Boniville House Limited

Boniville House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Boniville House is a care home providing personal care to up to five people who live with mental health conditions. At the time of our inspection five people were living in the home.

People's experience of using this service and what we found
Quality assurance systems were not always effective. Audits of routine checks and other areas of the service to assess, monitor and improve the service were not completed by management staff.

It was not clear how the provider determined that staffing during weekends was suitable and effective in meeting people's individual needs and ensuring that people and staff were safe.

We saw positive engagement between staff and people. Systems were in place to ensure people were protected from abuse and treated with respect and dignity. Policies and procedures were in place to protect people from abuse and staff were confident that allegations of abuse would be dealt with appropriately

Suitable infection prevention and control measures and practices were in place to keep people safe and prevent people, staff and visitors catching and spreading infection.

Care staff told us that management were approachable and provided the training, guidance and support they needed to carry out their role and responsibilities effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service was good (published 8 June 2018).

Why we inspected
The inspection was prompted in part due to us having received anonymous information about concerns in relation to the management of the care home, medicines, confidentiality, and staffing. A decision was made for us to undertake a focused inspection to examine those risks by reviewing the key questions of Safe, Effective, and Well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect these. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, and

Well-led sections of this full report.

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

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

Enforcement
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.

We have identified one breach in relation to quality assurance monitoring. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Boniville 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
Boniville House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC. 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
This first day of the inspection was unannounced. The second day was announced.

What we did before the inspection
Before the inspection we looked at information we held about the service. This information included the last inspection report, feedback we had received about the service and any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. We also received feedback about the care home from two social care professionals. This information helps support our inspections.

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. We used all of this information to plan our inspection.

During the inspection
We spoke with the five people using the service, the registered manager, deputy manager and three care staff. We reviewed a range of records which related to people's individual care and the running of the service. These records included people's care files, staff records, policies, medicine administration records and a range of records relating to the management and quality monitoring of the service. We also spent time observing staff engagement with people using the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. The registered manager provided us with staff training and recruitment information and other documentation to do with the management and running of the care home. We spoke with three people's relatives and one social care professional by telephone and received written feedback from one healthcare professional.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated 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.

Staffing and recruitment

● The provider operated a shift schedule which consisted of three shifts to provide coverage 24 hours a day. During weekdays one care staff and either the registered manager or deputy manager usually worked in the home. However, during the weekends each shift was covered by one staff. There were no records and/or dependency tool to show how this was determined to be enough suitable staff to meet the requirements and safety of the service and meet the needs of people.

● Given the varied needs of people using the service, having a dependency tool would help the provider to evidence, a comprehensive and reliable process in place for reviewing and reporting on safe staffing levels, particularly during weekends, more so to show if people are being engaged in meaningful activities. For example, although some people were at the time of the inspection reluctant to go out, and two people went out independently, having one staff on duty all weekend may not provide the opportunity for staff to accompany people out in the community, particularly if people choices were in conflict.

● Staff told us about the range of tasks that they carried out during each day shift. These included, management and administration of medicines, supporting people with personal care and activities, enhanced cleaning, cooking and updating records. Also, records showed, and staff told us that some people's behaviour at times challenged the service. A dependency tool would help to evidence the right numbers of staff were available at the right time to carry out these duties. Following the inspection, the registered manager told us that she was planning to review staffing levels and implement a dependency tool to assist with this task.

● Staff records contained evidence that appropriate checks including, criminal record checks, employment history and evidence of permission to work in the United Kingdom had been completed so only suitable staff were employed. Due to the pandemic, two staff had needed to be quickly recruited. We found that the above checks had been completed, but not more than one reference had been obtained. Attempts had been made by the registered manager to obtain further references, and we were provided with a checklist, which showed steps had been taken to ensure people were safe. Following the inspection, the registered manager told us that satisfactory references had now been obtained for these staff.

● Care staff told us that teamwork was good and that they supported each other. One care staff told us, "We are very good in this house, we work well as a team".

