

Care 24-7 Leicester Limited

Bodnant House

Inspection report

11 Bodnant Avenue
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Tel: 01162425779

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

What life is like for people using this service:

- People said they felt safe at the home. Risks to people's health, safety and welfare had been identified and were known by staff. Risk assessments relating to the environment were in place to keep people safe. Staffing levels were appropriate to meet the needs of the people using the service. People told us they thought the home was well-staffed. The registered manager put extra staff on duty where necessary, for example if people were unwell. Medicines were safely managed. The home was clean, tidy and fresh. There were systems in place to monitor incidents and accidents and learn from these.
- People's care, health and cultural needs were identified so staff could meet these. The staff were skilled and competent and knew the people they supported well. People said they liked the food served and had a choice of English and Indian dishes. People were supported to maintain good health and referred to health professionals when required. The design and decoration of the home suited people's needs. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.
- The staff were caring and kind. They talked with people in a supportive way and reassured them when necessary. People told us they liked living at the home and had good relationships with the managers and staff. People and their relatives were regularly asked for their views on the care provided. Staff respected people and treated them with dignity and respect.
- People received good quality care and support. Care plans were written from the perspective of the person using the service and set out how staff should meet their needs. The multicultural, multilingual staff team were knowledgeable about people's cultural needs. Managers and staff ensured information was provided to people in an accessible format. People took part in a range of group and one-to-one activities depending on their preferences. People said they knew how to make a complaint if needed.
- People told us the home was well managed and had an open and friendly culture. The managers and staff were approachable and helpful. Staff said the home had a family atmosphere and they felt well-supported by the managers. The home's audit system covered all aspects of the service and helped to ensure the care people received was safe and the environment fit for purpose and well-maintained. People were involved in how the home was run on a one-to-one level, at meetings, and through quality assurance questionnaires. Managers and staff worked in partnership with other agencies to ensure people got the care and support they needed.

For more information please see the Detailed Findings below.

Our last inspection report for this service was published on 18 May 2016 and the rating was 'Good'.

Bodnant House is a residential care service providing personal care and support for up to 10 younger and

older adults living with learning disabilities, autistic spectrum disorders, mental health needs, and sensory impairments. At the time of our inspection there were nine people using the service.

This was a scheduled inspection based on the service's previous rating.

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

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Bodnant House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection team consisted of an inspector and an interpreter. We had an interpreter as we wanted to give some people using the service the opportunity to talk about their experiences in their first language.

Bodnant House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information provided by other agencies including commissioners who contract with the service.

During the inspection, we spoke with four people using the service. We also spoke with the provider, deputy manager, and three care workers.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at two people's care records.

Is the service safe?

Our findings

People continued to be safe and protected from avoidable harm. Legal requirements relating to people's safety were met.

Supporting people to stay safe from harm and abuse

- All the people we spoke with said they felt safe at the home. One person told us this was because, "Everyone is nice." Another person said, "I love my room because I feel safe there."
- Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of any of the people using the service.
- Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action taken ensure people's safety.

Assessing risk, safety monitoring and management

- Risks to people were assessed and were safely managed. The potential risks to each person's health, safety and welfare had been identified and were known by staff. If people were at risk staff took action to reduce this, for example, by accompanying people when they went out into the local community.
- Risk assessments relating to the environment were in place. These covered areas including water temperatures, window restrictors, and infection control.
- Records showed water temperatures in the shower in one person's room, currently unoccupied as the person was away from the home, had exceeded 43c (the safe maximum) on occasions.
- The director checked this shower and recorded the water temperature as safe on the day of our inspection. However, he said he would instruct the home's maintenance worker to double-check this water outlet and adjust as necessary to ensure the water temperature was safe before the person returned to this room.

Staffing levels

- Staffing levels were appropriate to meet the needs of the people using the service. People told us they thought the home was well-staffed. The registered manager put extra staff on duty where necessary, for example if people were unwell.
- Staff were safely recruited with the appropriate checks carried out to ensure they were safe to work with

people who use care services.

