

# Boniville House Limited

# Boniville House

## Inspection report

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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 

## Overall summary

This unannounced inspection took place on the 18 November 2014.

Boniville House is a care home that is registered to accommodate up to five people who have mental health needs. There were three people living in the service at the time of our inspection. The service is located in Willesden Green in the London borough of Brent and has access to public transport. A range of shops are within walking distance of the home.

There was a registered manager in post at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The atmosphere of the home was relaxed and welcoming. People told us they were happy living in the home and felt safe. Staff were aware of their responsibilities in supporting people to be safe and protecting them from risk of harm and knew the importance of respecting people's individual choices and promoting their independence.

# Summary of findings

People knew who to speak with if they had a concern or a complaint, were confident they would be listened to and appropriate action would be taken in response to any issues they raised. Staff knew how to recognise abuse and understood their responsibility to report it.

Staff recruitment was robust so only suitable people were employed in the home. Staffing numbers and skill mix were arranged to make sure people received the care and supported they needed and to enable them to participate in activities of their choice. Recent staff changes had led to some reliance upon the use of regular agency staff. However, people spoke positively about the staff and told us they were provided with the assistance and care they needed. Staff knew people well and provided people with the care and assistance they required. People's health was monitored and referrals made to health professionals when this was required.

We saw staff interact with people in a friendly and courteous manner. They promptly addressed questions and issues raised by people using the service during the inspection. People told us the staff were kind and treated them with respect.

We saw people took part in activities of their choice including going out to the local shops independently. People were supported to maintain the links they wanted with their family and friends.

People told us they were happy with the meals they received and were able to choose what they wanted to eat and drink. People received the medicines they were prescribed.

The registered manager knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), so was aware of when a person can be deprived of their liberty in their best interests, such as for keeping them safe.

The registered manager was approachable and spent a significant amount of time in the home working with staff and people using the service. The quality of the service was monitored and improvements made when needed.

# Summary of findings

## 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 safe. People told us they felt safe and staff knew how to recognise abuse. Staff understood their responsibility to keep people safe and protect them from harm whilst managing risks and supporting their independence.

Appropriate procedures for recruiting staff were in place so only suitable people were employed to provide people with the care and support they needed. Staffing numbers and skill mix were arranged to meet the needs of people living in the home.

People received the medicines they were prescribed.

Good



### Is the service effective?

The service was effective. People's dietary needs and preferences were met and understood by staff. People told us they could choose what they ate.

People received the care and support they needed and wanted from competent staff. Staff were well supported by the registered manager and other management staff.

People's health care needs were monitored closely. They had access to a range of health professionals to make sure they received the healthcare they needed.

The service had knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and their implications for people living in the home.

Good



### Is the service caring?

The service was caring. People told us they were happy with the care they received. People were treated with dignity and respect. We saw there was a positive rapport between people living in the home and staff.

People were involved in decisions about their care and these decisions were respected by staff. People's independence was respected and promoted.

People were supported to maintain the links they wanted with family and friends.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed and regularly reviewed. Care and support were provided to meet each person's individual needs.

People knew who to speak to if they had a worry or a complaint and told us they were confident it would be addressed appropriately.

People took part in activities of their choice and accessed community amenities and facilities.

Good



### Is the service well-led?

The service was well-led. The registered manager and deputy manager were approachable and spent a significant amount of time in the home working with staff and people using the service. Staff confirmed they felt well supported by management staff who were available for advice and support at all times.

Good



## Summary of findings

The quality of the service was monitored and improvements made when needed. The registered manager was aware of her accountability to provide people with a good quality service, and recognised where areas of the service could be better and took appropriate action to address them.

# Boniville 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on the 18 November 2014 and was unannounced. The inspection was carried out by the lead inspector for the service. During the inspection we spoke with the three people using the service, two care workers, the deputy manager and registered manager.

We looked at three people's care records and medicine administration records. We reviewed three staff records which included information about recruitment and training.

Before the inspection we looked at information we had received about the service. This information included notifications sent to the Care Quality Commission and all other contact that we had with the home since the previous inspection. After the inspection we spoke with a person's relative and two health and social care professionals.

# Is the service safe?

## Our findings

People said they felt safe living at Boniville House and received the support and care they needed. A person commented “I have lived here a long time. I do feel safe, the staff are nice.”

