We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

St Bonaventures

62 Kenworthy Lane, Northenden, Manchester, M22 4EJ
Tel: 01619456265

Date of Inspection: 08 July 2014
Date of Publication: July 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓ Met this standard</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>St Bonaventures Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs Jenny Louise Ryan</td>
</tr>
<tr>
<td>Overview of the service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>St Bonaventures is a residential care home providing care and support for a maximum of seven adults with a learning disability. The home is situated in the Northenden area of Manchester, within easy reach of shops and community amenities.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
</tr>
</tbody>
</table>
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our judgements for each standard inspected:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>8</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>9</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>10</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>11</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>12</td>
</tr>
</tbody>
</table>

| About CQC Inspections                               | 13   |
| How we define our judgements                       | 14   |
| Glossary of terms we use in this report            | 16   |
| Contact us                                         | 18   |
Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with commissioners of services.

What people told us and what we found

One inspector carried out the inspection. We considered all the evidence we had gathered under the outcomes we inspected. We spoke with people who lived at the home and the manager about how we write our reports and people told us they wanted to be referred to as residents within this report.

We used the information to answer the five questions we always ask:

Is the service safe?
Is the service effective?
Is the service caring?
Is the service responsive?
Is the service well led?

This is a summary of what we found-

Is the service safe?

We looked at the support plans of three residents. We saw they contained a mental capacity assessment. No applications had been made to deprive any of the residents of their liberty.

CQC has a duty to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Suitable policies and procedures were in place and the staff we spoke with had been trained to understand their responsibilities under the DoLS Codes of Practice. We saw documentary evidence to show staff had completed training in the MCA and DoLS.

We looked at a sample of two staff recruitment files this included the most recently appointed member of staff. We saw appropriate safety checks had been carried out such
as; Disclosure and Barring Scheme (DBS) check to make sure the applicant was not barred from working with vulnerable people. We saw references had been obtained from previous employers. We spoke with four members of staff who all confirmed they had to provide references and have a DBS check.

We saw safeguarding incidents had been referred to the local authority safeguarding team in accordance with local safeguarding policies and procedures. The staff we spoke with had a clear understanding of their responsibilities in relation to safeguarding people from abuse.

Is the service effective?

The manager told us they supported residents to have as much control over their lives as possible. The manager told us they put the residents at the centre of the planning process and where possible involved family and friends. The support plans we looked at confirmed that the resident and or their representative had provided information about their life and their preferences.

We spoke with four residents who told us: "I am happy here." "I can do what I want; I like to go out to Manchester or Stockport." "I go to the hairdressers and to have my nails done."

We spoke with four people's relatives who told us: "I am 100% satisfied with the support (my relative) receives." "The home is spotless." "They have been very caring."

We looked at the complaints log and saw there had been no complaints received since the last inspection. During our inspection the residents we spoke with told us they were happy and had no complaints about the care they received. We looked at historic complaints and saw the nature of the complaints any investigation and the outcome had been recorded.

Staff prepared meals and residents were offered a choice of meals. There were no set menus and people decided on the day what they would like to eat. During our inspection we observed residents informing staff what they would like to eat at lunch. Most residents were having home-made soup for lunch we saw one person told staff they did not fancy soup for lunch and instead would prefer a cheese sandwich. We later saw the person eating their sandwich. This demonstrated that residents were encouraged to express choice.

We spoke with residents who told us; "I can have whatever I choose to eat." "I like the meals." We saw evidence to show specialists such as; dieticians and speech and language therapists had been involved in residents support. We saw where specialist advice had been given this was recorded in the support plan and any advice put into practice. This was to ensure the changing needs of the residents were identified and planned for.

Is the service caring?

We spoke with the relatives of four of the residents who told us; "I have no worries about the care." "They are brilliant with (my relative) they let me know right away if anything happens." "(My relative) went to hospital and a member of staff stayed with them overnight." "There is a new member of staff and (my relative) has really taken to them." "Never had any concerns (my relative) would let me know if they were upset about anything." "The staff are all nice and (my relative) has everything they need." "(My relative)
has a full life here." "(My relative) is able to go out to the hairdressers or the shops and is very happy with that."