- One person said they would like the home to have more male staff on duty. We discussed this with the director who said he had listened to this person and recruited an extra male care worker who would be starting work at the home once they were cleared to do this.

Using medicines safely

- Medicines were safely managed. One person told us, "The carers look after my tablets. They keep them locked up. They have never run out."
- There were safe systems in place for ordering, administering and monitoring medicines for those Staff were trained and assessed as competent before they administered medicines.
- Staff were respectful when administering people's medicines. Records included personalised instructions to staff on how to do this in the way people wanted, for example, '[Person] takes medication without difficulty if it is placed in his hand.'

Preventing and controlling infection

- The home was clean, tidy and fresh. One person told us, "It's kept very clean by the carers. The bathrooms and toilets are in a good state."
- Staff were trained in infection control and used personal protective equipment, for example gloves and aprons, when required.

Learning lessons when things go wrong

- There were systems in place to monitor incidents and accidents and learn from these.
- For example, following one incident a person's care plan and risk assessment were updated and their support increased to ensure both the person and others were safe.

Is the service effective?

Our findings

People's care, treatment and support continued to achieve good outcomes for them and promoted a good quality of life. People's feedback confirmed this.

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

- People were assessed before they came to the service to ensure their need could be met. Assessments covered people's health and social care needs.
- People's cultural needs were identified so staff could meet these. Where necessary assessments gave a brief overview of a person's religion or beliefs so staff understood what it meant to them.

Staff skills, knowledge and experience

- People said the staff were skilled and competent. One person said, Tony "The staff here know what they're doing." Another person said, "The staff are good and they are trained."
- Staff confirmed they completed a wide range of certificated training courses including the Care Certificate (a nationally-recognised introduction to care course), health and safety, food hygiene, first aid, the Mental Capacity Act 2005, and safeguarding. The registered manager provided training in mental health although this had not been added to the staff training matrix. The director said he would address this.
- The director told us the home was now catering for a more diverse service user group. To ensure staff could meet their individual needs staff training in learning disabilities and autism was booked for December 2018.

Supporting people to eat and drink enough with choice in a balanced diet

- People said they liked the food served. One person told us, "Its good, there is a variety, some days its English and some days its chapatis and curry." Another person said, "The food is beautiful. I have English food but you can have Indian food if you want."
- People said staff knew which food they didn't eat, for cultural reasons, and this information was in their care plans.
- People had nutritional assessments. Staff encouraged them to eat wholesome food and maintain a healthy weight.

Staff provided consistent, effective, timely care within and across organisations

- People said they were supported to maintain good health and referred to health professionals when required. One person told us, "They [the staff] take me to see the GP."
- People had care plans for their healthcare needs and emergency grab sheets to take with them if they needed to go to hospital. Emergency grab sheets contain information about a person as an individual, for example their communication needs.

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

- People told us they liked the design and decoration of the home. One person said they like having the choice of being in their bedroom, using the communal rooms, and going into the garden. They told us, "It's peaceful here."
- The director had recently purchase a large enclosed trampoline for the garden so people could exercise and be energetic. This was providing popular with many people using the service.

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

- We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that they had.
- Staff continued to have a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- Care plans were developed with people and we saw that, where possible, people had agreed with the content and had signed to receive care and treatment and given their consent.
- We saw a staff member explaining a person's rights to them and this was done kindly and sensitively and the person was reassured by what they heard.

Is the service caring?

Our findings

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported

- People said the staff were caring and kind. One person told us, "If I felt down I'd talk to the staff."
- We saw staff talking with people in a caring and supportive way. For example, when one person became anxious staff addressed this, giving the person the time and reassurance they needed.
- People appeared content and settled at the home. They told us they liked living there and had good relationships with the managers and staff.

