

Care 24-7 Leicester Limited

Bodnant House

Inspection report

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Leicestershire
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bodnant House is a residential care home registered to provide accommodation and personal care for adults who may be living with a learning disability, autistic spectrum disorders, mental health needs, and sensory impairments. The care home accommodates up to nine people in one adapted building. At the time of the inspection there were six people living at Bodnant House.

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

We expect health and social care providers to guarantee people living with autism and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People received care that was person-centred and promoted their dignity, privacy and human Rights. People had choice and control about their lifestyles and the support they needed. The values and attitudes of the management and the staff provided a person-centred culture and achieved good outcomes for people.

Systems in place to safeguard people from potential harm had been reviewed and enhanced to ensure people were protected. All staff had completed training about safeguarding and whistle blowing to support people to stay safe.

There were risk management plans in place to keep people safe and we found these had been improved to provide more detail and were reviewed regularly or when people's needs changed.

The manager had implemented a dependency tool to ensure staffing numbers were sufficient to meet people's needs. We found there were sufficient numbers of staff to meet people's needs safely. The staff rota showed when people needed one to one care and who was going to support them.

The provider had made improvements to the recruitment practices and records showed that all the necessary staff recruitment checks had been followed when new staff had been employed. This was to ensure that staff employed to work at the service were suitable to support vulnerable people.

The systems in place to manage medicines safely had been improved to ensure people received their medicines as prescribed. All staff who were required to administer medicines had their competencies checked and weekly audits of medicines had been completed so any areas of concern were identified and actioned swiftly.

Systems were in place to control and prevent the spread of infection. Staff completed training in relation to the control of infection which included personal protective equipment (PPE), hand hygiene and COVID-19. We observed staff using personal protective clothing and equipment safely.

Improvements had been made to the systems in place to ensure lessons were learned and improvements made when things went wrong. Records showed that lessons learned were discussed during staff meetings every month and during staff supervision. Staff were able to reflect on incidents and learn from them when they did not achieve the desired outcome.

The systems in place to maintain effective oversight of the quality and safety of the service had been reviewed and improved to ensure they were effective. Monthly and weekly quality checks were completed by the manager and the provider also undertook unannounced spot checks at the service.

Records management had improved, and we found systems in place to be organised with detailed records that were fully completed and reviewed on a regular basis.

Accidents and incidents were recorded, and the manager and provider had implemented more effective processes to analyse these to identify any areas that may need improvement.

The provider had improved their systems to ensure they notified the Care Quality Commission of incidents that affect the health, safety and welfare of people who used the service.

The provider and manager had enhanced the way they involved and engaged with people. We saw that meetings with people using the service and staff were held monthly and follow up action had been taken when necessary.

The provider and manager had improved how they worked in partnership with key organisations. We found they had worked closely with the local authority, safeguarding teams and clinical commissioning groups to make significant improvements at the service.

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

The last rating for this service was Inadequate (published 22/09/2020) and there were multiple breaches of regulation. 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 regulations.

This service has been in Special Measures since 22 September 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 13 July 2020. Multiple breaches of legal requirements were found. Already stated above.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bodnant House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bodnant 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 Care Act 2014.

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 carried out by one inspector.

Service and service type

Bodnant House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice for the inspection because we wanted to be sure the provider had an Infection Control procedure and Covid 19 risk assessment in place. We did this so we could adhere to their policies and follow government guidelines in relation to social distancing.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who worked with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

On the day of our inspection we spoke with the provider, the acting manager and the deputy manager. We reviewed a range of records. These included two peoples care records and risk assessments, two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance checks and safeguarding information were also examined during the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to 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.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

Assessing risk, safety monitoring and management

- Risk assessments and care plans had been improved and contained comprehensive information about how to keep people safe. For example, we saw that one person was at risk of falls. A risk management plan was in place to reduce the likelihood of any falls and guidance for staff to follow in the care plan to keep the person safe.
- We saw that risk assessments and care plans had been improved. Sufficient information and guidance was in place for staff to know how to respond to people's behaviour to keep themselves and people safe. For example, care plans contained information about triggers and de-escalation techniques.
- Risk assessments were reviewed and updated monthly or if there had been any changes or incidents.

At our last inspection the provider had failed to establish and operate systems and processes effectively to prevent abuse of service users and failure to investigate and report any allegations of abuse was a breach of Regulation 13 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 13.

Systems and processes to safeguard people from the risk of abuse

- Systems in place to safeguard people from avoidable harm had been reviewed and enhanced to ensure people were protected. All staff had completed training about safeguarding and whistle blowing to support people to stay safe.
- Records showed all staff had completed Management of Actual or Potential Aggression Training (MAPA) to ensure staff had the knowledge, skills and confidence to prevent, decelerate, and de-escalate crisis situations so that restrictive practices could be avoided.
- Records showed that safeguarding and whistle blowing were discussed during staff meetings and one to one supervision meetings.
- The provider had policies and procedures to keep people safe and these were accessible to all staff.