We spoke with staff and spent time observing their interactions with residents. We saw staff approached people in a sensitive way and worked in a way that maintained residents' dignity. We saw residents were encouraged to be as independent as possible and participate in the local community. One resident told us; "I am able to go to church on Sunday." "I get the bus into Manchester and go to Affleck's Palace, I like it there." "I sometimes go out in the car with staff."

Is the service responsive?

We looked at the support plans of three residents. We saw needs assessments and risk assessments had been completed to make sure people were safe and had the right level of support.

The support plans we looked at contained: 'My life my plan' 'What is important to me' 'Traffic light passport' and 'Health action plan'. This demonstrated the service was responsive to resident's needs.

We saw documentary evidence to demonstrate supports plans had been kept under monthly review and where necessary amended to reflect residents changing needs.

We saw each resident had an individual weekly activity program so they could maintain their preferred daily routines and activities such as; shopping trips, work placements, college and sports.

Is the service well-led?

There was a manager in post who was registered with the care quality commission (CQC). The manager provided leadership, support and direction to the staff team.

There was a quality assurance system in place that included audit of the medication system the environments and support plans. There was also an annual quality monitoring survey in the form of the questionnaire sent to relatives to gather feedback about the service provided. The information provided from the questionnaire was used by the provider to further improve the service.

We spoke with staff who told us they felt well supported by the manager and the provider. We spoke with relatives who told us; "(the manager) is very good and keeps me informed, all the staff are good and there is always someone to speak to about my relative."

We saw documentary evidence to show regular resident and staff meetings were held. The staff files we looked at contained documentary evidence to demonstrate staff received regular formal supervision. The staff we spoke with confirmed they had regular supervision meetings with the manager.

We saw documentary evidence to show equipment and services were maintained. Fire safety drills were carried out on a regular basis and a fire risk assessment was in place.

You can see our judgements on the front page of this report.
More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Consent to care and treatment

Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

CQC has a duty to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager told us no applications had been made to deprive people living in the home of their liberty.

The support plans we looked at contained an assessment of the resident's capacity to make a decision. The manager told us where a resident lacked capacity a relative or someone who knew the resident well was involved in developing the support plan.

We spent time observing interactions between staff and residents' and saw staff promoted independence and choice. We saw support staff explained what they were doing and asked residents for their consent to care and support.

We saw support plans were person centred which meant they reflected strengths, aspirations and choices and were based on what was important to each resident.

We saw each resident had a copy of the services statement of purpose which was provided in a pictorial format.
Care and welfare of people who use services  

Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

Reasons for our judgement

We spent time speaking with residents who told us they were happy living at St Bonaventures. We saw residents and support staff had a good rapport and staff spent time sitting and chatting to residents. We saw support staff approached people with respect and worked in a way that maintained residents' dignity. We observed support staff promoting privacy by knocking on bedroom doors before entering.

We saw photographic evidence of trips and parties. Residents told us they enjoyed a range of activities that included; shopping trips, trips to the local pub, visits to relatives and holidays.

We looked at a sample of three residents support plans and saw they contained a pre-admission assessment. This was to make sure St Bonaventures was the most appropriate place to meet their needs.

Risk assessments had been completed in relation to the environment, medication, fluid and food intake, trips outside the home and health. The risk assessments showed how risks were managed and reflected resident's choice.

We saw support plans were being reviewed on a monthly basis and where necessary amended to reflect peoples changing needs. This was to ensure that residents received appropriate care and support.
Meeting nutritional needs

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We spoke with residents and asked them what they thought about the meals. The residents we spoke with told us they were able to choose what they wanted to eat each day. We spoke with the manager who told us: "There are no set menus residents will tell staff at each meal what they want to eat. They will open the fridge or the cupboards and select what they would like." "The staff cook the meals."