Staff knew about their responsibilities in relation to safeguarding people. They knew about the whistleblowing and safeguarding procedures, could describe different types of abuse and knew what to do if a safeguarding concern was raised. They told us they would report all concerns to the registered manager and knew they could report safeguarding concerns to the local authority safeguarding team. Staff told us they had received training about safeguarding adults at risk of abuse and records confirmed this.

People’s individual risks were assessed and identified as part of their plan of care. People’s care records included information and guidance staff needed to keep people safe and promote their independence. For example a person’s care plan included assessment of the risk of the person going out unaccompanied and guidance to minimise that risk. The person had signed their risk assessment, which indicated they had been involved in its development and were aware of the document.

There were arrangements in place to protect people from the risks that could occur when a person’s behaviour challenged the service. A person’s care plan included an assessment of the risk of the person being aggressive and included detailed information about the person’s behaviour. There was guidance about triggers that might give rise to the person’s unsociable behaviour and information about how the staff could minimise or prevent the behaviour from occurring.

At the time of our inspection there were three people living in the home. There was one care worker on duty during the day and night. The care worker had support from the deputy manager and registered manager who staff told us were available to provide support and advice at all times. The registered manager or deputy manager worked in the home for several hours each day and were often on duty at the same time. They were fully involved in providing people with the care they needed and regularly supported people to attend health and other appointments.

The registered manager told us how she ensured there were sufficient staff with the required skills to meet people’s care and support needs. This included making sure people’s assessed needs were reviewed regularly, any changes identified and staffing arranged to meet each person’s needs. The registered manager informed us that staffing of the service was flexible and she or the deputy manager provided extra support when needed such as when a person’s had recently been unwell and had needed more care and support. People told us they felt there were enough staff on duty to provide the care they needed.

The service followed safe recruitment practices. Staff files contained information that showed appropriate recruitment checks had been undertaken to make sure people were protected from the risks of unsuitable staff being employed by the service.

People were aware of the medicines they were prescribed and told us they received the medicines they were prescribed at the right time. People’s medicines administration records confirmed this. A person told us their medicines had recently been reviewed. This was recorded in the person’s care records. Medicines were stored securely in a locked cupboard where the temperature was monitored to ensure the medicines were fit for use. Recently a person had been prescribed a controlled drug (prescription medicines that contain drugs that are controlled under the Misuse of Drugs legislation). This medicine was stored in a secure medicines cupboard but not in a separate locked medicines cabinet. The registered manager took prompt action to put one in place. Staff received medicines training from a pharmacist. The registered manager told us the competency of staff was assessed to make sure they administered medicines safely to people. This included informing staff of the medication procedure, providing staff with information about the medicines people received and the action they needed to take if people refused their prescribed medicines. However, there were no records of these assessments. The registered manager told us she would re-assess all staff in the management and administration of medicines within the service and make sure the assessments were recorded. A senior care worker was very knowledgeable about the medicines management and administration systems within the home. We saw from records that a pharmacist had carried out an audit of the medicines in 2013.

## Is the service safe?

Incidents and accidents were recorded, reported and investigated appropriately. Systems were in place to minimise the risk of them happening again. Staff told us that there was good communication between staff about all incidents which were discussed and guidance put in place to lessen the likelihood of recurrence. We saw appropriate action had been taken in response to an incident of a person having gone missing for a few hours. This included meeting with the person, health professionals and the person's family to agree an approach with the aim to prevent a similar incident happening again.

Regular fire drills took place and a fire safety check of the premises had recently been carried out. The registered

manager informed us people responded appropriately to the fire alarm. She informed us she planned to complete a personal emergency evacuation plan for each person. Safety checks of the environment were carried out weekly and appropriate action was taken to address issues found.

People's care records included details about people's financial needs. People managed their own money or the Local Authority was an appointee for managing people's monies. We found appropriate records of a person's income and expenditure were in place to minimise the risk of financial abuse. The person had signed their financial records. A person told us "I am not short of money, I manage it myself."

# Is the service effective?

## Our findings

People using the service told us they were free to come and go when they wished. They all accessed the community facilities and amenities during the inspection. People told us “I can go out when I like” and “I like to go out. I go out every day and sometimes buy something from the shops”. Information about the Mental Capacity Act (MCA) was available to staff. Staff had an understanding of the principles of the (MCA) in relation to presuming people had capacity to make decisions about their lives. They knew that when people were unable to make a decision about their care or other aspect of their life a decision would be made by staff, family health and social care professionals on behalf of the person in their best interests. Care records showed a person had refused some treatment and this decision had been respected by the staff team and health professionals due to the person’s having the capacity to make that choice.