Systems and processes to safeguard people from the risk of abuse

● The service had policies and procedures in place to safeguard people from the risk of abuse. Care staff had received training about safeguarding people. Care staff provided us with examples of what constituted abuse and were aware of action they needed to take if they suspected people were subject to, or at risk of abuse.

● Staff knew about the provider's whistleblowing procedures. They told us that they would not hesitate to raise any concerns including poor practice from other staff.
● People spoke in a positive way about the support that they received from staff, comments included, "The staff are very understanding. If I am worried, I can talk with them. I am confident that they will do something about it."
● Relatives told us that they felt people were safe. One person's relative commented, "[Person] is absolutely safe."
● Each person had a personalised plan in place regarding the management of their finances. Records of income and expenditure were maintained for people who needed support with managing their finances. Receipts of purchases were available.

Assessing risk, safety monitoring and management
● People told us that they felt safe living in the home.
● Risks to people's health and safety were assessed and reviewed. People's risk assessments were personalised and detailed. They provided information and guidance for care staff to minimise risks when supporting people.
● Fire safety checks and drills were carried out regularly. People participated in these fire drills. Electrical and gas safety and other systems checks were carried out as required.
● The care home had a current certificate of insurance for public liability.

Using medicines safely
● Medicines were stored and administered safely. People's medicines' administration records confirmed they received their medicines as prescribed.
● People had personalised medicines' care plans. These included details of the medicines people had been prescribed. People's medicines were regularly reviewed by a doctor.
● One person had self-administered their medicines before moving into the home. They were supported to continue this practice in Boniville House. The person told us, "I do my medicines. They [staff] remind me to take them."
● Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. Personalised PRN protocols were in place which included guidance staff needed to follow when administering them.
● Care staff had received training in the administration of medicines. Their competency to administer people's medicines had been assessed.

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.

Learning lessons when things go wrong

● There was a system in place for reporting and recording accidents and incidents. Records showed staff had been responsive in managing incidents and action had been taken to minimise reoccurrence. However, there was not a system in place to show regular quality assurance analysis of incidents and accidents. The registered manager informed us she would ensure that incidents were regularly reviewed to identify any trends and learning.

● Care staff told us communication with the registered manager was very good, and that incidents and other issues to do with the home were always discussed with them and improvements made when needed.

● Relatives told us they were notified by the registered manager about any issues to do with people using the service. One relative told us, "I am informed immediately of anything to do with [person]".

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

- People's needs had been assessed to ensure they received personalised care and support. People told us they were consulted and fully involved in decisions to do with their care.
- People's care plans were personalised and included detailed guidance for staff to follow to ensure people's individual needs were met.
- People received the support they needed to live healthier lives, and access healthcare services and support. Their care plans contained personalised information and guidance in relation to their healthcare needs and were updated when there were changes.
- One person told us their walking had improved since moving into the home. Another person had been supported by staff to lose some weight by being more active and eating more healthily.

Staff support: induction, training, skills and experience

- Staff told us, and records showed that they had received and induction when they started working in the home. Staff induction included 'shadowing' other care staff to help them learn and understand their role and responsibilities.
- Staff had completed training and learning appropriate for their job roles. Records showed that care staff during their one to one supervision meetings had received coaching in a range of matters to do with the service. Subjects that had been discussed included safeguarding adults, managing behaviour that challenged the service, and COVID-19.
- Care staff confirmed they received the training they needed and felt well supported by the registered manager, deputy manager and other care staff. They told us they were provided with ongoing support and regular supervision. Comments from staff included, "We work well as a team," "We are always learning," I read people's care plans and risk assessments," and "Observing people for any changes is important."

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

- All the people we spoke with told us they could choose what they wanted to eat and were happy with the meals provided. People told us they were supported to prepare their own drinks, snacks and preferred meals.
- During the inspection people received the meals they had chosen. One person told us that they had particularly enjoyed the cooked breakfast they had eaten that morning. Another person showed us their breakfast and spoke enthusiastically about it. It included foods that met her personal dietary cultural preferences.

