informed.

We saw annual feedback surveys had been sent out to people's relatives during 2015. Feedback was very complimentary about the service with comments such as "Thank you for everything you do, it could not be better" and "They do a brilliant job". The registered manager had also devised a feedback sheet for health and social care professionals, asking them to feedback on their experiences when visiting the home.

Following the inspection we contacted the Manchester City Council to seek their views about the service.

They told us they had no concerns about the service.

Prior to our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider must ensure the MCA and Dolls procedures are followed so that decisions are made in the person'S 'best interests' and their rights are protected, particularly where they lack the capacity to make decisions for themselves. This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>