West Northamptonshire Council

Boniface House

Inspection report

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Date of inspection visit:
01 February 2022
02 February 2022

Date of publication:
13 April 2022

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
Boniface House is a residential care home registered to provide care for up to 46 older people, some of whom are living with dementia. At the time of the inspection 20 people were living in the home.

Boniface House accommodates up to 46 people across six separate units, each of which has separate adapted facilities. During the inspection two of the units were not being used as they were being refurbished.

People's experience of using this service and what we found
The provider failed to implement all the government guidance in their policies and practice in relation to staff changing their clothes before and after their shift.. This placed people at risk of the spread of infections including COVID-19.

Staff had access to personal protective equipment (PPE), were using this appropriately and understood the importance of good hand hygiene. Visitors were screened and tested before entering the building to prevent the risk of infection from COVID-19. Staff were vaccinated as per the regulatory requirement.

The registered manager regularly monitored the service and acted on the findings of audits to improve the service. Staff meetings kept staff informed of changes and involved in improving the service.

There were enough staff deployed to provide people's planned care, however, there were many staff vacancies, so the provider used regular agency and the management team to provide care.

People received their medicines as prescribed . Staff received training in managing medicines and their competencies had been checked.

Staff were recruited using safe recruitment procedures.

People's risks were assessed and reviewed regularly or as their needs changed.

Staff understood their roles in safeguarding people from abuse or improper treatment. The managers were responsive to staff concerns.

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

Rating at last inspection
This service was registered with us on 1 April 2021 and this is the first inspection.
The last rating for the service under the previous provider was Good, published on 25 September 2019.

Why we inspected
We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about infection control. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with infection control, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

We have identified a breach in relation to infection prevention and control at this inspection.

Please see the action we have told the provider to take at the end of this report.

Enforcement
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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? We have not reviewed the rating as we have not looked at all of the key questions at this inspection.	**Inspected but not rated**
Is the service well-led? We have not reviewed the rating as we have not looked at all of the key questions at this inspection.	**Inspected but not rated**

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 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
This inspection was carried out by one inspector.

Service and service type
Boniface 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 both the registered manager 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
This inspection was unannounced.

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. 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
We were unable to speak to people using the service as they were in isolation due to the COVID-19 outbreak in the home, however, we did observe interactions between people and staff and spoke with three relatives. We spoke with eight members of staff including the registered manager, two team leaders, senior care staff, two care staff, a cleaner and a maintenance person.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files and three agency 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.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Inspected but not rated

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have not reviewed the rating as we have not looked at all of the key questions at this inspection.

Preventing and controlling infection;
- The provider failed to implement a system to reduce the potential transmission of COVID-19. Staff did not change their clothes before or after their shifts. People using the service, staff and the public were at risk of acquiring infections including COVID-19.
- People who did not have COVID-19 were not always tested twice daily for symptoms of COVID-19 such as a high temperature. This meant people were at risk of undetected illness and at risk of placing others at risk of being exposed to COVID-19.
- The provider failed to implement effective isolation procedures to protect people from the spread of COVID-19. People in isolation had their bedroom doors open with no additional ventilation such as an open window. This placed other people in the vicinity at risk of contracting COVID-19.
- The provider failed to have a system to ensure scheduled cleaning in communal areas and bedrooms were completed daily. This placed people at risk of COVID-19 from contaminated surfaces that had not been cleaned regularly.
- Staff did not have all the handwashing facilities they required to wash their hands in the kitchenettes. Staff told us they washed their hands in the kitchen sinks before leaving each unit, however, there were not the facilities to do this properly.

The provider failed to assess, prevent and control the spread of infections. This placed people at risk of harm. This was a continued breach of regulation 12 (2) (h) (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

During the inspection we brought our findings to the attention of the registered manager. They immediately

created a risk assessment for two people who had COVID-19 who required their doors to be open for their well-being.

During the inspection the registered manager arranged for soap dispensers to be installed in the four kitchenettes immediately and the hand towel dispensers to be installed the day after the inspection.