The registered manager had knowledge and understanding of Deprivation of Liberty Safeguards (DoLS) and the implications of the Supreme Court ruling that had significantly changed what was regarded as a deprivation of a person’s liberty. Staff had received training in MCA and DoLS. The registered manager provided us with an example of when a DoLS had been authorised. She told us a person had received support from an Independent Mental Capacity Advocate (IMCA) to support and empower them to make a particular decision when they had lacked the capacity to do so.

The registered manager had made sure staff had the skills and experience needed to meet the needs of people using the service including their mental health needs. She told us that two staff who had worked in the home for some time had recently left the service and she was in the process of recruiting appropriate staff to replace them. Until then she had employed two agency care workers with the appropriate skills to meet the needs of the people using the service. We spoke to one agency care worker who told us they worked regular shifts in the home and had experience of working with people who have mental health needs. They told us they had received an induction which included being informed of all aspects of the service and getting to know people’s needs. People who used the

service spoke positively about the staff and told us they received the care and support they needed. Staff had completed training in relevant areas such as mental health, medicines, managing aggression and food safety. A care worker had developed their knowledge and skills by obtaining a qualification in health and social care.

Staff told us they were well supported and had the opportunity to discuss people’s needs with management staff on at least a daily basis and sometimes more often particularly when a person was unwell. A care worker told us they had received formal supervision six months ago and had an appraisal last year. The registered manager told us they regularly carried out informal supervision with staff. However, we found no recent records of formal one-to-one supervision. The registered manager told us that appraisals for staff were planned and she would ensure formal staff supervision took place regularly and was recorded.

People told us they were happy with the meals, could choose what they wanted to eat and had the opportunity to prepare snacks and other meals with assistance from staff whenever they wanted. On the day of the inspection a person told us they enjoyed their lunch. The menu was chosen by people who used the service and included a variety of meals that met people’s dietary needs and preferences. Staff were aware of foods that people did not eat due to their religious needs. People’s nutritional needs were monitored. Staff spoke about providing a person with particular support with their nutritional needs as the person had recently been unwell and their appetite was poor.

People’s health needs were identified and monitored by staff, so they received appropriate care and treatment. Care records showed people received specialist support from healthcare professionals when needed. For example a person told us after a recent optician appointment they had been provided with glasses which had enriched their life. They commented “I had a check of my eyes I can see much better now, it’s so good.” People told us they saw a doctor when they needed to, and attended hospital and other healthcare appointments. A person told us they made their own appointments with the GP. Care records showed the outcome of each health appointment was recorded and the person’s care plan updated with details of any changes to their care or treatment.

# Is the service caring?

## Our findings

People told us the staff were respectful. We saw staff interacted with people in a positive manner. There was friendly banter and laughter between staff and people who used the service. Staff involved people in making decisions and respected the choices they made. For example during the inspection a person who had no nutritional concerns said they didn't want any lunch as they had eaten earlier and their decision was respected. Daily records of people's progress detailed choices people had made. For example people chose what to wear and when to go to bed. Care records showed us that people had been involved in their care, for example people had signed their care plans.

Staff had knowledge of people's personal histories and preferences. They told us that they read people's care plans and talked with them to get to know them. Staff spoke with people in a caring and warm manner and knew the importance of respecting people's dignity. A care worker provided us with an example of when supporting a person with a bath they made sure the person's modesty and dignity were respected.

Staff respected people's privacy. They knocked on people's bedroom doors and waited until they had permission from the person before entering the room. People had their own keys to the front door so could come and go as they pleased. Staff respected people's decision to spend time alone in their bedroom. A person told us they opened their own letters. Staff confirmed privacy, dignity and promoting independence had been discussed during their induction

and regularly amongst the staff team. Staff understood the importance of confidentiality. People's care records were stored securely and staff knew not to talk about people who were not involved in their care and treatment.

Staff told us they encouraged people to do as much as they could for themselves to promote their independence but provided people with the support they needed for example staff told us they helped people make snacks and tidy their rooms. People told us they had a free travel pass and used local bus and train services. A person said "I have a freedom pass. I go out when I like." They said they could access the community local amenities and facilities whenever they wanted to and their independence was supported and encouraged by staff.