● People's nutritional needs and weight were assessed and monitored closely. The registered manager told us that some people had lost some weight due to a loss of appetite whilst unwell from COVID-19. Staff had provided them with support and encouragement to regain it. Records showed that one person had recently gained some of the weight that they had lost. One person told us, "I have put on some weight, which is good."
● People helped themselves to fresh fruits and drinks during the inspection. Food eaten was recorded and monitored by staff.
● Staff knew that they needed to report significant changes in people's weight to a doctor and others involved in their care.

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked with a range of agencies and healthcare and social care professionals to ensure people received consistent, effective timely care.
● During the pandemic much of the contact that staff had with external professionals was via telephone, video calls and email. However, nurses had regularly visited the home to administer specific medicines to people. A GP had recently visited the home to administer COVID-19 vaccines to people and staff.
● People told us they felt their health and other needs were met by the service. They spoke of the contact that they had with their GP and community nurses. One person told us, "I have blood tests, my GP keeps an eye on me and my health." Another person told us they had recently spoken with a doctor about their health.

Adapting service, design, decoration to meet people's needs
● The home was clean and warm. The dining communal area was 'tired' looking. During the late afternoon we noted the lighting in the dining room was not very bright, making it difficult to read some records. Good lighting can help compensate for poor eyesight and reduce the risk of accidents. The registered manager told us that she would ensure this issue was addressed and there were plans to redecorate this communal area and some people's bedrooms.
● During the pandemic people had spent a significant amount of time in the garden. We saw people accessing the garden and other communal areas frequently during the inspection. They told us they enjoyed spending time in the garden.
● People told us they liked their bedrooms and could personalise them with items of their choice.
● One person referred to the home as "my home" and told us they were happy. Another person commented, "I walk in the garden and a little bit in the street, my balance is not so good, but it is getting better." Staff encouraged the person to take short walks during the inspection and praised them afterwards.
● The registered manager was aware of the particular importance of ventilation during the pandemic. Windows were opened frequently to help minimise the spread of infection.
● Maintenance issues were addressed promptly.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When people were unable to consent to their accommodation and care appropriate applications to the local authority for DoLS authorisations had been made. One person had a DoLS in place. Staff knew that they needed to accompany the person when out in the community.
- The registered manager told us the MCA and DoLS were frequently discussed with staff and refresher online training was provided.
- Staff were aware that a decision could be made in a person's best interest when they lacked the mental capacity make it themselves.
- Information about people's capacity to make particular decisions was included in their care plans. For example, people's capacity to decide about managing their money had been assessed and personalised guidance detailed the support they needed.
- People told us that they felt listened to and were able to make choices about their lives which were respected by staff.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated 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.

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

- Various checks of the service were carried out by staff. These included checks of the robustness of window restrictors, fridge freezer temperatures, hot food temperatures, medicines, fire safety, and cleanliness of the service. However, there was not a programme of regular comprehensive effective audits to assess the quality of key areas of service, identify deficiencies, address them and make improvements. For example, although checks of medicine administration records and medicines stock were carried out by care staff, there was no regular comprehensive detailed audit of the medicines management and administration system.
- We found some health and safety checks were carried out. However, we were not shown any audits to identify any trends and learning from incidents of behaviour from people that challenged the service, and no recorded checks that showed monitoring of staffing, staff records or care plans.

The above deficiencies are a breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 Good governance.

- The service had a registered manager who was supported by a deputy manager. Management and care staff were clear about their roles and responsibilities. Staff told us they received the training and support they needed.
- There were policies and procedures available to provide guidance for care staff on how to fulfil their roles and responsibilities.
- Registered providers are required to inform the CQC of certain incidents and events that happen whilst providing its service. The registered manager was aware of this responsibility and notifications had been submitted when required.
- The registered manager told us about how they kept up to date with relevant legislation and good practice guidance. They spoke of regularly attending the local authority's provider forum to keep informed about changes to do with relevant legislation and social care services.