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

- People and their relatives were regularly asked for their views on the care provided. One person told us, "They are always asking if everything's OK for me here and if I want any changes."

Respecting and promoting people's privacy, dignity and independence

- People preferences regarding their privacy were in their care plans. For example, one person's stated, '[Person] is a private person and likes their own company. [Person] likes their own personal time in their bedroom.'
- People told us staff were respectful. One person said, "The staff never barge into my room. They always knock and wait for me to reply."
- People had access to advocacy services. One person had an advocate who they were in regular contact with.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery of care.

Personalised care

- People told us they received good quality care and support. Care plans were written from the perspective of the person using the service and set out how staff should meet their needs. One person said, "The staff look after me how I want them to."
- The multicultural multilingual staff team were knowledgeable about people's cultural needs. One person told us, "They [the staff] take me out and if I want to go to the [place of worship] they take me there too. They also know that I don't eat [particular food item]."
- Managers and staff ensured information was provided to people in an accessible format. For example, the service users guide was pictorial, as was the residents meeting agenda and minutes. The director told us information about the home could be translated into different languages on request.
- People took part in a range of group and one-to-one activities depending on their preferences. These included swimming, cinema, shopping and community activities. One person told us, "I like to go to the shops and the staff go with me." Another person said that when they first came to the home the director took them all round the local area on foot so they knew where transport links, shops, and other facilities were.

Improving care quality in response to complaints or concerns

- People said they knew how to make a complaint if needed. One person said, "If another resident was annoying me I would tell the manager."
- The home's complaints procedure explained what people could do if they were unhappy about any aspect of the service and who to go to if they wanted to take their complaint outside the home.

End of life care and support

- Where appropriate people had advance end of life care plans in place. These set out how they would like to be cared for and where. For example, if a person said they would like to remain at Bodnant House this was recorded.

Is the service well-led?

Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted good-quality, person-centred care.

Leadership and management

- People told us the home was well managed and had an open and friendly culture. One person said, "I feel I can be myself here." Another person told us, "Everything at this home is good – the staff and the manager, the food, how clean it is and the trips out."
- People said the managers and staff were approachable and helpful. One person told us, "[The director] and the [registered manager] are very nice. If I had a problem I would tell them."
- Staff said the home had a family atmosphere and they felt well-supported by the managers. One staff member told us, "[The registered manager] is understanding and non-judgemental. He looks after staff as well as residents, is good at organising, and if we need anything he gets it straight away." Another staff member said, "[The director] is very involved and supports and advises us all."
- Staff had regular supervision sessions and meetings. Minutes showed these were well-attended and topics discussed included professional boundaries, confidentiality, and completing documentation. Staff said this helped them to be clear about their roles.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The managers notified CQC and other agencies of any incidents that took place at the home and acted to put things right.
- One person told us that if anything at the home needed fixing the managers were quick to address this. They said, "They come, check, and get the repairs done"

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The home's audit system covered all aspects of the service and helped to ensure the care people received was safe and the environment fit for purpose and well-maintained. This was documented in the home's compliance folder.

Engaging and involving people using the service, the public and staff

- People were involved in how the home was run on a one-to-one basis, at meetings, and through quality assurance questionnaires. Minutes from the most recent residents meeting, held on October 2018, showed people were given the opportunity to speak out, raise issues and give feedback on the service provided.

Continuous learning and improving care and working in partnership with others

- Managers and staff worked in partnership with other agencies to ensure people got the care and support they needed. For example, a specialist outreach team were coming to the home regularly to support staff in the way they worked with one person. This was a learning experience for staff with a view to ensuring the person had the care and support they needed.
- The local authority was due to assess the quality of the care provided. A poster was displayed in the home inviting people to attend the assessment and speak to commissioners at the forthcoming visit. This meant people would be able to share their views with the commissioners.
- The home's statement of purpose needed updating to make it clear the home now provided a service for people with more diverse needs. This issue was addressed during our inspection.