- The systems in place to make safeguarding referrals to the local authority and report concerns to the Care Quality Commission (CQC) had been reviewed and improved. Records showed that these were completed as required.

At our last inspection the provider had failed to ensure staff were recruited safely which put people at risk of receiving care from staff who were not suitable to work with vulnerable people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

Staffing and recruitment

- The provider and the manager had improved their recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- All the staff recruitment files had been audited to ensure they contained the necessary employment checks such as proof of identity, a full employment history, and a health declaration. The provider had obtained references to provide satisfactory evidence of staff conduct in previous employment concerned with the provision of health or social care.
- The provider and the manager had implemented a dependency tool to assess people's needs and determine safe staffing levels.
- The staff rota showed there were sufficient staff on duty to keep people safe. They also detailed who required one to one care and who was going to provide their care. The rota also showed who was MAPA trained and medication trained so that there was always a trained staff member on duty.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - 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 accessing testing for people using the service and staff.
 - 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.
 - We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.

Using medicines safely

- There were systems in place to ensure the proper and safe management of medicines had been improved.
- The provider and the manager had introduced observational checks of staff to assess their competency. We saw these had been completed for all staff required to administer medicines.
- Weekly audits were completed of all medicines that took account of PRN (as needed) medicines, any changes to people's medication and any medicines that had been refused or omitted.
- Staff followed the provider's medicines policies and procedures which gave guidance to staff on the safe

management of medicines.

- Medicines were stored securely and safely at the correct temperatures.
- Staff received training in the safe administration of medicines to ensure people received their medicines safely.

Learning lessons when things go wrong

- Systems and processes to ensure lessons could be learnt from incidents and accidents, safeguarding concerns and complaints to improve the quality of the service had been reviewed and enhanced.
- The manager had introduced a staff accident book to ensure that the investigation and analysis of work-related accidents and incidents were completed so they could take positive steps to put things right.
- The provider and the manager had introduced a system to analyse accidents and incident to see what actions had taken place following an incident and the outcomes achieved. This ensured that lessons were learned, and improvements made to service users care.
- Records showed that lessons learned, and reflective practice had been introduced. These were discussed at staff meetings and during one to one supervision meetings.

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to 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.

At our last inspection the provider had failed to ensure systems and processes were in place to assess, monitor and improve the service. The provider failed to seek and act on feedback provided or concerns raised to drive improvement at the service. This was a breach of regulation 17 (Good Governance) 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 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Continuous learning and improving care.

- There was a registered manager in post, however at the time of the inspection they were taking extended planned leave. The provider had recruited an acting manager who had been in post since our previous inspection on 13 July 2020. The manager was in the process of registering with the Care Quality Commission.
- The systems in place to maintain effective oversight of the quality and safety of the service had been improved. Monthly and weekly audits were completed and any actions required to make improvements were swiftly taken. The provider had commenced unannounced spot checks at the service to ensure they also had effective oversight of the service.
- Improvements had been made to staff training and staff supervision. Records showed that staff had completed essential training in key areas. Staff supervision was being held monthly to ensure they felt supported.
- Lessons learnt protocols had been put in place so the provider could learn from incidents and accidents, safeguarding concerns and complaints to improve the quality of the service. The manager has also introduced a staff accident book so that through the investigation and analysis of work-related accidents and incidents positive steps could be taken to put things right.
- Records management had been enhanced and was more organised. We found records were fully completed. For example, accidents and incidents had been recorded and actions taken swiftly if there were areas that needed improvement. Complaints were being recorded and investigated in line with the provider's complaints procedure. Care plans and risk assessments were detailed and reviewed as required.
- Meetings for people using the service and staff had been held more consistently. Records showed these

were held monthly and an action plan was drawn up following each meeting so that areas for improvement could be addressed.

- Communication with relatives had improved. The manager had written to all relatives to introduce themselves and to let them know about changes at the service. This had been followed up with emails and telephone calls.
- The provider, manager and staff had improved how they worked in partnership with key organisations. We saw they had worked closely with the local authority, safeguarding teams and clinical commissioning groups, the police and multidisciplinary teams, to make improvements at the service and support care provision.
- The provider and the manager had worked closely with the local authority during the pandemic to ensure all guidance about COVID-19 was up to date and in line with best practice. They had also liaised with Public Health England to ensure they were following current government guidelines.

At our last inspection the provider had failed to notify the Care Quality Commission of incidents that affected the health, safety and welfare of people who use services. This was a breach of Registration Regulation 18, of the Care Quality Commission (Registration) Regulations 2009

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection, systems and processes had been improved to ensure notifications had been submitted to the Care Quality Commission (CQC)

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

- Systems in place to ensure compliance with duty of candour had improved. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.