Continuous learning and improving care

- The registered manager spoke of the significant learning that had taken place during the pandemic and how that had prepared the service for any future pandemics.
- Policies were discussed with staff during staff meetings and their one to one supervision sessions.
- The service had been responsive to government guidance during the pandemic. For example, mealtimes

had been staggered to enable social distancing rules to be met.
● The registered manager had attended virtual provider forum meetings organised by the local authority to support and update them regarding the COVID-19 pandemic. The registered manager told us these had been very helpful in providing learning and guidance during sometimes challenging times, particularly in the early days of the pandemic.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The care home promoted a positive culture by ensuring staff provided personalised care and support. Managers and care staff spoke of the importance of empowering people to be involved in decisions about their care and all aspects of their lives. People confirmed they were fully involved in their care and were treated well by staff. They told us, "I like it here," "They [staff] ask me what I want, I feel involved" and "They [staff] work with me and listen".
● During residents' meetings, one to one engagement with staff and care plan reviews, people were consulted on matters about the service and their care. One to one meetings were also responsive to people's needs and took place promptly in response to issues relating to people's behaviour and/or emotional needs. One person told us, "If I have a problem, we have a meeting to talk about it."
● People's independence was supported. People spoke of being encouraged to do things for themselves and of being involved in household tasks including tidying their bedroom, laundering their clothes, making snacks and cooking. One person told us they were looking forward to recommencing volunteering work in a local charity shop, which had closed during the pandemic lockdown.
● Staff spoke in a positive way about their role in delivering care and support for people so they could lead the life that they wanted.
● Relatives told us the staff team were open and approachable and communication with them was very good. They told us, "Boniville House have understood [person] and always catered for [person]. I am more than happy," "They [staff] support [person]," "They understand [person's] behaviours and how to respond to them." [Registered manager] has been really good. She contacts me when she needs to" and "Boniville allows [person] to be independent. They look out for [person]. [Person] is in control."
● The provider had followed current government guidance to support people's relatives to visit them during the COVID-19 pandemic. People had been supported to keep in touch with their relatives via telephone calls and outside visits. People confirmed this. One person told us they had spoken on the phone regularly with their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● We saw staff engage with people in a positive, friendly and respectful way. People told us about the activities they enjoyed and took part in. They spoke of looking forward to community facilities and amenities being open again. One person spoke of their enjoyment of board games and watching television. Another person spoke of going out for short walks and doing art and cooking. They told us, "I keep busy." During the inspection some people went out for a walk with staff.
● Staff had a good understanding of equality and respecting people's differences. People's religious and cultural needs were detailed in their care plans. A care staff told us about the importance of respecting people's rights and preferences.
● Staff told us that communication and support from management staff was very good, and they were kept well informed about changes to do with the service and current COVID-19 guidance. The registered manager spoke highly about the staff team and of their work during the pandemic.
● Staff had a 'handover' at the start of each shift when people's care needs, and any changes were discussed and reviewed by staff. Staff also completed 'daily' records about people's care, so staff had the information

they needed about people's current needs.

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 registered manager was aware of the importance of taking responsibility when things go wrong and ensured deficiencies were quickly put right.

● The registered manager knew when they needed to report notifiable incidents to us and to the local authority.

● Accident and incident records had been completed. Relatives confirmed that the registered manager always contacted them if an accident or incident occurred. One relative told us, "[Registered manager] rings me and has kept me aware of everything."

● Staff knew their responsibilities in being open and speaking up when needed. They confirmed that they would always report any incidents and poor care.

Working in partnership with others

● The service worked in partnership with others. This included working with other healthcare and social care professionals, such as public health, community nurses, GPs, psychiatrists and commissioners. The registered manager spoke highly of the support and guidance they had received from agencies during the pandemic.

● Feedback from one healthcare professional and one social care professional was positive about communication with the service and of the care and support provided to people using the service.

● Relatives spoke about working with the registered manager to ensure people received good care. Comments from relatives included, "There is great communication with family," "I am happy, we were lucky to find Boniville House. It suits [person]. [Person is getting more personalised time with staff," "The managers have been good meeting [person's] needs. [Person] has made good progress." "They [staff] understand [person]"and "Boniville House certainly caters for [person's] needs. It is very well managed; everything is under control."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not always operate effective systems to assess, monitor and improve the quality of service provided to people who used the service.