Staff told us they enjoyed their work and had a good relationship with the people living in the home. A member of staff said "residents know people in the community and have their own circle of friends locally". People confirmed they were supported to maintain relationships with family, friends and others important to them. People made regular telephone calls to family members. Care records showed that people were visited by family members. Family were involved in aspects of people's care and attended some meetings where people's needs were reviewed. People were also involved in planning and reviewing their care and support needs. A person told us "They ask me what I want and things to do with my life". Other comments from people included "I like it here, they [staff] help me when I need it," "I know a lot of people they talk to me outside" and "I can do what I like, I go out when I want to."

Staff had a good understanding of people's spiritual and cultural needs. People were supported to observe their faith and beliefs if they chose to do so.

# Is the service responsive?

## Our findings

People's care records showed they had been involved in assessment and regular review of their needs. These assessments included comprehensive information about each person's needs. Care plans were developed from the initial assessment and were individually personalised. Each care plan identified the person's needs, preferences and the support and care the person needed and wanted from the service. A family member told us they had contributed to the assessment of a person's needs. Health and social care professionals were involved in the assessment and development of people's care plans. They told us they were regularly contacted by staff to discuss people's individual needs and progress. Multi-disciplinary meetings took place to discuss and plan people's care when needed. Health and social care professionals told us they attended reviews of people's care and were confident people received the care they needed from the service.

Staff had access to people's care records. They told us they were kept well informed of any changes and people's needs were discussed during 'handover' meetings so they could provide people with the support they needed. Staff knew about each person's background and current needs including supporting and managing people's various behaviour needs. All the people we spoke with told us they spoke with staff about their care and felt they were listened to. People knew they had a care plan and other records that documented their needs. A person told us "I can talk with staff. They listen to me".

During the inspection all the people spent time in the community. They went in and out of the home several times during our visit. One person went to the local bank. They told us they were very familiar with the local area and enjoyed spending time out and about. A person told us they often bought food items and other purchases at the local shops. Another person told us each week they completed a few hours of paid work and enjoyed earning money. People's activity records showed people took part in activities which included listening to music and watching television. Staff told us they sometimes went out with people shopping and regularly tried to encourage people to participate in a variety of activities but people were often reluctant to do so. People's activity records confirmed this. A person told us that they liked to do what they wanted and this decision was respected by staff.

People told us the staff were approachable and they would tell them and/or their family if they had a complaint. They were confident concerns would be addressed appropriately. A person told us "I tell them if I am unhappy". We heard staff asking people how they were and people interacted with staff including the registered manager in a relaxed and friendly manner. We saw a complaint from a person using the service had been recorded and appropriately addressed. Daily records showed people had one-to-one time with staff when they had the opportunity to raise any concerns.

# Is the service well-led?

## Our findings

Staff and people using the service spoke positively about the registered manager. They told us they could speak to her or the deputy manager at any time. Both management staff were available for support and advice and regularly assisted people with their care and other needs.

People's care records showed us their views were listened to and incorporated into their plan of care. People had meetings with staff where they discussed their needs and any issues to do with their care and the service. The registered manager told us she regularly informally asked people for their views about the service and would arrange for feedback surveys to be provided to people using the service and to those important to them. A family member and health and social care professionals told us there was good communication with the registered manager. Health and social care professionals spoke of a positive working relationship with the registered manager and were confident they were kept informed about any changes in people's care needs and/or the service. They confirmed they felt listened to and any advice or feedback they provided was welcomed and responded to appropriately. A healthcare professional provided us with an example of the

recent contact they had from the registered manager about a person's needs. We saw from records positive feedback about the service had been received from family members and health professionals.

We saw a staff meeting had taken place a few months ago before the recent staff changes. The registered manager told us that she was in constant contact with the staff and discussed people and areas of the service on an on-going basis but would make sure staff meetings were arranged more often. Staff told us there was a culture of openness within the home and they were kept well informed verbally and via records including the staff communication book and people's care plans.

There were arrangements in place to monitor the quality of the service. These included checks of the medicines, cleanliness of the home, health and safety checks and review of policies and procedures. The registered manager told us about the checks of the service she carried out and the improvements she had carried out including reviewing and improving care records and redecoration of some areas of the home. She also told us about improvements she planned to put in place including providing each person with ensuite bathroom facilities. She informed us she planned to regularly complete a comprehensive written audit of all areas of the service and from these audits implement an action plan to continue to develop and improve the service.