We heard one resident tell the manager: "I don't want soup for lunch I think I will have a sandwich instead." We saw the resident later eating a sandwich whilst the other residents were having home-made soup.

The support plans we looked at contained a nutritional assessment, dietician report and a speech and language (SALT) assessment. This was to make sure residents at risk of losing or gaining weight or those with swallowing difficulties received appropriate meals and had their weight monitored.

Throughout the time of our inspection we saw residents were regularly offered hot and cold drinks. We spoke with a relative who told us: "(my relative) enjoys their cups of tea and can have a drink whenever they want."
Requirements relating to workers

Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. Appropriate checks were undertaken before staff began work.

Reasons for our judgement

On the day of our inspection there were six residents living at St Bonaventures supported by two members of staff and the manager.

Staff recruitment files were securely stored in an upstairs office. The manager told us there had only been one person employed in the past 12 months and that most of the staff had been employed at the home for a number of years.

We looked at a sample of two staff recruitment files including the most recently appointed member of staff. We saw staff files contained a completed application form, two written references, proof of identity and address, confirmation of the applicant's eligibility to work in the UK. In addition check with the disclosure and barring service (DBS) was carried out to ensure the applicant was not barred from working with vulnerable people.

We spoke with four members of support staff who confirmed they had to complete an application, provide references from previous employers and apply for the DBS check.

We spoke with one person from overseas who told us the provider had checked their eligibility to work in the UK with the Home Office. We looked at this person's recruitment file and saw a copy of the Home Office letter confirming their right to work in the UK.

The staff we spoke with told us they had completed an induction period which included shadowing more experienced staff. We saw completed induction workbooks in staff files. The induction was based on the Skills for Care common induction standards and included training in relation to; food safety, person centred planning, safeguarding vulnerable people, dignity in care, fire safety and infection prevention and control.

We spoke with staff who had worked for the organisation for a number of years. They told us they felt well supported by the manager, their colleagues and the provider.
Assessing and monitoring the quality of service provision  

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

There were a number of systems in place to monitor the quality of the service provided. This included audits of the medication system, support plans and the environment. In addition questionnaires were sent to relatives to gather their opinions of the service.

We looked at a sample of the most recently completed questionnaires and saw people were happy with the support their relatives received. Comments included: "We feel very welcome." "All the staff are friendly." "They are very proactive." "Completely satisfied." "There is a very homely atmosphere."

We saw that house meetings took place with residents. We saw the minutes of the most recent meeting which included discussions about trips, the petting zoo visit, welcoming the new member of staff and bidding farewell to another member of staff.

Staff meetings were held on a regular basis and topics covered were support plans, appointments, and any changes to the staff rota, one-to-one meetings, training and updating support plans. In addition there was a staff handover at the beginning of each shift to ensure staff were aware of the most up to date information.

We spoke with staff who confirmed meetings took place on a regular basis. In addition staff told those they could approach the manager at any time to discuss any concerns they may have.

We looked at a sample of maintenance records and saw a portable appliance test had been carried out on 5 July 2014. A gas safety check had been carried out on 28 March 2014 and a test of the fire safety equipment had been carried out on 21 November 2013.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard

This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed

This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken

If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non-compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
<td>17</td>
</tr>
<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>18</td>
</tr>
<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>14</td>
</tr>
<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
<td>13</td>
</tr>
<tr>
<td>Safety and suitability of premises - Outcome 10</td>
<td>15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>16</td>
</tr>
<tr>
<td>Requirements relating to workers - Outcome 12</td>
<td>21</td>
</tr>
<tr>
<td>Staffing - Outcome 13</td>
<td>22</td>
</tr>
<tr>
<td>Supporting Staff - Outcome 14</td>
<td>23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
<td>10</td>
</tr>
<tr>
<td>Complaints - Outcome 17</td>
<td>19</td>
</tr>
<tr>
<td>Records - Outcome 21</td>
<td>20</td>
</tr>
</tbody>
</table>

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.