Staffing and recruitment
● The provider had a number of staffing vacancies. They used regular agency care and domestic staff to ensure there were enough staff to meet peoples' needs. The provider had a recruitment drive to employ more care staff.
● Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with people who used the service.
● The provider had a system and process in place to ensure Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely;
● People received their medicines as prescribed. Systems were in place to ensure as required medicines were administered as needed and the reasons why these were given were recorded.
● Staff had received training and had their competencies checked for safe administration of medicines. Staff followed the providers medicines policies and guidelines.
● The provider carried out monthly medicines audits and acted to improve where issues had been identified.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● Systems in place to assess water safety were not always effective. An external company had tested water temperatures in December 2021 and found hot water temperatures were too high, posing a scald risk to people using communal bathrooms. We did not find any record of action being taken as a result of this. However, the risk of scalding had been mitigated as the thermostatic mixing valves had been serviced mid-January 2022, at which time the temperatures would have been set to safe levels. The registered manager planned to review the next water assessment which was due end of February 2022.
● The registered manager had risk assessments in place which guided staff on actions to take to protect people accessing the kitchenettes where hot appliances were used.
● People's risks had been assessed and reviewed regularly or as their needs changed. Staff referred to people's care plans for guidance on how to mitigate the known risks.
● The provider had implemented systems to monitor people after a fall or accident to ensure any injuries were detected. People were referred for medical care where they had sustained injuries. The registered manager analysed the falls records for themes and implemented safety systems for people with frequent falls such as low beds.

Systems and processes to safeguard people from the risk of abuse
● The provider had policies and procedures in place to safeguard people from abuse or improper treatment.
● Permanent and agency staff had received training on safeguarding procedures. Staff demonstrated they understood their roles to safeguard people and reported concerns to the registered manager.
● The registered manager followed the provider's safeguarding policies and procedures. Safeguarding alerts had been raised appropriately with the relevant agencies.

Inspected but not rated

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.

This is the first inspection of this newly registered service. We have not reviewed the rating as we have not looked at all of the key questions at this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The provider had implemented a series of audits to measure the quality and safety of the service. However, the infection control audit did not identify where the provider's policies did not follow all the government guidance.
- The registered manager and team leaders carried out regular audits which had identified areas for improvement. They implemented action plans to continually improve the service, however, some areas such as repairs had been delayed as the service relied on the estates department of the provider to carry out the work required. The registered manager continued to raise the issues and request the repairs to be completed to damaged floors and lights.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had ensured people's care plans were written in a person-centred way, taking into account their personalities, likes, dislikes and protected characteristics.
- All permanent and temporary care staff received a handover and were encouraged to read peoples' care plans to ensure they understood people's needs.
- Staff told us the management team were friendly and approachable. Staff were empowered to raise ideas and be confident these would be listened to. For example, on the second day of the inspection most of the people came out of isolation, staff suggested a tea party in the day and a hot meal in the evening to help people celebrate coming out of isolation. The registered manager supported and facilitated this.
- The registered manager held regular meetings with senior staff to share information and gain feedback about the service. The records of the last team meeting in December 2021 showed the registered manager thanked all the staff for their hard work. Staff had discussed how they could manage people who were awake at night; they implemented a system of providing food, drink and activities to enhance people's diet and to occupy people who may feel anxious in the night.
- Relatives had been asked for their feedback of the service, all the responses had been positive. Relatives we spoke with told us they were very happy with the way their relatives were cared for and praised the staff for their attentiveness, kindness and compassion.
- The provider worked in partnership with a range of professionals and made referrals when appropriate. For example, staff recorded information in people's care notes when they had communications with district nurses, podiatry, speech and language therapists and GPs.

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 manager understood the need to be open and honest when things had gone wrong and remained open and transparent throughout the inspection. Records showed families were kept informed of any incidents or concerns with their relative.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to have all the necessary systems in place to prevent and control the spread of infections.

The enforcement action we took:

We issued a Warning Notice which required the provider to be compliant by 21 February 2022